

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
RUC RECOMMENDATIONS FOR CPT 2018  
INTRODUCTORY MATERIALS**

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February 6, 2017

Carol Blackford  
Director  
Hospital and Ambulatory Policy Group  
Center for Medicare  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Ms. Blackford:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2018*, as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the January 11-14, 2017 RUC meeting.

*CPT 2018 New and Revised Codes – January 2017 RUC Submission*

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC considered 108 new/revised/related family CPT codes at the January 2017 meeting. The RUC submits work value and/or practice expense inputs for 108 new/revised/related family CPT codes from the January meeting.

*CPT 2018 New and Revised Codes – Entire CPT 2018 Cycle*

The total number of coding changes for the entire *CPT 2018 cycle* is 349, including 151 additions, 63 revisions, and 97 deletions. In addition, 38 new codes were identified as part of the family for review in relationship to the new/revised codes. The 260 new/revised/related family CPT codes are summarized as follows:

- 93 services are not payable on the RBRVS or do not require physician work at this time (eg, laboratory services and vaccines), and accordingly, the RUC does not submit any information on these codes.
- The HCPAC submits recommendations for 4 new/revised CPT codes.

The RUC submits work value and/or practice expense inputs for 155 new/revised/related family CPT codes for the 2018 Medicare Physician Payment Schedule.



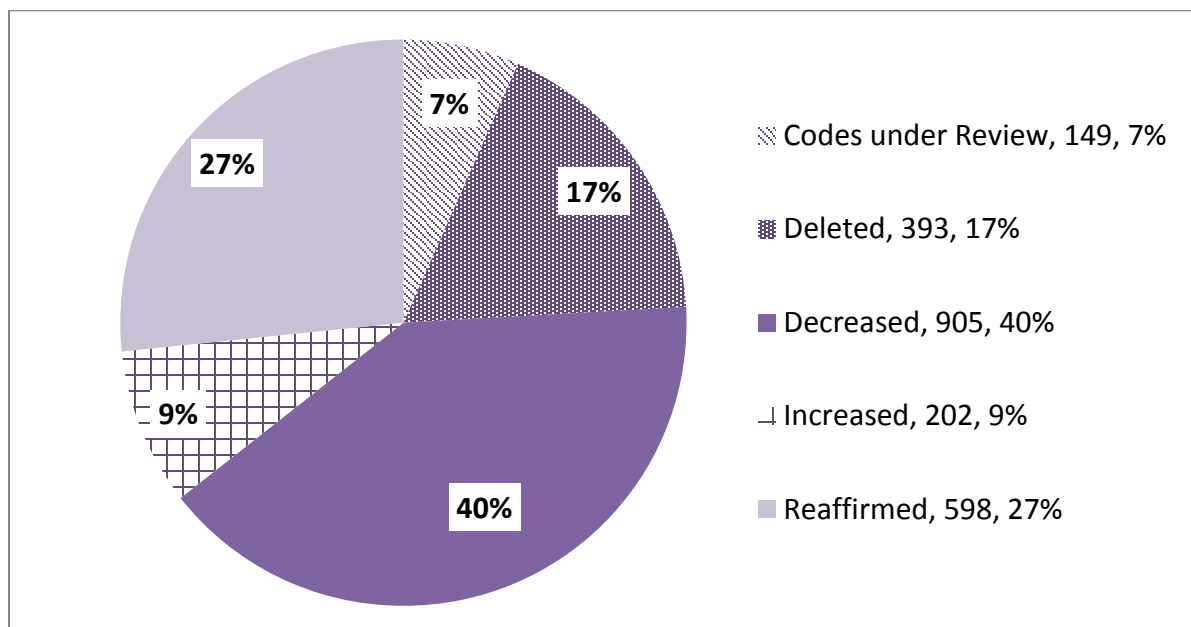
#### Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 21 services identified by the RUC or CMS as potentially misvalued and reviewed at the January 2017 RUC meeting. The RUC recommends work relative values for 19 codes and direct practice expense inputs only for 2 codes. These recommendations are in addition to the 99 recommendations for existing services submitted to CMS following the RUC's April and October 2016 meetings.

#### RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,246 potentially misvalued services through objective screening criteria and has completed review of 2,098 of these services. The RUC has recommended that over half of the services identified be decreased or deleted (Figure 1). The RUC has worked vigorously over the past several years to identify and address misvaluations in the RBRVS through provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter.*

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



#### CMS 000-Day Global Services Reported with an E/M with Modifier 25

In the NPRM for 2017 CMS identified 83 services with a 000-day global period billed with an E/M 50 percent of the time or more, on the same day of service, same patient, by the same physician, that have not been reviewed in the last five years with Medicare utilization greater than 20,000.

The RUC commented that it appreciated CMS' identification of an objective screen and reasonable query. However, based on further analysis of the codes identified, it appears only 19 services met the criteria for

this screen and have not been reviewed to specifically address an E/M performed on the same date. There were 38 codes that did not meet the screen criteria; they were either reviewed in the last 5 years and/or are not typically reported with an E/M. For 26 codes, the summary of recommendation (SOR), RUC rationale or practice expense inputs submitted specifically states that an E/M is typically reported with these services and the RUC accounted for this in its valuation.

The RUC requested that CMS remove 64 services that did not meet the screen criteria or which have already been valued as typically being reported with an E/M service. The RUC requested that CMS condense and finalize the list of services for this screen to the 19 remaining services.

In the Final Rule for 2017, CMS did finalize the list of 000-day global services reported with an E/M to the 19 services that truly met the criteria.

In January 2017, AAOS, ASSH and APMA noticed that the RUC database did not have the vignette shown for CPT code 20612, but instead the intra-service work was inserted in the vignette cell. Upon review of the summary of recommendation for 20612, and in addition code 20526 which was also on the CMS list, both presented at the April 2002 meeting, the specialty societies discovered that in fact an E/M as typical was considered in the survey process; the survey vignettes had a "note" directing the survey respondents to NOT include E/M work when completing the survey. **The specialty societies recommend and the RUC agreed that CPT codes 20612 and 20526 should be removed from this screen since the valuation for these services already excludes any E/M with this service. The RUC recommends that CMS remove codes 20612 and 20526 from this screen and the RUC database be revised to include the correct vignettes for codes 20612 and 20526.** *The original summary of recommendation forms are attached to this letter.*

**The RUC will review the remaining 17 services for the 2019 Medicare Physician Payment Schedule.**

#### Practice Expense Subcommittee

The attached materials include direct practice expense input (clinical staff time, supplies and equipment) recommendations for each code reviewed. In addition to recommendations related to the specific CPT codes under review, the RUC is submitting products of the Scope Equipment and Supplies Workgroup, including analysis of all scope equipment and supplies included in the 2016 direct practice expense inputs. A Workgroup of the Practice Expense (PE) Subcommittee was formed to review the proposed pricing structure that separated out the components for scopes, scope video systems, and scope accessories as outlined by CMS in the Proposed Rule for CY2017. CMS finalized the proposal, without offering to delay pending input from the Workgroup, so the Workgroup is simply sharing the analysis at this time. The RUC is also submitting a recommendation regarding extended monitoring equipment and oxygen as a supply item. A workgroup of the Practice Expense (PE) Subcommittee was formed to review the standard equipment related to non-moderate sedation post-procedure monitoring. The Workgroup also discussed the issue of the proper allocation of oxygen for services done with moderate sedation. There are a very limited number of services with oxygen as a supply item; however the stand alone moderate sedation codes do not include oxygen in the supplies. The Workgroup identified 26 services that include oxygen. The recommended equipment items as well as a table listing the 26 codes that include oxygen and the rationale for maintenance or deletion is included in this submission.

#### Separate Payment for High Cost Medical Supplies

The RUC has repeatedly called on CMS to separately identify and pay for high cost disposable supplies using distinct J codes, rather than bundle into the service described by CPT so that these expenses may be monitored closely and paid appropriately. There are approximately 33 supply items that CMS has priced in excess of \$1,000, for example. **The RUC urges CMS to establish J codes for high cost supplies. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated.**

*Enclosed Recommendations and Supporting Materials:*

Included in these binders and on the enclosed CD are:

- RUC Recommendation Status Report for New and Revised Codes
- RUC Recommendation Status Report for 2,246 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the January 2017 RUC meeting.
- Pre-Service and Post-Service Time Packages Definitions: The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.
- BETOS Assignment Table: The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.
- Source Code Utilization Crosswalk Table: A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2018 conversion factor increase.

- New Technology List and Flow Chart: In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 541 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

Sincerely,



Peter K. Smith, MD

Enclosures

cc: Isadora Gil  
Edith Hambrick, MD  
Ryan Howe  
Karen Nakano, MD  
Michael Soracoe  
Marge Watchorn  
RUC Participants

February 6, 2017

Carol Blackford  
Director  
Hospital and Ambulatory Policy Group  
Center for Medicare  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Blackford:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the January 2017 meeting, the HCPAC reviewed five issues

- Cognitive Function Intervention (97X11)
- Psychological and Neuropsychological Testing (96105, 96125, 963X0, 963X3, 963X5)
- Physical Medicine and Rehabilitation Services (97010, 97012, 97014, 97016, 97018, 97022, 97032-35, 97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537, 97542, G0283)
- Orthotic Management and Prosthetic Training (97760-61, 977X1),
- Application of Surface Neurostimulator (64550).

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2018 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Samantha Ashley (ph: 312-464-4720; email: [samantha.ashley@ama-assn.org](mailto:samantha.ashley@ama-assn.org)) at the AMA for clarification regarding these recommendations.

Sincerely,



Michael D. Bishop, MD  
HCPAC Chair



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

cc: Isadora Gil  
Edith Hambrick, MD  
Ryan Howe  
Karen Nakano, MD  
Michael Soracoe  
Marge Watchorn  
HCPAC Participants

# CPT 2018 RUC and HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0001U	XXX	N	Feb17	62	PLA Q1 Codes		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
0002U	XXX	N	Feb17	62	PLA Q1 Codes		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
0003U	XXX	N	Feb17	62	PLA Q1 Codes		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
0004U	XXX	N	Feb17	62	PLA Q1 Codes		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
0005U	XXX	N	Feb17	62	PLA Q1 Codes		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
0051T	XXX	D	Oct16	26	Artificial Heart System Procedures		Jan17	09	STS, AATS				<input type="checkbox"/>		<input type="checkbox"/>
0052T	XXX	D	Oct16	26	Artificial Heart System Procedures		Jan17	09	STS, AATS				<input type="checkbox"/>		<input type="checkbox"/>
0053T	XXX	D	Oct16	26	Artificial Heart System Procedures		Jan17	09	STS, AATS				<input type="checkbox"/>		<input type="checkbox"/>
00740	XXX	D	Oct16	12	Anesthesia for GI Procedures		Jan17	04	ASA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
00731	XXX	N	Oct16	12	Anesthesia for GI Procedures	N1	Jan17	04	ASA	5.00	5.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
00732	XXX	N	Oct16	12	Anesthesia for GI Procedures	N2	Jan17	04	ASA	6.00	6.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
00810	XXX	D	Oct16	12	Anesthesia for GI Procedures		Jan17	04	ASA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
00811	XXX	N	Oct16	12	Anesthesia for GI Procedures	N3	Jan17	04	ASA	5.00	4.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
00812	XXX	N	Oct16	12	Anesthesia for GI Procedures	N4	Jan17	04	ASA	4.00	4.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
00813	XXX	N	Oct16	12	Anesthesia for GI Procedures	N5	Jan17	04	ASA	6.00	5.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
01180	XXX	D	Oct16	101	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
01190	XXX	D	Oct16	101	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
01682	XXX	D	Oct16	101	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
0178T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0179T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0180T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0492T	ZZZ	N	June17	37	Category III Ablative Laser Wound Treatment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0494T	XXX	N	June17	41	Category III Donor Lung Assessment and Perfusion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0495T	XXX	N	June17	41	Category III Donor Lung Assessment and Perfusion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0496T	XXX	N	June17	41	Category III Donor Lung Assessment and Perfusion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0497T	XXX	N	June17	45	Category III Mobile External ECG Event Recording Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0498T	XXX	N	June17	45	Category III Mobile External ECG Event Recording Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0479T	XXX	N	Feb17	41	Ablative Laser Treatment of Burn Scars		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0254T	XXX	R	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input type="checkbox"/>		<input type="checkbox"/>
0255T	XXX	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input type="checkbox"/>		<input type="checkbox"/>
0493T	XXX	N	June17	34	Category III Near-Infrared Spectroscopy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0293T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0294T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0299T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0499T	XXX	N	June17	43	Category III Urethral Therapeutic Drug Delivery		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0500T	XXX	N	June17	39	Category III HPV Extended Genotyping		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0501T	XXX	N	June17	40	Category III Noninvasive Estimated Coronary Fractional Flow Reserve		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0502T	XXX	N	June17	40	Category III Noninvasive Estimated Coronary Fractional Flow Reserve		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0503T	XXX	N	June17	40	Category III Noninvasive Estimated Coronary Fractional Flow Reserve		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0504T	XXX	N	June17	40	Category III Noninvasive Estimated Coronary Fractional Flow Reserve		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0480T	XXX	N	Feb17	41	Ablative Laser Treatment of Burn Scars		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0300T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0301T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0302T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0303T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0304T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0305T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>



CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0306T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0307T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0309T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0310T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0333T	XXX	R	May16	29	Visual Evoked Potential Testing		Oct16	11					<input type="checkbox"/>		<input type="checkbox"/>
0340T	XXX	D	Oct16	25	Cryoablation of Pulmonary Tumors		Jan17	08	SIR, ACR				<input type="checkbox"/>		<input type="checkbox"/>
0483T	XXX	N	Feb17	50	Category III Transcatheter Mitral Valve Implatation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0484T	XXX	N	Feb17	50	Category III Transcatheter Mitral Valve Implatation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0438T	XXX	D	Oct16	34	Peri-Prostatic Implantation of Biodegradable Material		Jan17	13	ASTRO, AUA				<input type="checkbox"/>		<input type="checkbox"/>
0466T	YYY	N	May16	34	Hypoglossal Nerve Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0467T	YYY	N	May16	34	Hypoglossal Nerve Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0468T	YYY	N	May16	34	Hypoglossal Nerve Stimulation		Cat III						<input type="checkbox"/>		<input checked="" type="checkbox"/>
0485T	XXX	N	Feb17	53	Category III Optical Coherence Tomography of Middle Ear		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0486T	XXX	N	Feb17	53	Category III Optical Coherence Tomography of Middle Ear		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0475T	XXX	N	Oct16	96	Cat III Fetal Magnetocardiography (MCG)		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0465T	YYY	N	May16	33	Injection Suprachoroidal Space		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0476T	XXX	N	Oct16	96	Cat III Fetal Magnetocardiography (MCG)		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0477T	XXX	N	Oct16	96	Cat III Fetal Magnetocardiography (MCG)		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0478T	XXX	N	Oct16	96	Cat III Fetal Magnetocardiography (MCG)		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0482T	XXX	N	Feb17	48	Category III Absolute Quantitation Myocardial Blood Flow		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0472T	XXX	N	Oct16	92	Cat III Epiretinal Implant Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0473T	XXX	N	Oct16	92	Cat III Epiretinal Implant Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0474T	XXX	N	Oct16	94	Cat III Insertion of Aqueous Drainage Device		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0470T	XXX	N	Oct16	79	Optical Coherence Tomography of Skin		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0471T	XXX	N	Oct16	79	Optical Coherence Tomography of Skin		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0487T	XXX	N	Feb17	64	Category III Transvaginal Tactile Imaging		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0469T	XXX	N	Oct16	66	Retinal Polarization Scan		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0488T	XXX	N	June17	44	Category III Diabetes Behavior Change Intervention		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0489T	XXX	N	June17	35	Category III Adipose Tissue-Derived Cell Therapy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0490T	XXX	N	June17	35	Category III Adipose Tissue-Derived Cell Therapy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
09X9T	XXX	N	June17	37	Category III Ablative Laser Wound Treatment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0464T	XXX	N	May16	29	Visual Evoked Potential Testing		Oct16	11					<input type="checkbox"/>		<input type="checkbox"/>
0481T	XXX	N	Feb17	46	Category III Injection Autologous White Blood Cell Concentrate		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
15732	090	D	Oct16	5 and 7	Muscle Flap		Jan17	05					<input checked="" type="checkbox"/>		<input type="checkbox"/>
15734	090	F	Oct16	5 and 7	Muscle Flap	O4	Jan17	05		23.00	23.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
15736	090	F	Oct16	5 and 7	Muscle Flap	O5	Jan17	05		17.04	17.04	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
15738	090	F	Oct16	5 and 7	Muscle Flap	O6	Jan17	05		19.04	19.04	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
15730	090	N	Oct16	5 and 7	Muscle Flap	O2	Jan17	05	AAO	13.50	13.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
15733	090	N	Oct16	5 and 7	Muscle Flap	O3	Jan17	05	ASPS	15.68	15.68		<input checked="" type="checkbox"/>		<input type="checkbox"/>
17250	000	R	Oct16	17	Chemical Cauterization		Editorial			0.50	0.50	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
19294	ZZZ	N	May16	12	Intraoperative Radiation Therapy Applicator Procedures	H1	Oct16	07	ASBrS	3.00	3.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
20939	ZZZ	N	Oct16	21	Bone Marrow Aspiration	Q1	Jan17	06	ISASS, NASS, AAOS, AANS, CNS, ASH	1.16	1.16		<input checked="" type="checkbox"/>		<input type="checkbox"/>
29582	000	D	Oct16	22	Multi-Layer Compression System		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
29583	000	D	Oct16	22	Multi-Layer Compression System		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
29888	090	R	Oct16	23	Cruciate Ligament Repair Instruction		Editorial			14.30	14.30	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
29889	090	R	Oct16	23	Cruciate Ligament Repair Instruction		Editorial			17.41	17.41	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
31237	000	F	Oct16	24	Nasal-Sinus Endoscopy		Jan17	07			2.60		<input checked="" type="checkbox"/>	Affirmed RUC Surveyed April 2013	<input type="checkbox"/>
31238		F	Oct16	24	Nasal-Sinus Endoscopy		Jan17	07			2.74		<input checked="" type="checkbox"/>	Affirmed RUC Surveyed April 2013	<input type="checkbox"/>
31239		F	Oct16	24	Nasal-Sinus Endoscopy		Jan17	07			9.04		<input checked="" type="checkbox"/>	Affirmed RUC Surveyed April 2013	<input type="checkbox"/>
31240		F	Oct16	24	Nasal-Sinus Endoscopy		Jan17	07			2.61		<input checked="" type="checkbox"/>	Affirmed RUC Surveyed April 2013	<input type="checkbox"/>
31254	000	R	Oct16	24	Nasal-Sinus Endoscopy	R2	Jan17	07	AAOHNS	4.64	4.27		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31255	000	R	Oct16	24	Nasal-Sinus Endoscopy	R3	Jan17	07	AAOHNS	6.95	5.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31256	000	F	Oct16	24	Nasal-Sinus Endoscopy	R7	Jan17	07	AAOHNS	3.29	3.11		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31267	000	F	Oct16	24	Nasal-Sinus Endoscopy	R8	Jan17	07	AAOHNS	5.28	4.68		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31276	000	R	Oct16	24	Nasal-Sinus Endoscopy	R9	Jan17	07	AAOHNS	8.00	6.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31287	000	F	Oct16	24	Nasal-Sinus Endoscopy	R10	Jan17	07	AAOHNS	3.91	3.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31288	000	F	Oct16	24	Nasal-Sinus Endoscopy	R11	Jan17	07	AAOHNS	4.57	4.10		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31295	000	F	Oct16	24	Nasal-Sinus Endoscopy	R12	Jan17	07	AAOHNS	2.70	2.70	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
31296	000	F	Oct16	24	Nasal-Sinus Endoscopy	R13	Jan17	07	AAOHNS	3.29	3.10		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31297	000	F	Oct16	24	Nasal-Sinus Endoscopy	R14	Jan17	07	AAOHNS	2.64	2.44		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31320	090	D	Oct16	101	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
31645	000	R	May16	14	Bronchial Aspiration of Tracheobronchial Tree	I1	Oct16	08	ATS, CHEST	2.88	2.88		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31646	000	R	May16	14	Bronchial Aspiration of Tracheobronchial Tree	I2	Oct16	08	ATS, CHEST	3.00	2.78		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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31241	000	N	Oct16	24	Nasal-Sinus Endoscopy	R1	Jan17	07	AAOHNS	8.51	8.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31253	000	N	Oct16	24	Nasal-Sinus Endoscopy	R4	Jan17	07	AAOHNS	12.28	9.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31257	000	N	Oct16	24	Nasal-Sinus Endoscopy	R5	Jan17	07	AAOHNS	8.38	8.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31259	000	N	Oct16	24	Nasal-Sinus Endoscopy	R6	Jan17	07	AAOHNS	9.13	8.48		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31298	000	N	Oct16	24	Nasal-Sinus Endoscopy	R15	Jan17	07	AAOHNS	4.50	4.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
32998	000	R	Oct16	25	Cryoablation of Pulmonary Tumors	S1	Jan17	08	SIR, ACR	9.30	9.03		<input checked="" type="checkbox"/>		<input type="checkbox"/>
32994	000	N	Oct16	25	Cryoablation of Pulmonary Tumors	S2	Jan17	08	SIR, ACR	9.30	9.03		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
33927	XXX	N	Oct16	26	Artificial Heart System Procedures	T1	Jan17	09	STS, AATS	49.00	49.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
33929	ZZZ	N	Oct16	26	Artificial Heart System Procedures	T2	Jan17	09	STS, AATS				<input checked="" type="checkbox"/>	Carrier Price	<input checked="" type="checkbox"/>
33928	XXX	N	Oct16	26	Artificial Heart System Procedures	T3	Jan17	09	STS, AATS				<input checked="" type="checkbox"/>	Carrier Price	<input checked="" type="checkbox"/>
34800	090	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34802	090	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34803	090	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34804	090	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34805	090	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34806	090	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34812	ZZZ	R	Oct16	27	Endovascular Repair Procedures (EVAR)	U14	Jan17	10	SVS, SIR, STS, AATS	4.13	4.13		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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34820	ZZZ	R	Oct16	27	Endovascular Repair Procedures (EVAR)	U16	Jan17	10	SVS, SIR, STS, AATS	7.00	7.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34825		D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34826		D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34833	ZZZ	R	Oct16	27	Endovascular Repair Procedures (EVAR)	U17	Jan17	10	SVS, SIR, STS, AATS	9.00	8.16		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34834	ZZZ	R	Oct16	27	Endovascular Repair Procedures (EVAR)	U18	Jan17	10	SVS, SIR, STS, AATS	2.65	2.65		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34900		D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34701	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U1	Jan17	10	SVS, SIR, ACS, STS, AATS	25.00	23.71		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34702	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U2	Jan17	10	SVS, SIR, ACS, STS, AATS	39.69	36.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34703	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U3	Jan17	10	SVS, SIR, ACS, STS, AATS	30.25	26.52		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34704	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U4	Jan17	10	SVS, SIR, ACS, STS, AATS	47.00	45.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34705	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U5	Jan17	10	SVS, SIR, ACS, STS, AATS	32.28	29.58		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34706	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U6	Jan17	10	SVS, SIR, ACS, STS, AATS	50.00	45.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34707	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U7	Jan17	10	SVS, SIR, ACS, STS, AATS	24.00	22.28		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34708	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U8	Jan17	10	SVS, SIR, ACS, STS, AATS	36.50	36.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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34709	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U9	Jan17	10	SVS, SIR, ACS, STS, AATS	6.50	6.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34710	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U10	Jan17	10	SVS, SIR, ACS, STS, AATS	17.00	15.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34711	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U11	Jan17	10	SVS, SIR, ACS, STS, AATS	6.00	6.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34712	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U12	Jan17	10	SVS, SIR, ACS, STS, AATS	14.00	12.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34713	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U13	Jan17	10	SVS, SIR, ACS, STS, AATS	2.50	2.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34714	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U15	Jan17	10	SVS, SIR, ACS, STS, AATS	6.13	5.25		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34715	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U19	Jan17	10	SVS, SIR, ACS, STS, AATS	6.00	6.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34716	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U20	Jan17	10	SVS, SIR, ACS, STS, AATS	8.00	7.19		<input checked="" type="checkbox"/>		<input type="checkbox"/>
35303	090	R	Oct16	28	Thromboendarterectomy Instruction		Editorial			23.60	23.60	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
35306	ZZZ	R	Oct16	28	Thromboendarterectomy Instruction		Editorial			9.25	9.25	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
36120	XXX	D	Oct16	38	Brachial Retrograde Angiography		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
36140	XXX	R	Oct16	38	Brachial Retrograde Angiography		Editorial			1.76	1.76	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
36468	000	R	Oct16	29	Treatment of Incompetent Veins	V1	Jan17	11	No Interest				<input checked="" type="checkbox"/>	Not covered by Medicare, no recommendation	<input type="checkbox"/>
36470	000	R	Oct16	29	Treatment of Incompetent Veins	V2	Jan17	11	SVS, SIR, SCAI, ACS, ACPH	1.10	0.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
36471	000	R	Oct16	29	Treatment of Incompetent Veins	V3	Jan17	11	SVS, SIR, SCAI, ACS, ACPH	2.49	1.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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36473	000	F	Oct16	29	Treatment of Incompetent Veins	V6	Jan17	11	SVS	3.50	3.50	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
36474	ZZZ	F	Oct16	29	Treatment of Incompetent Veins	V7	Jan17	11	SVS	1.75	1.75	Yes	<input checked="" type="checkbox"/>	CMS 2017 Final Value	<input type="checkbox"/>
36475	000	F	Oct16	29	Treatment of Incompetent Veins	V10	Jan17	11	ACC, SVS	5.30	5.30	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
36476	ZZZ	F	Oct16	29	Treatment of Incompetent Veins	V11	Jan17	11	SVS	2.65	2.65	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
36478	000	F	Oct16	29	Treatment of Incompetent Veins	V12	Jan17	11	SVS	5.30	5.30	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
36479	ZZZ	F	Oct16	29	Treatment of Incompetent Veins	V13	Jan17	11	SVS	2.65	2.65	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
36482	000	N	Oct16	29	Treatment of Incompetent Veins	V8	Jan17	11	SVS, SIR, SCAI, ACS, ACPH	3.50	3.50		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
36483	ZZZ	N	Oct16	29	Treatment of Incompetent Veins	V9	Jan17	11	SVS, SIR, SCAI, ACS, ACPH	1.75	1.75		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
36465	000	N	Oct16	29	Treatment of Incompetent Veins	V4	Jan17	11	SCAI, ACPH	3.50	2.35		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
36466	000	N	Oct16	29	Treatment of Incompetent Veins	V5	Jan17	11	SCAI, ACPH	4.00	3.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
36511	000	F	Oct16	30	Therapeutic Apheresis	W1	Jan17	12	CAP, RPA	2.00	2.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
36512	000	F	Oct16	30	Therapeutic Apheresis	W2	Jan17	12	ASH, CAP, RPA	2.00	2.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
36513	000	F	Oct16	30	Therapeutic Apheresis	W3	Jan17	12	CAP, RPA	2.00	2.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
36514	000	F	Oct16	30	Therapeutic Apheresis	W4	Jan17	12	CAP, RPA	2.00	1.81		<input checked="" type="checkbox"/>		<input type="checkbox"/>
36515	000	D	Oct16	30	Therapeutic Apheresis		Jan17	12	CAP, RPA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
36516	000	R	Oct16	30	Therapeutic Apheresis	W5	Jan17	12	CAP, RPA	1.56	1.56		<input checked="" type="checkbox"/>		<input type="checkbox"/>
36522	000	F	Oct16	30	Therapeutic Apheresis	W6	Jan17	12	ASH, CAP, RPA	1.75	1.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
37184	000	R	June17	EC-G	Moderate Sedation Vascular Correction for 2017		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>



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37222	ZZZ	R	June17	EC-D	EVAR		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
37223	ZZZ	R	June17	EC-D	EVAR		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
37252	ZZZ	R	Oct16	32	Intravascular Ultrasound Inclusionary Parenthetical Note		Editorial			1.80	1.80	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
37253	ZZZ	R	Oct16	32	Intravascular Ultrasound Inclusionary Parenthetical Note		Editorial			1.44	1.44	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
38220	XXX	R	Feb16	16	Diagnostic Bone Marrow Aspiration and Biopsy	C1	Apr16	06	ASCO, ASH, CAP, ASBMT	1.20	1.20		<input checked="" type="checkbox"/>	Affirmed January 2017	<input checked="" type="checkbox"/>
38221	XXX	R	Feb16	16	Diagnostic Bone Marrow Aspiration and Biopsy	C2	Apr16	06	ASCO, ASH, CAP, ASBMT	1.37	1.28		<input checked="" type="checkbox"/>	Affirmed January 2017	<input checked="" type="checkbox"/>
38222	XXX	N	Feb16	16	Diagnostic Bone Marrow Aspiration and Biopsy	C3	Apr16	06	ASCO, ASH, CAP, ASBMT	1.50	1.44		<input checked="" type="checkbox"/>	Affirmed January 2017	<input checked="" type="checkbox"/>
38573	010	N	May16	16	Laparoscopic Total Pelvic Lymphadenectomy	J1	Oct16	09	ACOG	20.00	20.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
43107	XXX	F	Oct15	28	Esophagectomy	G5	Oct16	06	ACS, SAGES, STS	52.05	52.05		<input checked="" type="checkbox"/>		<input type="checkbox"/>
43112	XXX	R	Oct15	28	Esophagectomy	G4	Oct16	06	ACS, SAGES, STS	62.00	62.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
43117	XXX	F	Oct15	28	Esophagectomy	G6	Oct16	06	ACS, SAGES, STS	57.50	57.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
43286	XXX	N	Oct15	28	Esophagectomy	G1	Oct16	06	ACS, SAGES, STS	55.00	55.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
43287	XXX	N	Oct15	28	Esophagectomy	G2	Oct16	06	ACS, SAGES, STS	63.00	63.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
43288	XXX	N	Oct15	28	Esophagectomy	G3	Oct16	06	ACS, SAGES, STS	66.42	66.42		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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55450	010	D	Feb16	17	Ligation of Vas Deferens		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
55874	000	N	Oct16	34	Peri-Prostatic Implantation of Biodegradable Material	X1	Jan17	13	ASTRO, AUA	3.03	3.03		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
57240	090	R	Oct16	35	Colporrhaphy with Cystourethroscopy	Y1	Jan17	14	ACOG	12.00	10.08		<input checked="" type="checkbox"/>		<input type="checkbox"/>
57250	090	F	Oct16	35	Colporrhaphy with Cystourethroscopy	Y2	Jan17	14	ACOG	11.50	10.08		<input checked="" type="checkbox"/>		<input type="checkbox"/>
57260	090	R	Oct16	35	Colporrhaphy with Cystourethroscopy	Y3	Jan17	14	ACOG	13.25	13.25		<input checked="" type="checkbox"/>		<input type="checkbox"/>
57265	090	R	Oct16	35	Colporrhaphy with Cystourethroscopy	Y4	Jan17	14	ACOG	15.00	15.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
58575	090	N	May16	19	Laparoscopic Total Hysterectomy	K1	Oct16	10	ACOG	32.60	32.60		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64550	000	R	Oct16	36	Percutaneous Neurostimulator Placement	Z1	Jan17	29	AOTA				<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
64553	010	F	Oct16	36	Percutaneous Neurostimulator Placement	Z2	Jan17	15	ASA, AANS, CNS	6.13	6.13		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64555	010	F	Oct16	36	Percutaneous Neurostimulator Placement	Z3	Jan17	15	ASA, AANS, CNS	5.76	5.76		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64561	010	F	Oct16	36	Percutaneous Neurostimulator Placement	Z4	Jan17	15	AUA	5.44	5.44	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64565	010	D	Oct16	36	Percutaneous Neurostimulator Placement		Jan17	15					<input checked="" type="checkbox"/>		<input type="checkbox"/>
64910	090	F	Oct16	37	Nerve Repair with Nerve Allograft	AA1	Jan17	16	ASSH	10.52	10.52		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64911	090	F	Oct16	37	Nerve Repair with Nerve Allograft	AA2	Jan17	16	ASSH	14.00	14.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64912	090	N	Oct16	37	Nerve Repair with Nerve Allograft	AA3	Jan17	16	ASPS, ASSH	12.00	12.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
64913	ZZZ	N	Oct16	37	Nerve Repair with Nerve Allograft	AA4	Jan17	16	ASPS, ASSH	3.00	3.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
69820	090	D	Oct16	101	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>

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69840	090	D	Feb17	54	Code Set Maintenance		CLFS						<input checked="" type="checkbox"/>		<input type="checkbox"/>
71010	XXX	D	Feb16	20	Chest X ray		Apr16	07	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
71015	XXX	D	Feb16	20	Chest X ray		Apr16	07	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
71020	XXX	D	Feb16	20	Chest X ray		Apr16	07	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
71021	XXX	D	Feb16	20	Chest X ray		Apr16	07	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
71022	XXX	D	Feb16	20	Chest X ray		Apr16	07	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
71023	XXX	D	Feb16	20	Chest X ray		Apr16	07	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
71030	XXX	D	Feb16	20	Chest X ray		Apr16	07	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
71034	XXX	D	Feb16	20	Chest X ray		Apr16	07	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
71035	XXX	D	Feb16	20	Chest X ray		Apr16	07	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
71045	XXX	N	Feb16	20	Chest X ray	D1	Apr16	07	ACR	0.18	0.18		<input checked="" type="checkbox"/>		<input type="checkbox"/>
71046	XXX	N	Feb16	20	Chest X ray	D2	Apr16	07	ACR	0.22	0.22		<input checked="" type="checkbox"/>		<input type="checkbox"/>
71047	XXX	N	Feb16	20	Chest X ray	D3	Apr16	07	ACR	0.27	0.27		<input checked="" type="checkbox"/>		<input type="checkbox"/>
71048	XXX	N	Feb16	20	Chest X ray	D4	Apr16	07	ACR	0.31	0.31		<input checked="" type="checkbox"/>		<input type="checkbox"/>
74000	XXX	D	Feb16	21	Abdominal X ray		Apr16	08	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
74010	XXX	D	Feb16	21	Abdominal X ray		Apr16	08	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
74020	XXX	D	Feb16	21	Abdominal X ray		Apr16	08	ACR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
74022	XXX	F	Feb16	21	Abdominal X ray	E4	Apr16	08	ACR	0.32	0.32	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
74018	XXX	N	Feb16	21	Abdominal X ray	E1	Apr16	08	ACR	0.18	0.18		<input checked="" type="checkbox"/>		<input type="checkbox"/>
74019	XXX	N	Feb16	21	Abdominal X ray	E2	Apr16	08	ACR	0.23	0.23		<input checked="" type="checkbox"/>		<input type="checkbox"/>
74021	XXX	N	Feb16	21	Abdominal X ray	E3	Apr16	08	ACR	0.27	0.27		<input checked="" type="checkbox"/>		<input type="checkbox"/>
75658	XXX	D	Oct16	38	Brachial Retrograde Angiography		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
75952	XXX	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>

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75953	XXX	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
75954	XXX	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
76000	XXX	R	Feb16	20	Chest X ray		Editorial	07	ACR	0.17	0.17	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
76881	XXX	R	June17	13	Ultrasound of the Extremity		Editorial						<input type="checkbox"/>	Considered for 2018 at the June 2017 CPT Panel Meeting	<input type="checkbox"/>
76882	XXX	R	June17	13	Ultrasound of the Extremity		Editorial						<input type="checkbox"/>	Considered for 2018 at the June 2017 CPT Panel Meeting	<input type="checkbox"/>
77422	XXX	D	Oct16	101	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
78190	XXX	D	Oct16	101	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
80305	XXX	R	Feb17	16	Drugs of Abuse		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
80306	XXX	R	Feb17	16	Drugs of Abuse		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
80307	XXX	R	Feb17	16	Drugs of Abuse		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81257	XXX	R	Oct16	43	Tier 1 HBA1-HBA2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81361	XXX	N	May16	21	Tier 2 to Tier 1 – HBB – Beta-Thalassemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81362	XXX	N	May16	21	Tier 2 to Tier 1 – HBB – Beta-Thalassemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81363	XXX	N	May16	21	Tier 2 to Tier 1 – HBB – Beta-Thalassemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81364	XXX	N	May16	21	Tier 2 to Tier 1 – HBB – Beta-Thalassemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81334	XXX	N	Feb17	19	Tier 1 RUNX1 Leukemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>

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81400	XXX	R	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81401	XXX	R	June17	19	Tier 2 PRAME and LINC00518 Melanoma		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81401	XXX	R	Feb16	25	Tier 1 SEPT9 Methylation Analysis for Colorectal Cancer		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81403	XXX	R	Oct16	41	Tier 1 IDH1 and IDH2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81404	XXX	R	Oct16	43	Tier 1 HBA1-HBA2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81405	XXX	R	Oct16	42	Tier 1 F9		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81406	XXX	R	Feb17	20	Tier 2-KAL1-ANOS1		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81432	XXX	R	Feb17	21	GSP Hereditary Breast Cancer Disorders		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81439	XXX	R	Oct16	50	Targeted GSP for Cardiomyopathy		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81448	XXX	N	Oct16	51	GSP for Peripheral Neuropathy		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81551	XXX	N	Oct16	54	MAAA Prostate Cancer		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81521	XXX	N	Oct16	55	MAAA Breast Cancer Distant Metastasis Risk		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81520	XXX	N	Oct16	56	MAAA for Breast		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81175	XXX	N	Feb17	17	Tier 1 ASXL1 Leukemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81176	XXX	N	Feb17	17	Tier 1 ASXL1 Leukemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81105	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81106	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>

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81107	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81108	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81109	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81110	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81111	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81112	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81120	XXX	N	Oct16	41	Tier 1 IDH1 and IDH2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81121	XXX	N	Oct16	41	Tier 1 IDH1 and IDH2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81238	XXX	N	Oct16	42	Tier 1 F9		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81230	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81231	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81232	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81283	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81328	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81335	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						<input type="checkbox"/>		<input type="checkbox"/>

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81346	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81247	XXX	N	Oct16	45	Tier 1 G6PD Hemolytic Anemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81248	XXX	N	Oct16	45	Tier 1 G6PD Hemolytic Anemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81249	XXX	N	Oct16	45	Tier 1 G6PD Hemolytic Anemia		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81541	XXX	N	Feb17	25	MAAA Prostate Cancer Gener Expression		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81258	XXX	N	Oct16	43	Tier 1 HBA1-HBA2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81259	XXX	N	Oct16	43	Tier 1 HBA1-HBA2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81269	XXX	N	Oct16	43	Tier 1 HBA1-HBA2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
82042	XXX	R	Feb17	26	Albumin Urine Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
82043	XXX	R	Feb17	26	Albumin Urine Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
82044	XXX	R	Feb17	26	Albumin Urine Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
83499	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
84061	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86003	XXX	R	May16	23	Molecular Allergen Specific Component IgE		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86005	XXX	R	May16	23	Molecular Allergen Specific Component IgE		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86008	XXX	N	May16	23	Molecular Allergen Specific Component IgE		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86185	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86243	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
86378	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86729	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86822	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86794	XXX	N	Feb17	30	Zika Virus Detection		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87277	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87470	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87477	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87515	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87634	XXX	N	Feb17	28	Respiratory Syncytial Virus Antigen Detection by Nucleic Acid		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87662	XXX	N	Feb17	30	Zika Virus Detection		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
88154	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
90620	XXX	R	Oct16	60	Meningococcal Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90621	XXX	R	Oct16	60	Meningococcal Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90651	XXX	R	Oct16	61	Human Papillomavirus		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90682	XXX	N	May16	24	Influenza Vaccine-Quadrivalent Pre-Filled Syringe		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
906X5	XXX	R	June17	EC-N	Zoster Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90750	XXX	N	May16	25	Zoster Vaccine Non-Live Intramuscular		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90846	XXX	R	June17	EC-E	Family Psychotherapy		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
90847	XXX	R	June17	EC-E	Family Psychotherapy		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>



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90X78	XXX	N	June17	22	Influenza Virus Vaccine with Preservative		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90587	XXX	N	Oct16	63	Dengue Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
93982	XXX	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
94620	XXX	D	Feb16	39	Pulmonary Diagnostic Tests		Oct16	05	ATS, CHEST				<input checked="" type="checkbox"/>		<input type="checkbox"/>
94621	XXX	F	Feb16	39	Pulmonary Diagnostic Tests	F2	Oct16	05	ATS, CHEST	1.42	1.42	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
94617	XXX	N	Feb16	39	Pulmonary Diagnostic Tests	F1	Oct16	05	ATS, CHEST	0.70	0.70		<input checked="" type="checkbox"/>		<input type="checkbox"/>
94618	XXX	N	Feb16	39	Pulmonary Diagnostic Tests	F3	Oct16	05	ATS, CHEST	0.48	0.48		<input checked="" type="checkbox"/>		<input type="checkbox"/>
95250	XXX	R	June17	3-Issue	Continuous Glucose Monitoring		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
95251	XXX	R	June17	3-Issue	Continuous Glucose Monitoring		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
95249	XXX	N	June17	3-Issue	Continuous Glucose Monitoring		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
95930	XXX	R	May16	29	Visual Evoked Potential Testing	L1	Oct16	11	AOA (Optometric), ACNS, AAO	0.35	0.35	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
96101	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96102	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96103	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96105	XXX	F	Oct16	82	Psychological and Neuropsychological Testing	DD1	Jan17	18	ASHA		1.75	Yes	<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96110	XXX	F	Oct16	82	Psychological and Neuropsychological Testing	DD2	Jan17	18	AAP		0.00		<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>

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96111	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96116	XXX	F	Oct16	82	Psychological and Neuropsychological Testing	DD3	Jan17	18	AAN, APA (Psychology)		1.86	Yes	<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96118	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96119	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96120	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96125	XXX	F	Oct16	82	Psychological and Neuropsychological Testing	DD4	Jan17	18	ASHA		1.70	Yes	<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96127	XXX	F	Oct16	82	Psychological and Neuropsychological Testing	DD12	Jan17	18	AAP		0.00		<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96160	XXX	N	Oct15	05	Parent, Caregiver-focused Health Risk Assessment		Apr16	10	AAFP, AAP		0.00		<input checked="" type="checkbox"/>	PE Inputs Recommendations Only	<input type="checkbox"/>
96161	XXX	N	Oct15	05	Parent, Caregiver-focused Health Risk Assessment		Apr16	10	AAFP, AAP		0.00		<input checked="" type="checkbox"/>	PE Inputs Recommendations Only	<input type="checkbox"/>
96130	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD5	Jan17	18	APA (Psychology)				<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96131	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD6	Jan17	18	AAN, APA (Psychology)				<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96132	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD7	Jan17	18	AAN, APA (Psychiatry), APA (Psychology)				<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96133	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD8	Jan17	18	APA (Psychology)				<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>

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96134	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD9	Jan17	18	AAN, APA (Psychology)				<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96135	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD10	Jan17	18	APA (Psychology)				<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96136	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD11	Jan17	18	AAP, AAN, APA (Psychology)				<input checked="" type="checkbox"/>	Refer to CPT	<input type="checkbox"/>
96567	XXX	R	Oct16	78	Photodynamic Therapy		Jan17	17	AADA	0.00	0.00	Yes	<input checked="" type="checkbox"/>	PE Inputs Only	<input type="checkbox"/>
96573	XXX	N	Oct16	78	Photodynamic Therapy	EE1	Jan17	17	AADA	0.68	0.48		<input checked="" type="checkbox"/>		<input type="checkbox"/>
96574	000	N	Oct16	78	Photodynamic Therapy	EE2	Jan17	17	AADA	1.00	1.01		<input checked="" type="checkbox"/>		<input type="checkbox"/>
97532	XXX	D	Oct16	80	Cognitive Function Intervention		Jan17	HCPAC	ASHA, APA (Psychology)				<input checked="" type="checkbox"/>		<input type="checkbox"/>
97760	XXX	R	Oct16	81	Orthotic Management and Prosthetic Training	CC1	Jan17	HCPAC	APTA, AOTA	0.50	0.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
97761	XXX	R	Oct16	81	Orthotic Management and Prosthetic Training	CC2	Jan17	HCPAC	APTA	0.50	0.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
97762	XXX	D	Oct16	81	Orthotic Management and Prosthetic Training		Jan17	HCPAC	APTA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
97763		N	Oct16	81	Orthotic Management and Prosthetic Training	CC3	Jan17	HCPAC	APTA, AOTA	0.48	0.48		<input checked="" type="checkbox"/>		<input type="checkbox"/>
97127		N	Oct16	80	Cognitive Function Intervention	BB1	Jan17	HCPAC	ASHA, APA (Psychology)	1.76	1.76		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99217	XXX	R	Feb17	61	E-M Terminology		Editorial			1.28	1.28		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99218	XXX	R	Feb17	61	E-M Terminology		Editorial			1.92	1.92		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99219	XXX	R	Feb17	61	Initial Observation Care		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>

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99220	XXX	R	Feb17	61	Initial Observation Care		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
99363	XXX	D	Oct16	08	INR Monitoring		Jan17	19	ACC				<input checked="" type="checkbox"/>		<input type="checkbox"/>
99364	XXX	D	Oct16	08	INR Monitoring		Jan17	19	ACC				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93792	XXX	N	Oct16	08	INR Monitoring		Jan17	19	ACC		0.00		<input checked="" type="checkbox"/>	PE Inputs Recommendations Only	<input type="checkbox"/>
93793	XXX	N	Oct16	08	INR Monitoring		Jan17	19	ACC	0.18	0.18		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99492	XXX	N	Feb16	07	Psychiatric Collaborative Care Management Services	A1	Jan17	20	AGS, AACAP, APA, AAFP, ACP	1.70	1.70	Yes	<input checked="" type="checkbox"/>	Re-Review After 2 Years	<input checked="" type="checkbox"/>
99493	XXX	N	Feb16	07	Psychiatric Collaborative Care Management Services	A2	Jan17	20	AGS, AACAP, APA, AAFP, ACP	1.53	1.53	Yes	<input checked="" type="checkbox"/>	Re-Review After 2 Years	<input checked="" type="checkbox"/>
99494	XXX	N	Feb16	07	Psychiatric Collaborative Care Management Services	A3	Jan17	20	AGS, AACAP, APA, AAFP, ACP	0.82	0.82	Yes	<input checked="" type="checkbox"/>	Re-Review After 2 Years	<input checked="" type="checkbox"/>
99483	XXX	N	Feb16	13	Cognitive Impairment Assessment and Care Plan Services	B1	Apr16	05	AGS, AAN, APA, AAFP, ACP	3.44	3.44		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99484	XXX	N	Feb17	66	Psychiatric Collaborative Care Management Services	A4	Jan17	20	AGS, AACAP, APA, AAFP, ACP	0.61	0.61	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
G0248	XXX	D	Oct16	08	INR Monitoring		Jan17	19	ACC				<input checked="" type="checkbox"/>	RUC recommends deletion of G code	<input type="checkbox"/>
G0249	XXX	D	Oct16	08	INR Monitoring		Jan17	19	ACC				<input checked="" type="checkbox"/>	RUC recommends deletion of G code	<input type="checkbox"/>
G0250	XXX	D	Oct16	08	INR Monitoring		Jan17	19	ACC				<input checked="" type="checkbox"/>	RUC recommends deletion of G code	<input type="checkbox"/>

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G0364	ZZZ	D	Feb16	44	Bone Marrow Aspiration		Jan17	06					<input checked="" type="checkbox"/>	RUC recommends deletion of G code	<input type="checkbox"/>
G0507	XXX	D	Feb16	07	Psychiatric Collaborative Care Management Services	A4	Jan17	20	AGS, AACAP, APA, AAFP, ACP	0.61	0.61	Yes	<input checked="" type="checkbox"/>	Re-Review After 2 Years	<input checked="" type="checkbox"/>

### RUC and HCPAC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2017

CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Final Rule	New Technology/ New Services
64550	Application of surface (transcutaneous) neurostimulator	Refer to CPT		X	
70490	Computed tomography, soft tissue neck; without contrast material	1.28	X		
70491	Computed tomography, soft tissue neck; with contrast material(s)	1.38	X		
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1.62	X		
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Revised Practice Expense Inputs			X
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Revised Practice Expense Inputs			X
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	0.31	X		
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	0.60	X		
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	0.74	X		
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	0.52	X		
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder	0.52	X		

**RUC and HCPAC Recommendations for CMS Requests & Relativity Assessment Identified  
Codes January 2017**

<b>CPT</b>	<b>2016 Long Descriptor</b>	<b>RUC Recommendation</b>	<b>CMS High Expenditure Procedural Codes</b>	<b>CMS Final Rule</b>	<b>New Technology/ New Services</b>
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	5.23	X		
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	0.17	X		
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	0.09	X		
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	0.17	X		
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	0.18	X		
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	0.10	X		
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	0.17	X		
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	0.21	X		
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	0.19	X		
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	0.24	X		
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	0.20	X		
97010	Application of a modality to 1 or more areas; hot or cold packs	Refer to CPT		X	
97012	Application of a modality to 1 or more areas; traction, mechanical	0.25		X	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	0.18		X	
97016	Application of a modality to 1 or more areas; vasopneumatic devices	0.18		X	

**RUC and HCPAC Recommendations for CMS Requests & Relativity Assessment Identified  
Codes January 2017**

<b>CPT</b>	<b>2016 Long Descriptor</b>	<b>RUC Recommendation</b>	<b>CMS High Expenditure Procedural Codes</b>	<b>CMS Final Rule</b>	<b>New Technology/ New Services</b>
97018	Application of a modality to 1 or more areas; paraffin bath	0.06		X	
97022	Application of a modality to 1 or more areas; whirlpool	0.17		X	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	0.25	X		
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	0.26		X	
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	0.21		X	
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	0.21	X		
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	0.45	X		
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	0.50	X		
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	0.48	X		
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	0.45	X		
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	0.43	X		
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	0.44	X		
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	0.48		X	



**RUC and HCPAC Recommendations for CMS Requests & Relativity Assessment Identified  
Codes January 2017**

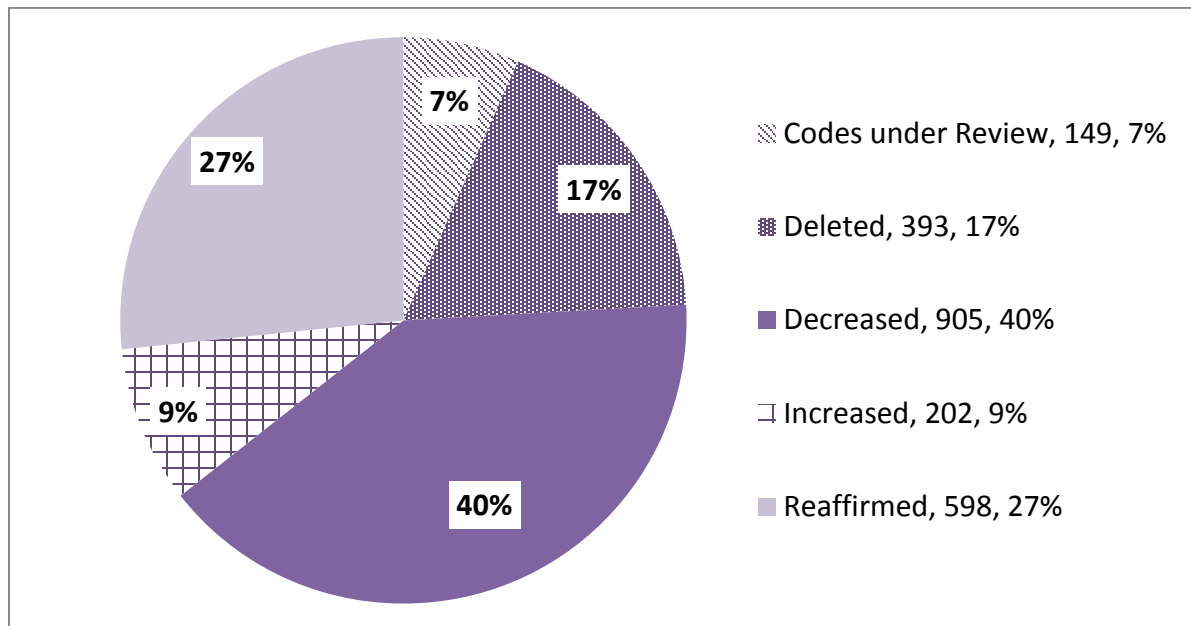
<b>CPT</b>	<b>2016 Long Descriptor</b>	<b>RUC Recommendation</b>	<b>CMS High Expenditure Procedural Codes</b>	<b>CMS Final Rule</b>	<b>New Technology/ New Services</b>
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	0.45		X	
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	0.48		X	
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	0.48		X	
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	0.18	X		

## The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified 2,246 services through 17 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the “new technology” list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining over 2,200 potentially misvalued services accounting for \$43 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,298 services, redistributing nearly \$4.5 billion. Here are the outcomes for the committee’s review of 2,246 codes:

### Potentially Misvalued Services Project



Source: American Medical Association

### New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including: recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 541 services. In September 2010, the re-review cycle began and since then the RUC has recommended 35 services to be re-examined. The remaining services

are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 228 services every September after three years of Medicare claims data is available for each service.

### **Methodology Improvements**

The RUC implemented process improvements to methodology following its October 2013 meeting. The process improvements are designed to strengthen the RUC's primary mission of providing the final RVS update recommendations to the Centers for Medicare and Medicaid Services.

In the area of methodology, the RUC is continuously improving its processes to ensure that it is best utilizing reliable, extant data. At its most recent meeting, the RUC increased the minimum number of respondents required for each survey of commonly performed codes:

- For services performed 1 million or more times per year in the Medicare population, at least 75 physicians must complete the survey.
- For services performed from 100,000 to 999,999 times annually, at least 50 physicians will be required.

Further strengthening its methodology, the RUC also announced that specialty societies will move to a centralized online survey process, which will be coordinated by the AMA and will utilize external expertise to ensure survey and reporting improvements.

### **Site of Service Anomalies**

The Workgroup initiated its effort by reviewing services with anomalous sites of service when compared to Medicare utilization data. Specifically, these services are performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within their global period.

The RUC identified 194 services through the site of service anomaly screen. The RUC required the specialties to resurvey 129 services to capture the appropriate physician work involved. These services were reviewed by the RUC between April 2008 and February 2011. CMS implemented 124 of these recommendations in the 2009, 2010 and 2011 Medicare Physician Payment Schedules. The RUC submitted another five recommendations as well as re-reviewed and submitted 44 recommendations to previously reviewed site of service identified codes to CMS for the 2012 Medicare Physician Payment Schedule.

Of the remaining 65 services that were not re-surveyed, the RUC modified the discharge day management for 46 services, maintained three codes and removed two codes from the screen as the typical patient was not a Medicare beneficiary and would be an inpatient. The CPT® Editorial Panel deleted 14 codes. The RUC completed review of services under this initial screen.

During this review, the RUC uncovered several services that are reported in the outpatient setting, yet, according to several expert panels and survey data from physicians who perform the procedure, the service, typically requires a hospital stay of greater than 23 hours. The RUC maintains that physician work that is typically performed, such as visits on the date of service and discharge work the following day, should be included within the overall valuation. Subsequent observation day visits and discharge day management service are appropriate proxies for this work.

The RUC will reassess the data each year going forward to determine if any new site of service anomalies arise. In 2015, the RUC identified three services in which the Medicare data from 2011-2013 indicated it was performed less than 50% of the time in the inpatient setting, yet included inpatient hospital Evaluation and Management services within the global period. These services were referred to CPT and will be reviewed by the RUC for the 2018 Medicare Physician Payment Schedule.

In 2016, the RUC identified one site of service anomaly CPT code which will be reviewed by the RUC for the 2019 Medicare Physician Payment Schedule.

### **High Volume Growth**

The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have increased by at least 100% from 2004 through 2006. The query initially resulted in the identification of 81 services, but was expanded by 16 services to include the family of services, totaling 97 services. Specialty societies submitted comments to the Workgroup in April 2008 to provide rationales for the growth in reporting. Following this review, the RUC required the specialties to survey 35 services to capture the appropriate work effort and/or direct practice expense inputs. These services were reviewed by the RUC between February 2009 and April 2010.

The RUC recommended removing 15 services from the screen as the volume growth did not impact the resources required to provide these services. The CPT® Editorial Panel deleted 34 codes. The RUC submitted 44 recommendations to CMS for services for the 2012-2017 Medicare Physician Payment Schedules. In September 2011, the RUC began review of services after two years of utilization data were collected. The RUC will continue to review the remaining four services after additional utilization data is available.

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 57 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC recommended review of five services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted eight codes and the RUC submitted recommendations for 41 services for the 2015-2018 Medicare Physician Payment Schedule.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 26 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred two services to the CPT Editorial Panel for revisions and recommended the review of seven services after an additional two years of utilization data is collected. The CPT Editorial Panel deleted three codes and the RUC submitted recommendations for six services for the 2017 and 2018 Medicare Physician Payment Schedules. The RUC will review the remaining seven services for the 2019 Medicare Physician Payment Schedule.

In October 2016, the RUC ran this screen again and the query resulted in the identification of 12 services, which the RUC will assess and provide recommendations for in the 2019 Medicare Physician Payment Schedule.

### **CMS Fastest Growing**

In 2008, CMS developed the Fastest Growing Screen to identify all services with growth of at least 10% per year over the course of three years from 2005-2007. Through this screen, CMS identified 114 fastest growing services and the RUC added 69 services to include the family of services, totaling 183. The RUC required the specialties to survey 72 services to capture the appropriate work effort and/or direct practice expense inputs. These services were reviewed by the RUC from February 2008 through April 2010 and submitted to CMS for the Medicare Physician Payment Schedule.

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

### **High IWPOT**

The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have an intra-service work per unit of time (IWPOT) calculation greater than 0.14, indicating an outlier intensity. The query resulted in identification of 32 services. Specialty societies submitted comments to the Workgroup in April 2008 for these services. As a result of this screen, the RUC has reviewed and submitted recommendations to CMS for 28 codes, removing four services from the screen as the IWPOT was considered appropriate. The RUC completed review of services under this screen.

### **Services Surveyed by One Specialty – Now Performed by a Different Specialty**

In October 2009, services that were originally surveyed by one specialty, but now performed predominantly by other specialties were identified and reviewed. The RUC identified 21 services by this screen, adding 19 services to address various families of codes. The majority of these services required clarification within CPT<sup>®</sup>. The CPT<sup>®</sup> Editorial Panel deleted 18 codes. The RUC submitted 22 recommendations for physician work and practice expense to CMS for the 2011-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In April 2013, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified and the RUC recommended that one be removed from the screen since the specialty societies currently performing this service indicated that the service is appropriate and recommended that the other code be referred to CPT<sup>®</sup> to be revised. The RUC completed review of services under this screen.

### **Harvard Valued**

#### *Utilization over 1 Million*

CMS requested that the RUC pay specific attention to Harvard valued codes that have a high utilization. The RUC identified nine Harvard valued services with high utilization (performed over 1 million times per year). The RUC also incorporated an additional 12 Harvard valued codes within the initial family of services identified. The CPT<sup>®</sup> Editorial Panel deleted one code. The RUC submitted 20 relative value work recommendations to CMS for the 2011 and 2012 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

#### *Utilization over 100,000*

The RUC continued to review Harvard valued codes with significant utilization. The Relativity Assessment Workgroup expanded the review of Harvard codes to those with utilization over 100,000 which totaled 38 services. The RUC expanded this screen by 101 codes to include the family of services, totaling 139 services. The CPT<sup>®</sup> Editorial Panel deleted 27 codes. The RUC submitted 112 recommendations to CMS for the 2011-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

#### *Utilization over 30,000*

In April 2011, the RUC continued to identify Harvard valued codes with utilization over 30,000, based on 2009 Medicare claims data. The RUC determined that the specialty societies should survey the remaining 36 Harvard codes with utilization over 30,000 for September 2011. The RUC expanded the screen to include the family of services, totaling 65 services. The CPT<sup>®</sup> Editorial Panel deleted 12 codes. The RUC submitted recommendations for 53 services for the 2013-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

### *Medicare Allowed Charges >\$10 million*

In June 2012, CMS identified 16 services that were Harvard valued with annual allowed charges (2011 data) > \$10 million. The RUC expanded this screen to 33 services to include the proper family of services. The RUC removed two services from review as the allowed charges are approximately \$1 million and did not meet the screen criteria. The CPT® Editorial Panel deleted one service. The RUC submitted recommendations for 30 services for the 2013-2017 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

### **CMS/Other**

#### *Utilization over 500,000*

In April 2011, the RUC identified 410 codes with a source of “CMS/Other.” CMS/Other codes are services which were not reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. “CMS/Other” source codes would not have been flagged in the Harvard only screens, therefore the RUC recommended that a list of all CMS/Other codes be developed and reviewed. The RUC established the threshold for CMS/Other source codes with Medicare utilization of 500,000 or more, which resulted in 19 codes. The RUC expanded this screen to 21 services to include the proper family of services. The CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules. The RUC removed one service from the screen and will review one service after additional utilization data is available.

#### *Utilization over 250,000*

In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more, which resulted in 26 services and was expanded to 52 services to include the family of services. The CPT Editorial Panel deleted 11 codes identified under this screen. The RUC referred one service to the CPT® Editorial Panel, removed nine services and submitted 31 recommendations to CMS for the 2015-2018 Medicare Physician Payment Schedules. The RUC will review one service for the 2019 Medicare Physician Payment Schedule.

#### *Utilization over 100,000*

In October 2016, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 100,000 or more, which resulted in 27 services and was expanded to 39 services to include the family of services. The RUC will review these services for the 2019 Medicare Physician Payment Schedule.

### **Bundled CPT® Services**

#### *Reported 95% or More Together*

The Relativity Assessment Workgroup solicited data from CMS regarding services inherently performed by the same physician on the same date of service (95% of the time) in an attempt to identify pairings of services that should be bundled together. The CPT® Editorial Panel deleted 31 individual component codes and replaced them with 53 new codes that describe bundles of services. The RUC then surveyed and reviewed work and practice costs associated with these services to account for any efficiencies achieved through the bundling. The RUC completed review of all services under this screen.

#### *Reported 75% or More Together*

In February 2010, the Workgroup continued review of services provided on the same day by the same provider, this time lowering the threshold to 75% or more together. The Relativity Assessment Workgroup again analyzed the Medicare claims data and found 151 code pairs which met the threshold. The Workgroup then collected these code pairs into similar “groups” to ensure that the entire family of services would be coordinated under one code bundling proposal. The grouping effort resulted in 20 code

groups, totaling 80 codes, and were sent to specialty societies to solicit action plans for consideration at the April 2010 RUC meeting. Resulting from the Relativity Assessment Workgroup review, 81 additional codes were added for review as part of the family of services to ensure duplication of work and practice expense was mitigated throughout the entire set of services. Of the 161 total codes under review, the CPT® Editorial Panel deleted 35 individual component codes and replaced the component coding with 125 new and/or revised codes that described the bundles of services. The CPT® Editorial Panel and the RUC are currently working on four services and expect review two services after additional utilization data is available.

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 149 total codes under review, the CPT® Editorial Panel deleted 49 services and is scheduled to review one code in the 2019 cycle. The RUC has submitted 100 code recommendations for the 2014-2018 Medicare Physician Payment Schedules.

In January and April 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its fourth cycle analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 8 code pair groups and recommended code bundling for 18 individual codes. In October 2015, the CPT Editorial Panel started review of the code bundling solutions. Of the 75 total codes under review, the CPT Editorial Panel deleted 26 services. The RUC submitted 49 code recommendations for the 2017-2018 Medicare Physician Payment Schedules.

#### **Low Value/Billed in Multiple Units**

CMS has requested that services with low work RVUs that are commonly billed with multiple units in a single encounter be reviewed. CMS identified services that are reported in multiples of five or more per day, with work RVUs of less than or equal to 0.50 RVUs.

In October 2010, the Workgroup reviewed 12 CMS identified services and determined that six of the codes were improperly identified as the services were either not reported in multiple units or were reported in a few units and that was considered in the original valuation. The RUC submitted recommendations for the remaining six services for the 2012 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

#### **Low Value/High Volume Codes**

CMS has requested that services with low work RVUs and high utilization be reviewed. CMS has requested that the RUC review 24 services that have low work RVUs (less than or equal to 0.25) and high utilization. The RUC questioned the criteria CMS used to identify these services as it appeared some codes were missing from the screen criteria indicated. The RUC identified codes with a work RVU ranging from 0.01 - 0.50 and Medicare utilization greater than one million. In February 2011, the RUC reviewed the codes identified by this criteria and added 5 codes, totaling 29. The RUC submitted 24 recommendations to CMS for the 2012 Medicare Physician Payment Schedule and five recommendations to CMS for the 2013 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

#### **Multi-Specialty Points of Comparison List**

CMS requested that services on the Multi-Specialty Points of Comparison (MPC) list should be reviewed. CMS prioritized the review of the MPC list to 33 codes, ranking the codes by allowed service units and charges based on CY 2009 claims data as well as those services reviewed by the RUC more than six years ago. The RUC expanded the list to 182 services to include additional codes as part of a family (over 100

of these codes are part of the review of GI endoscopy codes). The CPT® Editorial Panel deleted 25 codes. The RUC submitted recommendations for 157 codes for the 2012-2015 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

### **CMS High Expenditure Procedural Codes**

In the Proposed Rule for 2012, CMS requested that the RUC review a list of 70 high Medicare Physician Payment Schedule expenditure procedural codes representing services furnished by an array of specialties. CMS selected these codes since they have not been reviewed for at least 6 years, and in many cases the last review occurred more than 10 years ago.

The RUC reviewed the 70 services identified and expanded the list to 145 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 20 codes. The RUC submitted 123 recommendations to CMS for the 2013-2018 Medicare Physician Payment Schedules will review utilization data for two services after additional data is available.

In the Final Rule for 2016, CMS requested that the RUC review a list of 103 high Medicare Physician Payment Schedule high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010.

The RUC expanded the list of services to 208 services to include additional codes as part of the family. The CPT Editorial Panel deleted 15 codes and will review 45 codes for the 2019 cycle. The RUC submitted 148 recommendations to CMS for the 2017-2018 Medicare Physician Payment Schedules and will review the remaining services for the 2019 cycle.

### **Services with Stand-Alone PE Procedure Time**

In June 2012, CMS proposed adjustments to services with stand-alone procedure time assumptions used in developing non-facility PE RVUs. These assumptions are not based on physician time assumptions. CMS prioritized CPT® codes that have annual Medicare allowed charges of \$100,000 or more, include direct equipment inputs that amount to \$100 or more, and have PE procedure times greater than five minutes for review. The RUC reviewed 27 services identified through this screen and expanded to 29 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 11 codes. The RUC submitted 18 recommendations for the 2014-2015 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

### **Pre-Time Analysis**

In January 2014, the RUC reviewed codes that were RUC reviewed prior to April 2008, with pre-time greater than pre-time package 4 *Facility - Difficult Patient/Difficult Procedure* (63 minutes) for services with 2012 Medicare Utilization over 10,000. The screen identified 19 services with more pre-service time than the longest standardized pre-service package and was expanded to 24 to include additional codes as part of the family. The RUC reviewed these services and referred three services to the CPT® Editorial Panel for revision. The CPT Editorial Panel deleted one service and will review three services for CPT 2018. The RUC reviewed 18 services and noted that they were all originally valued by magnitude estimation and therefore readjustments in pre-service time categories did not alter the work values. Additionally, crosswalk references for each service were presented validating the pre-time adjustments. The RUC noted that this screen was useful, however did not reveal any large outliers and therefore the utilization threshold does not need to be lowered to identify more services. The RUC submitted 20 recommendations for the 2016 Medicare Physician Payment Schedule.



## **Post-Operative Visits**

### *010-Day Global Codes*

In January 2014, the RUC reviewed all 477, 010-day global codes to determine any outliers. Many 010-day global period services only include one post-operative office visit. The Relativity Assessment Workgroup pared down the list to 19 services with >1.5 office visits and 2012 Medicare utilization > 1,000. The RUC reviewed the 19 services, which was expanded to 21 services for additional codes in the family of services, identified via this screen. The RUC referred two codes to the CPT Editorial Panel for revision. The RUC submitted recommendations for 21 services for the 2015-2017 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

### *090-Day Global Codes*

In January 2014, the RUC reviewed all 3,788, 090-day global codes to determine any outliers. Based on 2012 Medicare utilization data, 10 services were identified, that were reported at least 1,000 times per year and included more than six office visits. The RUC expanded the services identified in this screen to 38 to include additional codes as part of the family. The CPT® Editorial Panel deleted 8 services. The RUC submitted recommendations for 30 services for the 2015-2017 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

## **High Level E/M in Global Period**

In October 2015, the RUC reviewed all services with Medicare utilization greater than 10,000 that have a level 4 (99214) or level 5 (99215) office visit included in the global period. There were no codes with volume greater than 10,000 that had a level 5 office visits included. Seven services were identified that have a level 4 office visit included. The RUC expanded the list of services to 11 services to include additional codes as part of the family. The RUC confirmed that the level 4 post-operative visits were appropriate and well-defined for four services. The CPT Editorial Panel deleted one code. The RUC submitted recommendations for 10 services for the 2017-2018 Medicare Physician Payment Schedules. The RUC noted that this screen will be complete after these services are reviewed because the RUC has more rigorously questioned level 4 office visits in the global period in recent years and will continue this process going forward. The RUC has completed review of the services under this screen.

## **000-Day Global Services Reported with an E/M with Modifier 25**

In the NPRM for 2017 CMS identified 83 services with a 000-day global period billed with an E/M 50 percent of the time or more, on the same day of service, same patient, by the same physician, that have not been reviewed in the last five years with Medicare utilization greater than 20,000.

The RUC commented that it appreciated CMS' identification of an objective screen and reasonable query. However, based on further analysis of the codes identified, it appears only 19 services met the criteria for this screen and have not been reviewed to specifically address an E/M performed on the same date. There were 38 codes that did not meet the screen criteria; they were either reviewed in the last 5 years and/or are not typically reported with an E/M. For 26 codes, the summary of recommendation (SOR), RUC rationale or practice expense inputs submitted specifically states that an E/M is typically reported with these services and the RUC accounted for this in its valuation.

The RUC requested that CMS remove 64 services that did not meet the screen criteria or which have already been valued as typically being reported with an E/M service. The RUC requested that CMS condense and finalize the list of services for this screen to the 19 remaining services.

In the Final Rule for 2017, CMS did finalize the list of 000-day global services reported with an E/M to the 19 services that truly met the criteria. The RUC recommended that two additional codes be removed from this screen as the specialty societies discovered that in fact an E/M as typical was considered in the survey process. The RUC will review the remaining 17 services for the 2019 Medicare Physician Payment Schedule.

### **Public Comment Requests**

In 2011, CMS announced that due to the ongoing identification of potentially misvalued services by CMS and the RUC, the Agency will no longer conduct a separate Five-Year Review. CMS will now call for public comments on an annual basis as part of the comment process on the Final Rule each year.

#### *Final Rule for 2013*

In the Final Rule for the 2013 Medicare Physician Payment Schedule, the public and CMS identified 35 potentially misvalued services, which was expanded to 38 services to include the entire code family. The RUC reviewed these services and recommended that eight services be removed from review as two G-codes lacked specialty society interest and six services are not potentially misvalued since there is no reliable way to determine an incremental difference from open thoracotomy to thorascopic procedures. The RUC submitted recommendations for 28 services for the 2014-2017 Medicare Physician Payment Schedules. The RUC will review two services after additional utilization data is available.

#### *Final Rule for 2014*

CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 91 services. The CPT® Editorial Panel deleted 10 services. The RUC submitted recommendations to CMS for 80 services for the 2015-2018 Medicare Physician Payment Schedules and will review one service after additional data is available.

#### *Final Rule for 2015*

In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 46 services to include additional codes as part of this family. The CPT Editorial Panel deleted 14 services. The RUC submitted 30 recommendations for the 2016-2018 Medicare Physician Payment Schedules and will submit one recommendation for the 2019 Medicare Physician Payment Schedule.

#### *Final Rule for 2016*

In the Final Rule for 2016 the public and CMS nominated 25 services as potentially misvalued, which the RUC expanded to 40 services to include an additional code as part of the family. The CPT Editorial Panel deleted 3 services. The RUC submitted 30 recommendations for the 2017-2018 Medicare Physician Payment Schedules and will review the remaining seven services for the 2019 Medicare Physician Payment Schedule.

### **Other Issues**

In addition to the above screening criteria, the Relativity Assessment Workgroup performed an exhaustive search of the RUC database for services indicated by the RUC to be re-reviewed at a later date. Three codes were found that had not yet been re-reviewed. The RUC recommended a work RVU decrease for two codes and to maintain the work RVU for another code.

CMS also identified 72 services that required further practice expense review. The RUC submitted practice expense recommendations on 67 services and the CPT<sup>®</sup> Editorial Panel deleted 5 services. The RUC also reviewed special requests for 19 audiology and speech-language pathology services. The RUC submitted recommendations for 10 services for the 2010 Medicare Physician Payment Schedule and the remaining nine services for the 2011 Medicare Physician Payment Schedule.

**CMS Requests and RUC Relativity Assessment Workgroup Code Status**

**Total Number of Codes Identified\*** **2,246**

***Codes Completed*** **2,098**

Work and PE Maintained 598

Work Increased 202

Work Decreased 752

Direct Practice Expense Revised (beyond work changes) 153

Deleted from CPT<sup>®</sup> 393

***Codes Under Review*** **149**

Referred to CPT<sup>®</sup> Editorial Panel 54

RUC to Review for *CPT 2019* 54

RUC future review after additional data obtained 41

*\*The total number of codes identified will not equal the number of codes from each screen as some codes have been identified in more than one screen.*

The RUC's efforts for 2009-2017 have resulted in nearly \$4.5 billion for redistribution within the Medicare Physician Payment Schedule.

## Status Report: CMS Requests and Relativity Assessment Issues

**00537** Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

**Most Recent** **Tab** 30 **Specialty Developing** ASA  
**RUC Meeting:** January 2017 **Recommendation:**

**First Identified:** October 2016 **2015 Medicare Utilization:** 63,007

**2007 Work RVU:** 0.00 **2017 Work RVU:** 0.00  
**2007 NF PE RVU:** 0 **2017 NF PE RVU:** 0.00  
**2007 Fac PE RVU** 0 **2017 Fac PE RVU:**0.00  
**Result:**

**RUC Recommendation:** Review action plan and additional utilization data (Oct 2019). Notify Anesthesia WG that this is a high growth service.

**Referred to CPT**

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

**00740** Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab** 04 **Specialty Developing** ASA  
**RUC Meeting:** January 2017 **Recommendation:**

**First Identified:** July 2015 **2015 Medicare Utilization:** 1,326,567

**2007 Work RVU:** 0.00 **2017 Work RVU:** 0.00  
**2007 NF PE RVU:** 0 **2017 NF PE RVU:** 0.00  
**2007 Fac PE RVU** 0 **2017 Fac PE RVU:**0.00  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**00731** **Global:** **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab** 04 **Specialty Developing** ASA  
**RUC Meeting:** January 2017 **Recommendation:**

**First Identified:** September 2016 **2015 Medicare Utilization:**

**2007 Work RVU:** **2017 Work RVU:**  
**2007 NF PE RVU:** **2017 NF PE RVU:**  
**2007 Fac PE RVU** **2017 Fac PE RVU:**  
**Result:** Maintain

**RUC Recommendation:** 5 base units

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>00732</b>	<b>Global:</b>	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2016	<b>2015 Medicare Utilization:</b>
<b>RUC Recommendation:</b> 6 base units			<b>Referred to CPT</b> September 2016	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

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<b>00810</b>	<b>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum</b>	<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 1,725,355	
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2016		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>00811</b>		<b>Global:</b>	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2016	<b>2015 Medicare Utilization:</b>	
<b>RUC Recommendation:</b> 4 base units (Interim)			<b>Referred to CPT</b> September 2016		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>00812</b>		<b>Global:</b>	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2016	<b>2015 Medicare Utilization:</b>	
<b>RUC Recommendation:</b> 4 base units (Interim)			<b>Referred to CPT</b> September 2016		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>00813</b>			<b>Global:</b>	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b>
					<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b>
					<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 5 base units			<b>Referred to CPT</b> September 2016		<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>01930</b>	<b>Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified</b>		<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for Interventional Radiology	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 25,416	<b>2007 Work RVU:</b> 0.00	<b>2017 Work RVU:</b> 0.00
					<b>2007 NF PE RVU:</b> 0	<b>2017 NF PE RVU:</b> 0.00
					<b>2007 Fac PE RVU</b> 0	<b>2017 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>01936</b>	<b>Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic</b>		<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> October 2016	<b>2015 Medicare Utilization:</b> 221,465	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 0.00
					<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 0.00
					<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Review action plan. Specialty society to research data on what procedures are reported with this service.			<b>Referred to CPT</b>		<b>Result:</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

## 10021 Fine needle aspiration; without imaging guidance

Global: XXX

Issue: Fine Needle Aspiration

Screen: CMS Request - Final Rule for 2016

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 12

Specialty Developing  
Recommendation:

AACE,  
ASBS, ASC,  
CAP, ES,  
AAOHNS,  
ACS

First  
Identified: July 2015

2015  
Medicare  
Utilization: 25,520

2007 Work RVU: 1.27

2017 Work RVU: 1.27

2007 NF PE RVU: 2.14

2017 NF PE RVU: 2.03

2007 Fac PE RVU 0.5

2017 Fac PE RVU:0.56

RUC Recommendation: Refer to CPT

Referred to CPT June 2017

Referred to CPT Asst ☐ Published in CPT Asst:

Result:

## 10022 Fine needle aspiration; with imaging guidance

Global: XXX

Issue: Fine Needle Aspiration

Screen: CMS Fastest Growing /  
CMS High Expenditure  
Procedural Codes2 /  
CMS Request - Final  
Rule for 2016

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 12

Specialty Developing  
Recommendation:

AACE,  
ASBS, ASC,  
CAP, ES,  
ACR, SIR

First  
Identified: October 2008

2015  
Medicare  
Utilization: 193,092

2007 Work RVU: 1.27

2017 Work RVU: 1.27

2007 NF PE RVU: 2.41

2017 NF PE RVU: 2.60

2007 Fac PE RVU 0.4

2017 Fac PE RVU:0.48

RUC Recommendation: Refer to CPT

Referred to CPT June 2017

Referred to CPT Asst ☐ Published in CPT Asst:

Result:

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

Global: XXX

Issue: Drainage of Abscess

Screen: Codes Reported  
Together 75% or More-  
Part2

Complete? Yes

Most Recent  
RUC Meeting: January 2013

Tab 04

Specialty Developing  
Recommendation:

ACR, SIR

First  
Identified: January 2012

2015  
Medicare  
Utilization: 7,660

2007 Work RVU:

2017 Work RVU: 2.75

2007 NF PE RVU:

2017 NF PE RVU: 16.41

2007 Fac PE RVU

2017 Fac PE RVU:1.08

RUC Recommendation: 3.00

Referred to CPT October 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>10040</b>	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	<b>Global:</b> 010	<b>Issue:</b> Acne Surgery	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 34,263	<b>2007 Work RVU:</b> 1.19 <b>2007 NF PE RVU:</b> 1.09 <b>2007 Fac PE RVU:</b> 0.84 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.21 <b>2017 NF PE RVU:</b> 1.51 <b>2017 Fac PE RVU:</b> 1.15
<b>RUC Recommendation:</b> 0.91		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>10060</b>	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	<b>Global:</b> 010	<b>Issue:</b> Incision and Drainage of Abscess	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 430,665	<b>2007 Work RVU:</b> 1.19 <b>2007 NF PE RVU:</b> 1.29 <b>2007 Fac PE RVU:</b> 0.97 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.22 <b>2017 NF PE RVU:</b> 1.98 <b>2017 Fac PE RVU:</b> 1.43
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>10061</b>	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	<b>Global:</b> 010	<b>Issue:</b> Incision and Drainage of Abscess	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits Screen	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 165,338	<b>2007 Work RVU:</b> 2.42 <b>2007 NF PE RVU:</b> 1.89 <b>2007 Fac PE RVU:</b> 1.51 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 2.45 <b>2017 NF PE RVU:</b> 3.11 <b>2017 Fac PE RVU:</b> 2.38
<b>RUC Recommendation:</b> 2.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** September 2011      **Tab** 12      **Specialty Developing Recommendation:** APMA, AAFP      **First Identified:** April 2011      **2015 Medicare Utilization:** 43,746      **2007 Work RVU:** 1.23      **2017 Work RVU:** 1.22  
**2007 NF PE RVU:** 2.12      **2017 NF PE RVU:** 2.96  
**2007 Fac PE RVU:** 0.97      **2017 Fac PE RVU:** 1.59  
**Result:** Maintain

**RUC Recommendation:** 1.25      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** October 2013      **Tab** 18      **Specialty Developing Recommendation:**      **First Identified:** January 2013      **2015 Medicare Utilization:** 11,766      **2007 Work RVU:** 2.27      **2017 Work RVU:** 2.30  
**2007 NF PE RVU:** 3.06      **2017 NF PE RVU:** 4.20  
**2007 Fac PE RVU:** 1.94      **2017 Fac PE RVU:** 2.32  
**Result:** Maintain

**RUC Recommendation:** Remove from re-review      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** September 2007      **Tab** 16      **Specialty Developing Recommendation:** APMA, APTA      **First Identified:** September 2007      **2015 Medicare Utilization:**      **2007 Work RVU:** 0.50      **2017 Work RVU:**  
**2007 NF PE RVU:** 0.56      **2017 NF PE RVU:**  
**2007 Fac PE RVU:** 0.2      **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2009      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** September 2007      **Tab** 16      **Specialty Developing Recommendation:** APMA, APTA      **First Identified:** September 2007      **2015 Medicare Utilization:**      **2007 Work RVU:** 0.60      **2017 Work RVU:**  
**2007 NF PE RVU:** 0.68      **2017 NF PE RVU:**  
**2007 Fac PE RVU:** 0.3      **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2009      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent**  
**RUC Meeting:** February 2010

**Tab** 04 **Specialty Developing** APMA, APTA  
**Recommendation:**

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 1,628,800

**2007 Work RVU:** 0.80  
**2007 NF PE RVU:** 0.97  
**2007 Fac PE RVU** 0.39  
**Result:** Increase

**2017 Work RVU:** 1.01  
**2017 NF PE RVU:** 2.17  
**2017 Fac PE RVU:**0.64

**RUC Recommendation:** 1.12

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent**  
**RUC Meeting:** February 2010

**Tab** 04 **Specialty Developing** APMA, APTA  
**Recommendation:**

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 284,026

**2007 Work RVU:** 3.04  
**2007 NF PE RVU:** 3.45  
**2007 Fac PE RVU** 2.62  
**Result:** Decrease

**2017 Work RVU:** 2.70  
**2017 NF PE RVU:** 3.39  
**2017 Fac PE RVU:**1.39

**RUC Recommendation:** 3.00

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent**  
**RUC Meeting:** February 2010

**Tab** 04 **Specialty Developing** APMA, APTA  
**Recommendation:**

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 69,570

**2007 Work RVU:** 4.11  
**2007 NF PE RVU:** 4.58  
**2007 Fac PE RVU** 3.73  
**Result:** Increase

**2017 Work RVU:** 4.10  
**2017 NF PE RVU:** 4.18  
**2017 Fac PE RVU:**1.89

**RUC Recommendation:** 4.56

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent**  
**RUC Meeting:** February 2010

**Tab** 04 **Specialty Developing** ACS, APMA, APTA  
**Recommendation:**

**First**  
**Identified:**

**2015**  
**Medicare**  
**Utilization:** 328,984

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Increase

**2017 Work RVU:** 0.50  
**2017 NF PE RVU:** 0.59  
**2017 Fac PE RVU:**0.18

**RUC Recommendation:** 0.69

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

## Status Report: CMS Requests and Relativity Assessment Issues

**11046** Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA

**First Identified:**

**2015 Medicare Utilization:** 147,965

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 1.03  
**2017 NF PE RVU:** 0.88  
**2017 Fac PE RVU:** 0.41

**RUC Recommendation:** 1.29

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

**11047** Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA

**First Identified:**

**2015 Medicare Utilization:** 38,797

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Increase

**2017 Work RVU:** 1.80  
**2017 NF PE RVU:** 1.41  
**2017 Fac PE RVU:** 0.74

**RUC Recommendation:** 2.00

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

**11055** Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion **Global:** 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 30 **Specialty Developing Recommendation:** APMA

**First Identified:** November 2011

**2015 Medicare Utilization:** 901,858

**2007 Work RVU:** 0.43  
**2007 NF PE RVU:** 0.63  
**2007 Fac PE RVU Result:** Maintain

**2017 Work RVU:** 0.35  
**2017 NF PE RVU:** 0.98  
**2017 Fac PE RVU:** 0.09

**RUC Recommendation:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11056</b>	<b>Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions</b>	<b>Global:</b> 000	<b>Issue:</b> Trim Skin Lesions	<b>Screen:</b> MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 53 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 1,968,630	<b>2007 Work RVU:</b> 0.61 <b>2007 NF PE RVU:</b> 0.7 <b>2007 Fac PE RVU:</b> 0.22 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.50 <b>2017 NF PE RVU:</b> 1.12 <b>2017 Fac PE RVU:</b> 0.12
<b>RUC Recommendation:</b> 0.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>11057</b>	<b>Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions</b>	<b>Global:</b> 000	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> November 2011	<b>2015 Medicare Utilization:</b> 376,621	<b>2007 Work RVU:</b> 0.79 <b>2007 NF PE RVU:</b> 0.81 <b>2007 Fac PE RVU:</b> 0.28 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.65 <b>2017 NF PE RVU:</b> 1.16 <b>2017 Fac PE RVU:</b> 0.16
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>11100</b>	<b>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion</b>	<b>Global:</b> 000	<b>Issue:</b> Biopsy of Skin Lesion	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 3,310,682	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 1.41 <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.81 <b>2017 NF PE RVU:</b> 2.01 <b>2017 Fac PE RVU:</b> 0.49
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**11101** Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Biopsy of Skin Lesion **Screen:** Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent** **Tab** 26 **Specialty Developing** AAD  
**RUC Meeting:** January 2016 **Recommendation:**

**First Identified:** October 2010 **2015 Medicare Utilization:** 1,420,827

**2007 Work RVU:** 0.41 **2017 Work RVU:** 0.41  
**2007 NF PE RVU:** 0.35 **2017 NF PE RVU:** 0.46  
**2007 Fac PE RVU:** 0.2 **2017 Fac PE RVU:** 0.25  
**Result:** Maintain

**RUC Recommendation:** Refer to CPT

**Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**11300** Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

**First Identified:** January 2012 **2015 Medicare Utilization:** 89,868

**2007 Work RVU:** 0.51 **2017 Work RVU:** 0.60  
**2007 NF PE RVU:** 1.04 **2017 NF PE RVU:** 2.10  
**2007 Fac PE RVU:** 0.21 **2017 Fac PE RVU:** 0.34  
**Result:** Increase

**RUC Recommendation:** 0.60

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

**11301** Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

**First Identified:** January 2012 **2015 Medicare Utilization:** 182,180

**2007 Work RVU:** 0.85 **2017 Work RVU:** 0.90  
**2007 NF PE RVU:** 1.21 **2017 NF PE RVU:** 2.40  
**2007 Fac PE RVU:** 0.38 **2017 Fac PE RVU:** 0.53  
**Result:** Increase

**RUC Recommendation:** 0.90

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

## Status Report: CMS Requests and Relativity Assessment Issues

**11302** Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

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

**First**  
**Identified:** January 2012

**2015**  
**Medicare**  
**Utilization:** 112,222

**2007 Work RVU:** 1.05      **2017 Work RVU:** 1.05  
**2007 NF PE RVU:** 1.42      **2017 NF PE RVU:** 2.83  
**2007 Fac PE RVU** 0.47      **2017 Fac PE RVU:**0.62  
**Result:** Increase

**RUC Recommendation:** 1.16

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

**11303** Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

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

**First**  
**Identified:** January 2012

**2015**  
**Medicare**  
**Utilization:** 16,240

**2007 Work RVU:** 1.24      **2017 Work RVU:** 1.25  
**2007 NF PE RVU:** 1.69      **2017 NF PE RVU:** 3.02  
**2007 Fac PE RVU** 0.53      **2017 Fac PE RVU:**0.72  
**Result:** Increase

**RUC Recommendation:** 1.25

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

**11305** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

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

**First**  
**Identified:** January 2012

**2015**  
**Medicare**  
**Utilization:** 107,808

**2007 Work RVU:** 0.67      **2017 Work RVU:** 0.80  
**2007 NF PE RVU:** 0.91      **2017 NF PE RVU:** 1.94  
**2007 Fac PE RVU** 0.26      **2017 Fac PE RVU:**0.26  
**Result:** Increase

**RUC Recommendation:** 0.80

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

**11306** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

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

**First**  
**Identified:** January 2012

**2015**  
**Medicare**  
**Utilization:** 96,155

**2007 Work RVU:** 0.99      **2017 Work RVU:** 0.96  
**2007 NF PE RVU:** 1.18      **2017 NF PE RVU:** 2.41  
**2007 Fac PE RVU** 0.41      **2017 Fac PE RVU:**0.43  
**Result:** Increase

**RUC Recommendation:** 1.18

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

# Status Report: CMS Requests and Relativity Assessment Issues

**11307** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 38** **Specialty Developing Recommendation:** AAD

**First Identified:** January 2012

**2015 Medicare Utilization:** 52,092

**2007 Work RVU:** 1.14  
**2007 NF PE RVU:** 1.4  
**2007 Fac PE RVU** 0.49  
**Result:** Increase

**2017 Work RVU:** 1.20  
**2017 NF PE RVU:** 2.74  
**2017 Fac PE RVU:**0.58

**RUC Recommendation:** 1.20

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

**11308** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 38** **Specialty Developing Recommendation:** AAD

**First Identified:** January 2012

**2015 Medicare Utilization:** 13,683

**2007 Work RVU:** 1.41  
**2007 NF PE RVU:** 1.53  
**2007 Fac PE RVU** 0.58  
**Result:** Increase

**2017 Work RVU:** 1.46  
**2017 NF PE RVU:** 2.69  
**2017 Fac PE RVU:**0.52

**RUC Recommendation:** 1.46

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

**11310** Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 38** **Specialty Developing Recommendation:** AAD

**First Identified:** January 2012

**2015 Medicare Utilization:** 78,215

**2007 Work RVU:** 0.73  
**2007 NF PE RVU:** 1.18  
**2007 Fac PE RVU** 0.32  
**Result:** Increase

**2017 Work RVU:** 0.80  
**2017 NF PE RVU:** 2.33  
**2017 Fac PE RVU:**0.46

**RUC Recommendation:** 1.19

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

**11311** Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 38** **Specialty Developing Recommendation:** AAD

**First Identified:** January 2012

**2015 Medicare Utilization:** 103,767

**2007 Work RVU:** 1.05  
**2007 NF PE RVU:** 1.34  
**2007 Fac PE RVU** 0.49  
**Result:** Increase

**2017 Work RVU:** 1.10  
**2017 NF PE RVU:** 1.90  
**2017 Fac PE RVU:**0.64

**RUC Recommendation:** 1.43

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11312</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 50,993	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 1.55 <b>2007 Fac PE RVU:</b> 0.56 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.30 <b>2017 NF PE RVU:</b> 3.08 <b>2017 Fac PE RVU:</b> 0.77
<b>RUC Recommendation:</b> 1.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>11313</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 6,234	<b>2007 Work RVU:</b> 1.62 <b>2007 NF PE RVU:</b> 1.9 <b>2007 Fac PE RVU:</b> 0.73 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.68 <b>2017 NF PE RVU:</b> 3.37 <b>2017 Fac PE RVU:</b> 0.97
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>11719</b>	Trimming of nondystrophic nails, any number	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 32 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 1,120,146	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.28 <b>2007 Fac PE RVU:</b> 0.07 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.17 <b>2017 NF PE RVU:</b> 0.22 <b>2017 Fac PE RVU:</b> 0.04
<b>RUC Recommendation:</b> 0.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>11720</b>	Debridement of nail(s) by any method(s); 1 to 5	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 53 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 2,116,591	<b>2007 Work RVU:</b> 0.32 <b>2007 NF PE RVU:</b> 0.37 <b>2007 Fac PE RVU:</b> 0.11 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.32 <b>2017 NF PE RVU:</b> 0.57 <b>2017 Fac PE RVU:</b> 0.08
<b>RUC Recommendation:</b> 0.32 (Interim)		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>11721</b>	<b>Debridement of nail(s) by any method(s); 6 or more</b>	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2011	<b>Tab</b> 53 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 7,490,871	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 0.47 <b>2007 Fac PE RVU:</b> 0.2 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.54 <b>2017 NF PE RVU:</b> 0.69 <b>2017 Fac PE RVU:</b> 0.13
<b>RUC Recommendation:</b> 0.54 (Interim)		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>11730</b>	<b>Avulsion of nail plate, partial or complete, simple; single</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Nail Plate	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2016	<b>Tab</b> 56 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 458,019	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 1.11 <b>2007 Fac PE RVU:</b> 0.4 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.05 <b>2017 NF PE RVU:</b> 1.84 <b>2017 Fac PE RVU:</b> 0.46
<b>RUC Recommendation:</b> 1.10		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>11750</b>	<b>Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal</b>	<b>Global:</b> 010	<b>Issue:</b> Excision of Nail Bed - HCPAC	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2014	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 209,006	<b>2007 Work RVU:</b> 2.40 <b>2007 NF PE RVU:</b> 2.37 <b>2007 Fac PE RVU:</b> 1.79 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.58 <b>2017 NF PE RVU:</b> 2.64 <b>2017 Fac PE RVU:</b> 1.54
<b>RUC Recommendation:</b> 1.99		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>11752</b>	<b>Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx</b>	<b>Global:</b> 010	<b>Issue:</b> Excision of Nail Bed - HCPAC	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2015	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 1,524	<b>2007 Work RVU:</b> 3.48 <b>2007 NF PE RVU:</b> 3.28 <b>2007 Fac PE RVU:</b> 2.95 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**11755** Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure) **Global:** 000 **Issue:** **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2016 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 1.31  
**2007 NF PE RVU:** **2017 NF PE RVU:** 2.36  
**2007 Fac PE RVU** **2017 Fac PE RVU:**0.81  
**RUC Recommendation:** **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

**11900** Injection, intralesional; up to and including 7 lesions **Global:** 000 **Issue:** Skin Injection Services **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 31 **Specialty Developing Recommendation:** AAD **First Identified:** October 2009 **2015 Medicare Utilization:** 206,372 **2007 Work RVU:** 0.52 **2017 Work RVU:** 0.52  
**2007 NF PE RVU:** 0.72 **2017 NF PE RVU:** 0.99  
**2007 Fac PE RVU** 0.22 **2017 Fac PE RVU:**0.31  
**RUC Recommendation:** 0.52 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**11901** Injection, intralesional; more than 7 lesions **Global:** 000 **Issue:** Skin Injection Services **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 31 **Specialty Developing Recommendation:** AAD **First Identified:** February 2010 **2015 Medicare Utilization:** 62,067 **2007 Work RVU:** 0.80 **2017 Work RVU:** 0.80  
**2007 NF PE RVU:** 0.75 **2017 NF PE RVU:** 1.08  
**2007 Fac PE RVU** 0.37 **2017 Fac PE RVU:**0.49  
**RUC Recommendation:** 0.80 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11980</b>	<b>Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)</b>	<b>Global:</b> 000	<b>Issue:</b> Hormone Pellet Implantation	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 31,316	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 1.1 <b>2007 Fac PE RVU:</b> 0.55 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.10 <b>2017 NF PE RVU:</b> 1.45 <b>2017 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> 1.10		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>11981</b>	<b>Insertion, non-biodegradable drug delivery implant</b>	<b>Global:</b> XXX	<b>Issue:</b> Drug Implant	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52 <b>Specialty Developing Recommendation:</b> AUA, AAOS	<b>First Identified:</b> June 2008	<b>2015 Medicare Utilization:</b> 12,617	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 1.76 <b>2007 Fac PE RVU:</b> 0.66 <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 1.48 <b>2017 NF PE RVU:</b> 2.27 <b>2017 Fac PE RVU:</b> 0.65
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>11982</b>	<b>Removal, non-biodegradable drug delivery implant</b>	<b>Global:</b> XXX	<b>Issue:</b> Drug Implant	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 3,854	<b>2007 Work RVU:</b> 1.78 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU:</b> 0.81 <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 1.78 <b>2017 NF PE RVU:</b> 2.46 <b>2017 Fac PE RVU:</b> 0.81
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>11983</b>	<b>Removal with reinsertion, non-biodegradable drug delivery implant</b>	<b>Global:</b> XXX	<b>Issue:</b> Drug Implant	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> June 2008	<b>2015 Medicare Utilization:</b> 2,650	<b>2007 Work RVU:</b> 3.30 <b>2007 NF PE RVU:</b> 2.38 <b>2007 Fac PE RVU:</b> 1.44 <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 3.30 <b>2017 NF PE RVU:</b> 2.67 <b>2017 Fac PE RVU:</b> 1.31
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**12001** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** October 2009

**2015 Medicare Utilization:** 188,177

**2007 Work RVU:** 1.72  
**2007 NF PE RVU:** 1.92  
**2007 Fac PE RVU:** 0.76  
**Result:** Decrease

**2017 Work RVU:** 0.84  
**2017 NF PE RVU:** 1.59  
**2017 Fac PE RVU:** 0.32

**RUC Recommendation:** 0.84

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

**12002** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** October 2009

**2015 Medicare Utilization:** 146,724

**2007 Work RVU:** 1.88  
**2007 NF PE RVU:** 1.98  
**2007 Fac PE RVU:** 0.89  
**Result:** Decrease

**2017 Work RVU:** 1.14  
**2017 NF PE RVU:** 1.79  
**2017 Fac PE RVU:** 0.39

**RUC Recommendation:** 1.14

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

**12004** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** April 2010

**2015 Medicare Utilization:** 23,248

**2007 Work RVU:** 2.26  
**2007 NF PE RVU:** 2.26  
**2007 Fac PE RVU:** 0.99  
**Result:** Decrease

**2017 Work RVU:** 1.44  
**2017 NF PE RVU:** 1.98  
**2017 Fac PE RVU:** 0.46

**RUC Recommendation:** 1.44

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

**12005** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:**

**2015 Medicare Utilization:** 6,414

**2007 Work RVU:** 2.88  
**2007 NF PE RVU:** 2.75  
**2007 Fac PE RVU:** 1.17  
**Result:** Decrease

**2017 Work RVU:** 1.97  
**2017 NF PE RVU:** 2.32  
**2017 Fac PE RVU:** 0.48

**RUC Recommendation:** 1.97

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

# Status Report: CMS Requests and Relativity Assessment Issues

**12006** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** April 2010

**2015 Medicare Utilization:** 1,282

**2007 Work RVU:** 3.68

**2017 Work RVU:** 2.39

**2007 NF PE RVU:** 3.3

**2017 NF PE RVU:** 2.66

**2007 Fac PE RVU:** 1.46

**2017 Fac PE RVU:** 0.62

**Result:** Decrease

**RUC Recommendation:** 2.39

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**12007** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** April 2010

**2015 Medicare Utilization:** 576

**2007 Work RVU:** 4.13

**2017 Work RVU:** 2.90

**2007 NF PE RVU:** 3.71

**2017 NF PE RVU:** 2.87

**2007 Fac PE RVU:** 1.73

**2017 Fac PE RVU:** 0.87

**Result:** Decrease

**RUC Recommendation:** 2.90

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**12011** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** April 2010

**2015 Medicare Utilization:** 90,621

**2007 Work RVU:** 1.78

**2017 Work RVU:** 1.07

**2007 NF PE RVU:** 2.07

**2017 NF PE RVU:** 1.88

**2007 Fac PE RVU:** 0.78

**2017 Fac PE RVU:** 0.36

**Result:** Decrease

**RUC Recommendation:** 1.07

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**12013** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** April 2010

**2015 Medicare Utilization:** 52,083

**2007 Work RVU:** 2.01

**2017 Work RVU:** 1.22

**2007 NF PE RVU:** 2.22

**2017 NF PE RVU:** 1.84

**2007 Fac PE RVU:** 0.92

**2017 Fac PE RVU:** 0.27

**Result:** Decrease

**RUC Recommendation:** 1.22

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**12014** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm      **Global:** 000      **Issue:** Repair of Superficial Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:**

**2015 Medicare Utilization:** 6,917

**2007 Work RVU:** 2.48

**2017 Work RVU:** 1.57

**2007 NF PE RVU:** 2.5

**2017 NF PE RVU:** 1.99

**2007 Fac PE RVU:** 1.04

**2017 Fac PE RVU:** 0.35

**Result:** Decrease

**RUC Recommendation:** 1.57

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**12015** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm      **Global:** 000      **Issue:** Repair of Superficial Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:**

**2015 Medicare Utilization:** 3,434

**2007 Work RVU:** 3.21

**2017 Work RVU:** 1.98

**2007 NF PE RVU:** 3.04

**2017 NF PE RVU:** 2.32

**2007 Fac PE RVU:** 1.22

**2017 Fac PE RVU:** 0.44

**Result:** Decrease

**RUC Recommendation:** 1.98

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**12016** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm      **Global:** 000      **Issue:** Repair of Superficial Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:**

**2015 Medicare Utilization:** 537

**2007 Work RVU:** 3.94

**2017 Work RVU:** 2.68

**2007 NF PE RVU:** 3.45

**2017 NF PE RVU:** 2.73

**2007 Fac PE RVU:** 1.47

**2017 Fac PE RVU:** 0.62

**Result:** Decrease

**RUC Recommendation:** 2.68

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**12017** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm      **Global:** 000      **Issue:** Repair of Superficial Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:**

**2015 Medicare Utilization:** 85

**2007 Work RVU:** 4.72

**2017 Work RVU:** 3.18

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 1.79

**2017 Fac PE RVU:** 0.80

**Result:** Decrease

**RUC Recommendation:** 3.18

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>12018</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 29	<b>2007 Work RVU:</b> 5.54 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.19 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.61			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>12031</b>	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 57,943	<b>2007 Work RVU:</b> 2.17 <b>2007 NF PE RVU:</b> 2.69 <b>2007 Fac PE RVU:</b> 1.17 <b>2017 Work RVU:</b> 2.00 <b>2017 NF PE RVU:</b> 4.43 <b>2017 Fac PE RVU:</b> 2.10
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>12032</b>	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 236,533	<b>2007 Work RVU:</b> 2.49 <b>2007 NF PE RVU:</b> 4.19 <b>2007 Fac PE RVU:</b> 1.92 <b>2017 Work RVU:</b> 2.52 <b>2017 NF PE RVU:</b> 5.71 <b>2017 Fac PE RVU:</b> 2.72
<b>RUC Recommendation:</b> 2.52			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>12034</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 22,986	<b>2007 Work RVU:</b> 2.94 <b>2007 NF PE RVU:</b> 3.54 <b>2007 Fac PE RVU:</b> 1.59 <b>2017 Work RVU:</b> 2.97 <b>2017 NF PE RVU:</b> 5.41 <b>2017 Fac PE RVU:</b> 2.53
<b>RUC Recommendation:</b> 2.97			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
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<b>12035</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 4,593	<b>2007 Work RVU:</b> 3.44 <b>2007 NF PE RVU:</b> 5.21 <b>2007 Fac PE RVU:</b> 2.14 <b>2017 Work RVU:</b> 3.50 <b>2017 NF PE RVU:</b> 6.71 <b>2017 Fac PE RVU:</b> 2.81
<b>RUC Recommendation:</b> 3.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
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<b>12036</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 1,067	<b>2007 Work RVU:</b> 4.06 <b>2007 NF PE RVU:</b> 5.51 <b>2007 Fac PE RVU:</b> 2.47 <b>2017 Work RVU:</b> 4.23 <b>2017 NF PE RVU:</b> 6.96 <b>2017 Fac PE RVU:</b> 3.03
<b>RUC Recommendation:</b> 4.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase



## Status Report: CMS Requests and Relativity Assessment Issues

<b>12037</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 555	<b>2007 Work RVU:</b> 4.68 <b>2007 NF PE RVU:</b> 6.05 <b>2007 Fac PE RVU:</b> 2.88 <b>2017 Work RVU:</b> 5.00 <b>2017 NF PE RVU:</b> 7.72 <b>2017 Fac PE RVU:</b> 3.51
<b>RUC Recommendation:</b> 5.25			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>12041</b>	<b>Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 19,192	<b>2007 Work RVU:</b> 2.39 <b>2007 NF PE RVU:</b> 2.87 <b>2007 Fac PE RVU:</b> 1.29 <b>2017 Work RVU:</b> 2.10 <b>2017 NF PE RVU:</b> 4.32 <b>2017 Fac PE RVU:</b> 1.93
<b>RUC Recommendation:</b> 2.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>12042</b>	<b>Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 47,872	<b>2007 Work RVU:</b> 2.76 <b>2007 NF PE RVU:</b> 3.57 <b>2007 Fac PE RVU:</b> 1.63 <b>2017 Work RVU:</b> 2.79 <b>2017 NF PE RVU:</b> 5.00 <b>2017 Fac PE RVU:</b> 2.58
<b>RUC Recommendation:</b> 2.79			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**12044** Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,

**First Identified:** February 2010

**2015 Medicare Utilization:** 2,092

**2007 Work RVU:** 3.16

**2017 Work RVU:** 3.19

**2007 NF PE RVU:** 3.74

**2017 NF PE RVU:** 6.52

**2007 Fac PE RVU** 1.69

**2017 Fac PE RVU:**2.52

**RUC Recommendation:** 3.19

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**12045** Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,

**First Identified:** February 2010

**2015 Medicare Utilization:** 368

**2007 Work RVU:** 3.65

**2017 Work RVU:** 3.75

**2007 NF PE RVU:** 5.21

**2017 NF PE RVU:** 7.02

**2007 Fac PE RVU** 2.23

**2017 Fac PE RVU:**3.41

**RUC Recommendation:** 3.90

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

**12046** Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,

**First Identified:** February 2010

**2015 Medicare Utilization:** 86

**2007 Work RVU:** 4.26

**2017 Work RVU:** 4.30

**2007 NF PE RVU:** 6.28

**2017 NF PE RVU:** 8.23

**2007 Fac PE RVU** 2.64

**2017 Fac PE RVU:**3.63

**RUC Recommendation:** 4.60

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**12047** Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,

**First Identified:** February 2010

**2015 Medicare Utilization:** 42

**2007 Work RVU:** 4.66

**2017 Work RVU:** 4.95

**2007 NF PE RVU:** 6.3

**2017 NF PE RVU:** 9.85

**2007 Fac PE RVU** 2.95

**2017 Fac PE RVU:**4.92

**RUC Recommendation:** 5.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

**12051** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,

**First Identified:** February 2010

**2015 Medicare Utilization:** 57,192

**2007 Work RVU:** 2.49

**2017 Work RVU:** 2.33

**2007 NF PE RVU:** 3.48

**2017 NF PE RVU:** 4.64

**2007 Fac PE RVU** 1.57

**2017 Fac PE RVU:**2.26

**RUC Recommendation:** 2.33

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**12052** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,

**First Identified:** February 2010

**2015 Medicare Utilization:** 76,846

**2007 Work RVU:** 2.81

**2017 Work RVU:** 2.87

**2007 NF PE RVU:** 3.64

**2017 NF PE RVU:** 5.05

**2007 Fac PE RVU** 1.72

**2017 Fac PE RVU:**2.59

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Remove from Screen

## Status Report: CMS Requests and Relativity Assessment Issues

**12053** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm      **Global:** 010      **Issue:** Repair of Intermediate Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,

**First Identified:** February 2010

**2015 Medicare Utilization:** 9,157

**2007 Work RVU:** 3.14

**2017 Work RVU:** 3.17

**2007 NF PE RVU:** 3.77

**2017 NF PE RVU:** 6.15

**2007 Fac PE RVU** 1.68

**2017 Fac PE RVU:**2.63

**RUC Recommendation:** 3.17

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**12054** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm      **Global:** 010      **Issue:** Repair of Intermediate Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,

**First Identified:** February 2010

**2015 Medicare Utilization:** 2,706

**2007 Work RVU:** 3.47

**2017 Work RVU:** 3.50

**2007 NF PE RVU:** 4.02

**2017 NF PE RVU:** 6.19

**2007 Fac PE RVU** 1.74

**2017 Fac PE RVU:**2.38

**RUC Recommendation:** 3.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**12055** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm      **Global:** 010      **Issue:** Repair of Intermediate Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,

**First Identified:** February 2010

**2015 Medicare Utilization:** 373

**2007 Work RVU:** 4.44

**2017 Work RVU:** 4.50

**2007 NF PE RVU:** 4.87

**2017 NF PE RVU:** 8.05

**2007 Fac PE RVU** 2.13

**2017 Fac PE RVU:**3.60

**RUC Recommendation:** 4.65

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm			Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	October 2010	Tab 22	Specialty Developing Recommendation:	AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	First Identified: February 2010	2015 Medicare Utilization: 65	2007 Work RVU: 5.25 2007 NF PE RVU: 6.62 2007 Fac PE RVU 2.89 2017 Work RVU: 5.30 2017 NF PE RVU: 7.93 2017 Fac PE RVU:3.86
RUC Recommendation: 5.50				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result: Increase
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm			Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	October 2010	Tab 22	Specialty Developing Recommendation:	AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	First Identified: February 2010	2015 Medicare Utilization: 32	2007 Work RVU: 5.97 2007 NF PE RVU: 6.47 2007 Fac PE RVU 3.53 2017 Work RVU: 6.00 2017 NF PE RVU: 8.20 2017 Fac PE RVU:4.05
RUC Recommendation: 6.28				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result: Increase
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm			Global: 010	Issue: Complex Wound Repair	Screen: CMS Request	Complete? Yes
Most Recent RUC Meeting:	April 2012	Tab 37	Specialty Developing Recommendation:	AAD, AAO-HNS, ASPS	First Identified:	2015 Medicare Utilization: 5,460	2007 Work RVU: 3.14 2007 NF PE RVU: 4.15 2007 Fac PE RVU 2.35 2017 Work RVU: 3.00 2017 NF PE RVU: 6.04 2017 Fac PE RVU:2.49
RUC Recommendation: 3.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result: Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**13101** Repair, complex, trunk; 2.6 cm to 7.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** 2015 Medicare Utilization: 81,190

**RUC Recommendation:** 3.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 3.93 **2017 Work RVU:** 3.50  
**2007 NF PE RVU:** 4.99 **2017 NF PE RVU:** 7.21  
**2007 Fac PE RVU:** 2.77 **2017 Fac PE RVU:** 3.29  
**Result:** Decrease

**13102** Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** 2015 Medicare Utilization: 21,801

**RUC Recommendation:** 1.24 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 1.24 **2017 Work RVU:** 1.24  
**2007 NF PE RVU:** 1.22 **2017 NF PE RVU:** 2.00  
**2007 Fac PE RVU:** 0.57 **2017 Fac PE RVU:** 0.70  
**Result:** Maintain

**13120** Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 2015 Medicare Utilization: 10,104

**RUC Recommendation:** 3.23 and CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016

**2007 Work RVU:** 3.32 **2017 Work RVU:** 3.23  
**2007 NF PE RVU:** 4.26 **2017 NF PE RVU:** 6.22  
**2007 Fac PE RVU:** 2.41 **2017 Fac PE RVU:** 3.10  
**Result:** Decrease

**13121** Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 2015 Medicare Utilization: 150,352

**RUC Recommendation:** 4.00 and CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016

**2007 Work RVU:** 4.36 **2017 Work RVU:** 4.00  
**2007 NF PE RVU:** 5.32 **2017 NF PE RVU:** 7.53  
**2007 Fac PE RVU:** 3.02 **2017 Fac PE RVU:** 3.13  
**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>13122</b>	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 23,275	<b>2007 Work RVU:</b> 1.44 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU:</b> 0.63 <b>2017 Work RVU:</b> 1.44 <b>2017 NF PE RVU:</b> 2.11 <b>2017 Fac PE RVU:</b> 0.80
<b>RUC Recommendation:</b> 1.44 and CPT Assistant article published			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> 1st article: May 2011; 2nd article July 2016
					<b>Result:</b> Maintain
<hr/>					
<b>13131</b>	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 37,090	<b>2007 Work RVU:</b> 3.80 <b>2007 NF PE RVU:</b> 4.53 <b>2007 Fac PE RVU:</b> 2.74 <b>2017 Work RVU:</b> 3.73 <b>2017 NF PE RVU:</b> 6.66 <b>2017 Fac PE RVU:</b> 2.94
<b>RUC Recommendation:</b> 3.73			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> Decrease
<hr/>					
<b>13132</b>	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 249,793	<b>2007 Work RVU:</b> 6.48 <b>2007 NF PE RVU:</b> 6.42 <b>2007 Fac PE RVU:</b> 4.38 <b>2017 Work RVU:</b> 4.78 <b>2017 NF PE RVU:</b> 8.04 <b>2017 Fac PE RVU:</b> 3.62
<b>RUC Recommendation:</b> 4.78			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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**13133** Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 37 **Specialty Developing**  
**Recommendation:** AAD, AAO-  
HNS, ASPS

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:** 14,747

**2007 Work RVU:** 2.19  
**2007 NF PE RVU:** 1.72  
**2007 Fac PE RVU** 1.02  
**Result:** Maintain

**2017 Work RVU:** 2.19  
**2017 NF PE RVU:** 2.56  
**2017 Fac PE RVU:**1.28

**RUC Recommendation:** 2.19

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

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**13150** Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 37 **Specialty Developing**  
**Recommendation:** AAD, AAO-  
HNS, ASPS

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 3.82  
**2007 NF PE RVU:** 4.83  
**2007 Fac PE RVU** 2.76  
**Result:** Deleted from CPT

**2017 Work RVU:**  
**2017 NF PE RVU:**  
**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**13151** Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 37 **Specialty Developing**  
**Recommendation:** AAD, AAO-  
HNS, ASPS

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:** 33,199

**2007 Work RVU:** 4.46  
**2007 NF PE RVU:** 4.99  
**2007 Fac PE RVU** 3.17  
**Result:** Decrease

**2017 Work RVU:** 4.34  
**2017 NF PE RVU:** 7.00  
**2017 Fac PE RVU:**3.31

**RUC Recommendation:** 4.34

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



## Status Report: CMS Requests and Relativity Assessment Issues

<b>13152</b>	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 50,842	<b>2007 Work RVU:</b> 6.34 <b>2007 NF PE RVU:</b> 6.42 <b>2007 Fac PE RVU:</b> 4.03 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.34			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 5.34 <b>2017 NF PE RVU:</b> 8.26 <b>2017 Fac PE RVU:</b> 3.94
<b>13153</b>	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 1,105	<b>2007 Work RVU:</b> 2.38 <b>2007 NF PE RVU:</b> 1.96 <b>2007 Fac PE RVU:</b> 1.11 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.38			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 2.38 <b>2017 NF PE RVU:</b> 2.77 <b>2017 Fac PE RVU:</b> 1.34
<b>14000</b>	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	<b>Global:</b> 090	<b>Issue:</b> Skin Tissue Rearrangement	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> ACS, AAD, ASPS	<b>First Identified:</b> April 2008	<b>2015 Medicare Utilization:</b> 8,483	<b>2007 Work RVU:</b> 6.83 <b>2007 NF PE RVU:</b> 8.14 <b>2007 Fac PE RVU:</b> 5.63 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.19			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 6.37 <b>2017 NF PE RVU:</b> 10.23 <b>2017 Fac PE RVU:</b> 6.98

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2015 Medicare Utilization:** 9,061

**RUC Recommendation:** 8.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 9.60 **2017 Work RVU:** 8.78  
**2007 NF PE RVU:** 9.86 **2017 NF PE RVU:** 12.53  
**2007 Fac PE RVU** 7.22 **2017 Fac PE RVU:**8.58  
**Result:** Decrease

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

**Most Recent RUC Meeting:** October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2015 Medicare Utilization:** 19,381

**RUC Recommendation:** 7.02 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 7.66 **2017 Work RVU:** 7.22  
**2007 NF PE RVU:** 8.98 **2017 NF PE RVU:** 11.44  
**2007 Fac PE RVU** 6.64 **2017 Fac PE RVU:**7.97  
**Result:** Decrease

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

**Most Recent RUC Meeting:** October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2015 Medicare Utilization:** 18,800

**RUC Recommendation:** 9.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 11.18 **2017 Work RVU:** 9.72  
**2007 NF PE RVU:** 10.63 **2017 NF PE RVU:** 13.56  
**2007 Fac PE RVU** 8.41 **2017 Fac PE RVU:**9.46  
**Result:** Decrease

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

**Most Recent RUC Meeting:** October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2015 Medicare Utilization:** 70,791

**RUC Recommendation:** 8.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 8.44 **2017 Work RVU:** 8.60  
**2007 NF PE RVU:** 9.17 **2017 NF PE RVU:** 11.80  
**2007 Fac PE RVU** 7.17 **2017 Fac PE RVU:**8.32  
**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**14041** Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm      **Global:** 090      **Issue:** Skin Tissue Rearrangement      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent**      **Tab** 9      **Specialty Developing**      AAD, ASPS,      **First**      **2015**  
**RUC Meeting:** October 2008      **Recommendation:** AAO-HNS      **Identified:** September 2007      **Medicare**  
**Utilization:** 43,596

**RUC Recommendation:** 10.63      **Referred to CPT**      **2007 Work RVU:** 12.67      **2017 Work RVU:** 10.83  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**      **2007 NF PE RVU:** 11.37      **2017 NF PE RVU:** 14.42  
**2007 Fac PE RVU** 8.88      **2017 Fac PE RVU:** 9.99  
**Result:** Decrease

**14060** Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less      **Global:** 090      **Issue:** Skin Tissue Rearrangement      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent**      **Tab** 9      **Specialty Developing**      AAD, ASPS,      **First**      **2015**  
**RUC Meeting:** October 2008      **Recommendation:** AAO-HNS      **Identified:** April 2008      **Medicare**  
**Utilization:** 91,878

**RUC Recommendation:** Maintain      **Referred to CPT**      **2007 Work RVU:** 9.07      **2017 Work RVU:** 9.23  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**      **2007 NF PE RVU:** 9.02      **2017 NF PE RVU:** 11.53  
**2007 Fac PE RVU** 7.39      **2017 Fac PE RVU:** 8.80  
**Result:** Maintain

**14061** Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm      **Global:** 090      **Issue:** Skin Tissue Rearrangement      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent**      **Tab** 9      **Specialty Developing**      AAD, ASPS,      **First**      **2015**  
**RUC Meeting:** October 2008      **Recommendation:** AAO-HNS      **Identified:** September 2007      **Medicare**  
**Utilization:** 28,560

**RUC Recommendation:** 11.25      **Referred to CPT**      **2007 Work RVU:** 13.67      **2017 Work RVU:** 11.48  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**      **2007 NF PE RVU:** 12.45      **2017 NF PE RVU:** 15.71  
**2007 Fac PE RVU** 9.72      **2017 Fac PE RVU:** 10.81  
**Result:** Decrease

**14300** Deleted from CPT      **Global:** 090      **Issue:** Adjacent Tissue Transfer      **Screen:** Site of Service Anomaly / CMS Fastest Growing      **Complete?** Yes

**Most Recent**      **Tab** 04      **Specialty Developing**      ACS, AAD,      **First**      **2015**  
**RUC Meeting:** April 2009      **Recommendation:** ASPS, AAO-HNS      **Identified:** September 2007      **Medicare**  
**Utilization:**

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2009      **2007 Work RVU:** 13.26      **2017 Work RVU:**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**      **2007 NF PE RVU:** 11.77      **2017 NF PE RVU:**  
**2007 Fac PE RVU** 9.28      **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**14301** Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm **Global:** 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 04** **Specialty Developing** ACS, AAO-  
**Recommendation:** HNS, ASPS

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 30,812

**2007 Work RVU:**

**2017 Work RVU:** 12.65

**2007 NF PE RVU:**

**2017 NF PE RVU:** 15.99

**2007 Fac PE RVU**

**2017 Fac PE RVU:**10.72

**RUC Recommendation:** 12.47

**Referred to CPT** February 2009

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

**Result:** Decrease

**14302** Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 04** **Specialty Developing** ACS, AAO-  
**Recommendation:** HNS, ASPS

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 31,604

**2007 Work RVU:**

**2017 Work RVU:** 3.73

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.01

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.01

**RUC Recommendation:** 3.73

**Referred to CPT** February 2009

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

**Result:** Decrease

**15002** Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children **Global:** 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2014

**Tab 21** **Specialty Developing** ASPS  
**Recommendation:**

**First**  
**Identified:** January 2014

**2015**  
**Medicare**  
**Utilization:** 19,494

**2007 Work RVU:** 3.65

**2017 Work RVU:** 3.65

**2007 NF PE RVU:** 4.12

**2017 NF PE RVU:** 5.59

**2007 Fac PE RVU** 1.65

**2017 Fac PE RVU:**2.26

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

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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

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

**Most Recent** **Tab** 21 **Specialty Developing** ASPS, APMA **First** **2015**  
**RUC Meeting:** September 2014 **Recommendation:** **Identified:** January 2014 **Medicare**  
**Utilization:** 23,944

**2007 Work RVU:** 4.58 **2017 Work RVU:** 4.58  
**2007 NF PE RVU:** 4.77 **2017 NF PE RVU:** 6.18  
**2007 Fac PE RVU:** 1.97 **2017 Fac PE RVU:** 2.57  
**Result:** Maintain

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

**Referred to CPT**

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

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

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

**Most Recent** **Tab** 21 **Specialty Developing** ASPS **First** **2015**  
**RUC Meeting:** September 2014 **Recommendation:** **Identified:** January 2014 **Medicare**  
**Utilization:** 15,844

**2007 Work RVU:** 9.74 **2017 Work RVU:** 9.90  
**2007 NF PE RVU:** 11.91 **2017 NF PE RVU:** 12.66  
**2007 Fac PE RVU:** 7.57 **2017 Fac PE RVU:** 8.79  
**Result:** Maintain

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

**Referred to CPT**

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

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

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

**Most Recent** **Tab** 16 **Specialty Developing** AAO-HNS, **First** **2015**  
**RUC Meeting:** September 2007 **Recommendation:** ASPS **Identified:** September 2007 **Medicare**  
**Utilization:** 10,253

**2007 Work RVU:** 10.96 **2017 Work RVU:** 10.15  
**2007 NF PE RVU:** 10.87 **2017 NF PE RVU:** 12.37  
**2007 Fac PE RVU:** 7.71 **2017 Fac PE RVU:** 8.20  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**15170** Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children **Global:** 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab 31 Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 5.99

**2017 Work RVU:**

**2007 NF PE RVU:** 3.79

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 2.37

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**15171** Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab 31 Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.55

**2017 Work RVU:**

**2007 NF PE RVU:** 0.68

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 0.6

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**15175** Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children **Global:** 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab 31 Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** October 2009

**2015 Medicare Utilization:**

**2007 Work RVU:** 7.99

**2017 Work RVU:**

**2007 NF PE RVU:** 5.4

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 3.96

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>15176</b>	<b>Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Acellular Dermal Replacement	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> APMA, ASPS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.45 <b>2007 NF PE RVU:</b> 1.1 <b>2007 Fac PE RVU:</b> 0.95 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>15220</b>	<b>Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less</b>	<b>Global:</b> 090	<b>Issue:</b> Skin Graft	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AAO-HNS, ASPS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 9,103	<b>2007 Work RVU:</b> 7.95 <b>2007 NF PE RVU:</b> 9.5 <b>2007 Fac PE RVU:</b> 6.69 <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 8.09 <b>2017 NF PE RVU:</b> 12.55 <b>2017 Fac PE RVU:</b> 8.31
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>15240</b>	<b>Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> ASPS, AAD	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 13,353	<b>2007 Work RVU:</b> 10.15 <b>2007 NF PE RVU:</b> 10.66 <b>2007 Fac PE RVU:</b> 8.2 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 10.41 <b>2017 NF PE RVU:</b> 14.54 <b>2017 Fac PE RVU:</b> 11.03
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 4.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**15271** Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 04 Specialty Developing Recommendation:** ACS, APMA, ASPS

**First Identified:** April 2011

**2015 Medicare Utilization:** 73,563

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 1.50  
**2017 NF PE RVU:** 2.27  
**2017 Fac PE RVU:** 0.73

**RUC Recommendation:** 1.50

**Referred to CPT** February 2011

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

**15272** Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 04 Specialty Developing Recommendation:** ACS, APMA, ASPS

**First Identified:** April 2011

**2015 Medicare Utilization:** 8,940

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 0.33  
**2017 NF PE RVU:** 0.39  
**2017 Fac PE RVU:** 0.12

**RUC Recommendation:** 0.59

**Referred to CPT** February 2011

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

**15273** Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 04 Specialty Developing Recommendation:** ACS, APMA, ASPS

**First Identified:** April 2011

**2015 Medicare Utilization:** 4,375

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 3.50  
**2017 NF PE RVU:** 4.39  
**2017 Fac PE RVU:** 1.72

**RUC Recommendation:** 3.50

**Referred to CPT** February 2011

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



## Status Report: CMS Requests and Relativity Assessment Issues

**15274** Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2011

**Tab** 04 **Specialty Developing** ACS, APMA,  
**Recommendation:** ASPS

**First**  
**Identified:** April 2011

**2015**  
**Medicare**  
**Utilization:** 25,500

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 0.80  
**2017 NF PE RVU:** 1.07  
**2017 Fac PE RVU:** 0.36

**RUC Recommendation:** 0.80

**Referred to CPT** February 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**15275** Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2011

**Tab** 04 **Specialty Developing** ACS, APMA,  
**Recommendation:** ASPS

**First**  
**Identified:** April 2011

**2015**  
**Medicare**  
**Utilization:** 85,407

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 1.83  
**2017 NF PE RVU:** 2.22  
**2017 Fac PE RVU:** 0.75

**RUC Recommendation:** 1.83

**Referred to CPT** February 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**15276** Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2011

**Tab** 04 **Specialty Developing** ACS, APMA,  
**Recommendation:** ASPS

**First**  
**Identified:** April 2011

**2015**  
**Medicare**  
**Utilization:** 4,702

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 0.50  
**2017 NF PE RVU:** 0.43  
**2017 Fac PE RVU:** 0.17

**RUC Recommendation:** 0.59

**Referred to CPT** February 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**15277** Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 04

**Specialty Developing Recommendation:**

ACS, APMA, ASPS

**First Identified:** April 2011

**2015 Medicare Utilization:** 1,335

**2007 Work RVU:**

**2017 Work RVU:** 4.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 4.63

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 1.90

**Result:** Decrease

**RUC Recommendation:** 4.00

**Referred to CPT** February 2011

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

**15278** Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 04

**Specialty Developing Recommendation:**

ACS, APMA, ASPS

**First Identified:** April 2011

**2015 Medicare Utilization:** 2,798

**2007 Work RVU:**

**2017 Work RVU:** 1.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.24

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.47

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** February 2011

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

**15320** Deleted from CPT **Global:** 090 **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:**

APMA, ASPS

**First Identified:** October 2009

**2015 Medicare Utilization:**

**2007 Work RVU:** 5.36

**2017 Work RVU:**

**2007 NF PE RVU:** 3.66

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.49

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**15321 Deleted from CPT** **Global:** ZZZ **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2015 Medicare Utilization:**

**2007 Work RVU:** 1.50 **2017 Work RVU:**

**2007 NF PE RVU:** 0.69 **2017 NF PE RVU:**

**2007 Fac PE RVU:** 0.57 **2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT**

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

**15330 Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children** **Global:** 090 **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2015 Medicare Utilization:**

**2007 Work RVU:** 3.99 **2017 Work RVU:**

**2007 NF PE RVU:** 3.18 **2017 NF PE RVU:**

**2007 Fac PE RVU:** 2.15 **2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT**

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

**15331 Deleted from CPT** **Global:** ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2015 Medicare Utilization:**

**2007 Work RVU:** 1.00 **2017 Work RVU:**

**2007 NF PE RVU:** 0.46 **2017 NF PE RVU:**

**2007 Fac PE RVU:** 0.39 **2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT**

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

**15335 Deleted from CPT** **Global:** 090 **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2015 Medicare Utilization:**

**2007 Work RVU:** 4.50 **2017 Work RVU:**

**2007 NF PE RVU:** 3.46 **2017 NF PE RVU:**

**2007 Fac PE RVU:** 2.35 **2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**15336 Deleted from CPT**

**Global:** ZZZ

**Issue:** Acellular Dermal Allograft

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.43

**2017 Work RVU:**

**2007 NF PE RVU:** 0.7

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 0.55

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**15360 Deleted from CPT**

**Global:** 090

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 3.93

**2017 Work RVU:**

**2007 NF PE RVU:** 4.47

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 3.13

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**15361 Deleted from CPT**

**Global:** ZZZ

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.15

**2017 Work RVU:**

**2007 NF PE RVU:** 0.58

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 0.44

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**15365 Deleted from CPT**

**Global:** 090

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** October 2009

**2015 Medicare Utilization:**

**2007 Work RVU:** 4.21

**2017 Work RVU:**

**2007 NF PE RVU:** 4.5

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 3.2

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**15366 Deleted from CPT**

**Global:** ZZZ

**Issue:** Tissue Cultured Allogeneic  
Dermal Substitute

**Screen:** Different Performing  
Specialty from Survey

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing  
Recommendation:** APMA, ASPS

**First  
Identified:** February 2010

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 1.45

**2017 Work RVU:**

**2007 NF PE RVU:** 0.7

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.56

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**15400 Deleted from CPT**

**Global:** 090

**Issue:** Xenograft

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing  
Recommendation:** APMA, AAO-  
HNS, ASPS

**First  
Identified:** September 2007

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 4.38

**2017 Work RVU:**

**2007 NF PE RVU:** 4.25

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.95

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**15401 Deleted from CPT**

**Global:** ZZZ

**Issue:** Xenograft

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACS, ASPS

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 1.00

**2017 Work RVU:**

**2007 NF PE RVU:** 1.67

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.42

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**15420 Deleted from CPT**

**Global:** 090

**Issue:** Xenograft Skin

**Screen:** Different Performing  
Specialty from Survey

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing  
Recommendation:** APMA,  
ASPS, AAD

**First  
Identified:** October 2009

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 4.89

**2017 Work RVU:**

**2007 NF PE RVU:** 4.86

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.83

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**15421 Deleted from CPT**

**Global:** ZZZ **Issue:** Xenograft Skin

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS, AAD

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.50

**2017 Work RVU:**

**2007 NF PE RVU:** 1.29

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.6

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**15570 Formation of direct or tubed pedicle, with or without transfer; trunk**

**Global:** 090 **Issue:** Skin Pedicle Flaps

**Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 10

**Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS

**First Identified:** September 2007

**2015 Medicare Utilization:** 435

**2007 Work RVU:** 10.00

**2017 Work RVU:** 10.21

**2007 NF PE RVU:** 11.09

**2017 NF PE RVU:** 13.99

**2007 Fac PE RVU** 6.71

**2017 Fac PE RVU:**9.12

**Result:** Maintain

**RUC Recommendation:** 10.00

**Referred to CPT**

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

**15572 Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs**

**Global:** 090 **Issue:** Skin Pedicle Flaps

**Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 10

**Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS

**First Identified:** April 2008

**2015 Medicare Utilization:** 661

**2007 Work RVU:** 9.94

**2017 Work RVU:** 10.12

**2007 NF PE RVU:** 9.59

**2017 NF PE RVU:** 13.52

**2007 Fac PE RVU** 6.53

**2017 Fac PE RVU:**9.67

**Result:** Maintain

**RUC Recommendation:** 9.94

**Referred to CPT**

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

**15574 Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet**

**Global:** 090 **Issue:** Skin Pedicle Flaps

**Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 10

**Specialty Developing Recommendation:** ASPS, AAO-HNS

**First Identified:** September 2007

**2015 Medicare Utilization:** 1,900

**2007 Work RVU:** 10.52

**2017 Work RVU:** 10.70

**2007 NF PE RVU:** 10.64

**2017 NF PE RVU:** 13.57

**2007 Fac PE RVU** 7.6

**2017 Fac PE RVU:**9.62

**Result:** Maintain

**RUC Recommendation:** 10.52

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**15576** Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral

**Global:** 090

**Issue:** Skin Pedicle Flaps

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 10

**Specialty Developing Recommendation:** ASPS, AAO-HNS

**First Identified:** September 2007

**2015 Medicare Utilization:** 4,141

**2007 Work RVU:** 9.24

**2017 Work RVU:** 9.37

**2007 NF PE RVU:** 9.74

**2017 NF PE RVU:** 12.24

**2007 Fac PE RVU:** 6.81

**2017 Fac PE RVU:** 8.58

**Result:** Maintain

**RUC Recommendation:** 9.24

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**15731** Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)

**Global:** 090

**Issue:** Muscle Flaps

**Screen:** High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 05

**Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015 Medicare Utilization:** 2,115

**2007 Work RVU:** 14.12

**2017 Work RVU:** 14.38

**2007 NF PE RVU:** 12.13

**2017 NF PE RVU:** 15.49

**2007 Fac PE RVU:** 9.56

**2017 Fac PE RVU:** 12.34

**Result:** Not Part of RAW

**RUC Recommendation:** Not part of family

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**15732** Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)

**Global:** 090

**Issue:** Muscle Flaps

**Screen:** Site of Service Anomaly / High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 05

**Specialty Developing Recommendation:** ASPS

**First Identified:** September 2007

**2015 Medicare Utilization:** 11,728

**2007 Work RVU:** 19.70

**2017 Work RVU:** 16.38

**2007 NF PE RVU:** 17.27

**2017 NF PE RVU:** 18.00

**2007 Fac PE RVU:** 12.01

**2017 Fac PE RVU:** 13.44

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**15734** Muscle, myocutaneous, or fasciocutaneous flap; trunk

**Global:** 090

**Issue:** Muscle Flaps

**Screen:** High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 14

**Specialty Developing Recommendation:**

**First Identified:** October 2015

**2015 Medicare Utilization:** 22,960

**2007 Work RVU:** 19.62

**2017 Work RVU:** 19.86

**2007 NF PE RVU:** 17.58

**2017 NF PE RVU:** 19.15

**2007 Fac PE RVU** 12.32

**2017 Fac PE RVU:**14.15

**Result:** Increase

**RUC Recommendation:** 23.00

**Referred to CPT** September 2016

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

**15736** Muscle, myocutaneous, or fasciocutaneous flap; upper extremity

**Global:** 090

**Issue:** Muscle Flaps

**Screen:** High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 14

**Specialty Developing Recommendation:** ASSH, ASPS

**First Identified:** January 2016

**2015 Medicare Utilization:** 1,456

**2007 Work RVU:** 16.92

**2017 Work RVU:** 17.04

**2007 NF PE RVU:** 17.17

**2017 NF PE RVU:** 17.54

**2007 Fac PE RVU** 10.96

**2017 Fac PE RVU:**12.62

**Result:** Maintain

**RUC Recommendation:** 17.04

**Referred to CPT** September 2016

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

**15738** Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

**Global:** 090

**Issue:** Muscle Flaps

**Screen:** High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 14

**Specialty Developing Recommendation:** ASPS

**First Identified:** January 2016

**2015 Medicare Utilization:** 6,032

**2007 Work RVU:** 18.92

**2017 Work RVU:** 19.04

**2007 NF PE RVU:** 17.04

**2017 NF PE RVU:** 17.49

**2007 Fac PE RVU** 11.45

**2017 Fac PE RVU:**12.87

**Result:** Maintain

**RUC Recommendation:** 19.04

**Referred to CPT** September 2016

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



## Status Report: CMS Requests and Relativity Assessment Issues

<b>15740</b>	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	<b>Global:</b> 090	<b>Issue:</b> Dermatology and Plastic Surgery Procedures	<b>Screen:</b> Site of Service Anomaly / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAD, ASPS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,151	<b>2007 Work RVU:</b> 11.57 <b>2007 NF PE RVU:</b> 11.01 <b>2007 Fac PE RVU:</b> 8.58 <b>2017 Work RVU:</b> 11.80 <b>2017 NF PE RVU:</b> 15.40 <b>2017 Fac PE RVU:</b> 10.94
<b>RUC Recommendation:</b> 11.57			<b>Referred to CPT</b> February 2009 & February 2012	<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>15777</b>	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Chronic Wound Dermal Substitute	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACS, APMA, ASPS	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 8,133	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2017 Work RVU:</b> 3.65 <b>2017 NF PE RVU:</b> 1.91 <b>2017 Fac PE RVU:</b> 1.91
<b>RUC Recommendation:</b> 3.65			<b>Referred to CPT</b> February 2011	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>157X1</b>		<b>Global:</b>	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 13.50			<b>Referred to CPT</b>	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**157X2**

**Global:**

**Issue:** Muscle Flaps

**Screen:** High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 05

**Specialty Developing Recommendation:** ASPS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 15.68

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**15823** Blepharoplasty, upper eyelid; with excessive skin weighting down lid

**Global:** 090

**Issue:** Upper Eyelid Blepharoplasty

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 33

**Specialty Developing Recommendation:** AAO

**First Identified:** October 2009

**2015 Medicare Utilization:** 93,488

**2007 Work RVU:** 8.12

**2017 Work RVU:** 6.81

**2007 NF PE RVU:** 7.8

**2017 NF PE RVU:** 9.84

**2007 Fac PE RVU** 6.41

**2017 Fac PE RVU:** 8.08

**Result:** Decrease

**RUC Recommendation:** 6.81

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**16020** Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)

**Global:** 000

**Issue:** Dressings/ Debridement of Partial-Thickness Burns

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 08

**Specialty Developing Recommendation:** ASPS, AAFP, AAPMR,

**First Identified:** October 2009

**2015 Medicare Utilization:** 15,799

**2007 Work RVU:** 0.80

**2017 Work RVU:** 0.71

**2007 NF PE RVU:** 1.25

**2017 NF PE RVU:** 1.52

**2007 Fac PE RVU** 0.58

**2017 Fac PE RVU:** 0.75

**Result:** Maintain

**RUC Recommendation:** 0.80

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**16025** Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 08 Specialty Developing Recommendation:** ASPS, AAFP, AAPMR,

**First Identified:** October 2009

**2015 Medicare Utilization:** 1,944

**2007 Work RVU:** 1.85

**2017 Work RVU:** 1.74

**2007 NF PE RVU:** 1.72

**2017 NF PE RVU:** 2.20

**2007 Fac PE RVU** 0.94

**2017 Fac PE RVU:**1.21

**Result:** Maintain

**RUC Recommendation:** 1.85

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**16030** Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 45 Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR,

**First Identified:** February 2010

**2015 Medicare Utilization:** 941

**2007 Work RVU:** 2.08

**2017 Work RVU:** 2.08

**2007 NF PE RVU:** 2.12

**2017 NF PE RVU:** 2.85

**2007 Fac PE RVU** 1.08

**2017 Fac PE RVU:**1.42

**Result:** Maintain

**RUC Recommendation:** CPT Assistant article published.

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Oct 2012

**17000** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion **Global:** 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 17 Specialty Developing Recommendation:** AAD

**First Identified:** October 2010

**2015 Medicare Utilization:** 5,496,398

**2007 Work RVU:** 0.62

**2017 Work RVU:** 0.61

**2007 NF PE RVU:** 1.08

**2017 NF PE RVU:** 1.20

**2007 Fac PE RVU** 0.59

**2017 Fac PE RVU:**0.83

**Result:** Decrease

**RUC Recommendation:** 0.61

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>17003</b>	<b>Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Destruction of Premalignant Lesions	<b>Screen:</b> Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 17</b> <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 17,583,694	<b>2007 Work RVU:</b> 0.07 <b>2007 NF PE RVU:</b> 0.11 <b>2007 Fac PE RVU:</b> 0.06 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.04 <b>2017 NF PE RVU:</b> 0.11 <b>2017 Fac PE RVU:</b> 0.02
<b>RUC Recommendation:</b> 0.04		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>17004</b>	<b>Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions</b>	<b>Global:</b> 010	<b>Issue:</b> Destruction of Premalignant Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 17</b> <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 832,176	<b>2007 Work RVU:</b> 1.82 <b>2007 NF PE RVU:</b> 2.33 <b>2007 Fac PE RVU:</b> 1.54 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.37 <b>2017 NF PE RVU:</b> 2.70 <b>2017 Fac PE RVU:</b> 1.30
<b>RUC Recommendation:</b> 1.37		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>17106</b>	<b>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm</b>	<b>Global:</b> 090	<b>Issue:</b> Destruction of Skin Lesions	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab 11</b> <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 3,087	<b>2007 Work RVU:</b> 4.62 <b>2007 NF PE RVU:</b> 4.63 <b>2007 Fac PE RVU:</b> 3.33 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 3.69 <b>2017 NF PE RVU:</b> 5.54 <b>2017 Fac PE RVU:</b> 3.75
<b>RUC Recommendation:</b> 3.61		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>17107</b>	<b>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm</b>	<b>Global:</b> 090	<b>Issue:</b> Destruction of Skin Lesions	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 998	<b>2007 Work RVU:</b> 9.19 <b>2007 NF PE RVU:</b> 7.24 <b>2007 Fac PE RVU:</b> 5.41 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 4.79 <b>2017 NF PE RVU:</b> 6.84 <b>2017 Fac PE RVU:</b> 4.47
<b>RUC Recommendation:</b> 4.68		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>17108</b>	<b>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm</b>	<b>Global:</b> 090	<b>Issue:</b> Destruction of Skin Lesions	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 3,472	<b>2007 Work RVU:</b> 13.22 <b>2007 NF PE RVU:</b> 9.34 <b>2007 Fac PE RVU:</b> 7.49 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 7.49 <b>2017 NF PE RVU:</b> 9.70 <b>2017 Fac PE RVU:</b> 6.59
<b>RUC Recommendation:</b> 6.37		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>17110</b>	<b>Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions</b>	<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 1,966,434	<b>2007 Work RVU:</b> 0.67 <b>2007 NF PE RVU:</b> 1.66 <b>2007 Fac PE RVU:</b> 0.74 <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 0.70 <b>2017 NF PE RVU:</b> 2.35 <b>2017 Fac PE RVU:</b> 1.21
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**17111** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions **Global:** 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013 **Tab** 18 **Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015 Medicare Utilization:** 99,295

**2007 Work RVU:** 0.94 **2017 Work RVU:** 0.97  
**2007 NF PE RVU:** 1.83 **2017 NF PE RVU:** 2.63  
**2007 Fac PE RVU** 0.89 **2017 Fac PE RVU:**1.36  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

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

**17250** Chemical cauterization of granulation tissue (proud flesh, sinus or fistula) **Global:** 000 **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAFP, ACS, APMA

**First Identified:** October 2015

**2015 Medicare Utilization:** 150,342

**2007 Work RVU:** 0.50 **2017 Work RVU:** 0.50  
**2007 NF PE RVU:** 1.25 **2017 NF PE RVU:** 1.67  
**2007 Fac PE RVU** 0.35 **2017 Fac PE RVU:**0.49  
**Result:**

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2016

**17261** Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP

**First Identified:** October 2009

**2015 Medicare Utilization:** 133,422

**2007 Work RVU:** 1.19 **2017 Work RVU:** 1.22  
**2007 NF PE RVU:** 1.84 **2017 NF PE RVU:** 2.67  
**2007 Fac PE RVU** 0.9 **2017 Fac PE RVU:**1.24  
**Result:** Maintain

**RUC Recommendation:** 1.22

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>17262</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAD, AAFP	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 258,189	<b>2007 Work RVU:</b> 1.60 <b>2007 NF PE RVU:</b> 2.13 <b>2007 Fac PE RVU:</b> 1.09 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.63 <b>2017 NF PE RVU:</b> 3.10 <b>2017 Fac PE RVU:</b> 1.49
<b>RUC Recommendation:</b> 1.63		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>17271</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAD, AAFP	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 54,566	<b>2007 Work RVU:</b> 1.51 <b>2007 NF PE RVU:</b> 2 <b>2007 Fac PE RVU:</b> 1.05 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.54 <b>2017 NF PE RVU:</b> 2.87 <b>2017 Fac PE RVU:</b> 1.43
<b>RUC Recommendation:</b> 1.54		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>17272</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAD, AAFP	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 83,313	<b>2007 Work RVU:</b> 1.79 <b>2007 NF PE RVU:</b> 2.24 <b>2007 Fac PE RVU:</b> 1.18 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.82 <b>2017 NF PE RVU:</b> 3.20 <b>2017 Fac PE RVU:</b> 1.59
<b>RUC Recommendation:</b> 1.82		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>17281</b>	<b>Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAD, AAFP	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 106,094	<b>2007 Work RVU:</b> 1.74 <b>2007 NF PE RVU:</b> 2.12 <b>2007 Fac PE RVU:</b> 1.16 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.77 <b>2017 NF PE RVU:</b> 3.02 <b>2017 Fac PE RVU:</b> 1.57
<b>RUC Recommendation:</b> 1.77		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>17282</b>	<b>Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAD, AAFP	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 101,337	<b>2007 Work RVU:</b> 2.06 <b>2007 NF PE RVU:</b> 2.41 <b>2007 Fac PE RVU:</b> 1.31 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 2.09 <b>2017 NF PE RVU:</b> 3.41 <b>2017 Fac PE RVU:</b> 1.75
<b>RUC Recommendation:</b> 2.09		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>17311</b>	<b>Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks</b>	<b>Global:</b> 000	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 673,840	<b>2007 Work RVU:</b> 6.20 <b>2007 NF PE RVU:</b> 10.79 <b>2007 Fac PE RVU:</b> 3.16 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 6.20 <b>2017 NF PE RVU:</b> 11.66 <b>2017 Fac PE RVU:</b> 3.81
<b>RUC Recommendation:</b> 6.20		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

**17312** Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent** **Tab** 18 **Specialty Developing** AAD **First** **2015**  
**RUC Meeting:** April 2013 **Recommendation:** **Identified:** September 2011 **Medicare**  
**RUC Recommendation:** 3.30 **Utilization:** 468,194  
**Referred to CPT** **Published in CPT Asst:**  
**Referred to CPT Asst** ☐

**2007 Work RVU:** 3.30 **2017 Work RVU:** 3.30  
**2007 NF PE RVU:** 6.92 **2017 NF PE RVU:** 7.24  
**2007 Fac PE RVU** 1.68 **2017 Fac PE RVU:**2.02  
**Result:** Maintain

**17313** Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks

**Global:** 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent** **Tab** 18 **Specialty Developing** AAD **First** **2015**  
**RUC Meeting:** April 2013 **Recommendation:** **Identified:** January 2012 **Medicare**  
**RUC Recommendation:** 5.56 **Utilization:** 100,013  
**Referred to CPT** **Published in CPT Asst:**  
**Referred to CPT Asst** ☐

**2007 Work RVU:** 5.56 **2017 Work RVU:** 5.56  
**2007 NF PE RVU:** 9.95 **2017 NF PE RVU:** 11.17  
**2007 Fac PE RVU** 2.83 **2017 Fac PE RVU:**3.42  
**Result:** Maintain

**17314** Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent** **Tab** 18 **Specialty Developing** AAD **First** **2015**  
**RUC Meeting:** April 2013 **Recommendation:** **Identified:** January 2012 **Medicare**  
**RUC Recommendation:** 3.06 **Utilization:** 47,937  
**Referred to CPT** **Published in CPT Asst:**  
**Referred to CPT Asst** ☐

**2007 Work RVU:** 3.06 **2017 Work RVU:** 3.06  
**2007 NF PE RVU:** 6.41 **2017 NF PE RVU:** 7.07  
**2007 Fac PE RVU** 1.55 **2017 Fac PE RVU:**1.88  
**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>17315</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 20,066	<b>2007 Work RVU:</b> 0.87 <b>2007 NF PE RVU:</b> 1.15 <b>2007 Fac PE RVU</b> 0.44 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.87 <b>2017 NF PE RVU:</b> 1.28 <b>2017 Fac PE RVU:</b> 0.54
<b>RUC Recommendation:</b> 0.87		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>19020</b>	Mastotomy with exploration or drainage of abscess, deep	<b>Global:</b> 090	<b>Issue:</b> Mastotomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,975	<b>2007 Work RVU:</b> 3.74 <b>2007 NF PE RVU:</b> 6.39 <b>2007 Fac PE RVU</b> 2.76 <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 3.83 <b>2017 NF PE RVU:</b> 8.76 <b>2017 Fac PE RVU:</b> 4.10
<b>RUC Recommendation:</b> Reduce 99238 to 0.5, remove hospital visits		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>19081</b>	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 57,294	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 3.29 <b>2017 NF PE RVU:</b> 15.98 <b>2017 Fac PE RVU:</b> 1.23
<b>RUC Recommendation:</b> 3.29		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015 Medicare Utilization: 3,971	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 1.65 2017 NF PE RVU: 14.37 2017 Fac PE RVU:0.62
RUC Recommendation: 1.65			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015 Medicare Utilization: 108,026	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 3.10 2017 NF PE RVU: 15.61 2017 Fac PE RVU:1.16
RUC Recommendation: 3.10			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015 Medicare Utilization: 12,570	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 1.55 2017 NF PE RVU: 13.87 2017 Fac PE RVU:0.58
RUC Recommendation: 1.55			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>19085</b>	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 4,402	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 3.64 <b>2017 NF PE RVU:</b> 24.93 <b>2017 Fac PE RVU:</b> 1.36
<b>RUC Recommendation:</b> 3.64		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>19086</b>	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 839	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.82 <b>2017 NF PE RVU:</b> 21.16 <b>2017 Fac PE RVU:</b> 0.68
<b>RUC Recommendation:</b> 1.82		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>19102</b>	Biopsy of breast; percutaneous, needle core, using imaging guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.00 <b>2007 NF PE RVU:</b> 3.68 <b>2007 Fac PE RVU</b> 0.64 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**19103** Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 04

**Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 3.69

**2017 Work RVU:**

**2007 NF PE RVU:** 11.01

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.18

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**19281** Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance **Global:** 000 **Issue:** Breast Biopsy

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 04

**Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**2015 Medicare Utilization:** 30,874

**2007 Work RVU:**

**2017 Work RVU:** 2.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 4.64

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.75

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** October 2012

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

**19282** Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 04

**Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**2015 Medicare Utilization:** 2,623

**2007 Work RVU:**

**2017 Work RVU:** 1.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 3.64

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.38

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015 Medicare Utilization: 3,766	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 2.00 2017 NF PE RVU: 5.49 2017 Fac PE RVU:0.75
RUC Recommendation: 2.00			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015 Medicare Utilization: 399	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 1.00 2017 NF PE RVU: 4.67 2017 Fac PE RVU:0.37
RUC Recommendation: 1.00			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015 Medicare Utilization: 19,515	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 1.70 2017 NF PE RVU: 12.80 2017 Fac PE RVU:0.64
RUC Recommendation: 1.70			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015 Medicare Utilization: 1,371	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 0.85 2017 NF PE RVU: 11.85 2017 Fac PE RVU:0.32
RUC Recommendation: 0.85			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015 Medicare Utilization: 295	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 2.55 2017 NF PE RVU: 21.76 2017 Fac PE RVU:0.96
RUC Recommendation: 3.02			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015 Medicare Utilization: 79	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 1.28 2017 NF PE RVU: 18.36 2017 Fac PE RVU:0.48
RUC Recommendation: 1.51			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>19290</b>	<b>Preoperative placement of needle localization wire, breast;</b>	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 2.81 <b>2007 Fac PE RVU:</b> 0.41 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<hr/>					
<b>19291</b>	<b>Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.63 <b>2007 NF PE RVU:</b> 1.17 <b>2007 Fac PE RVU:</b> 0.2 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<hr/>					
<b>19295</b>	<b>Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> CMS Fastest Growing / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 2.57 <b>2007 Fac PE RVU:</b> 2.02 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>



# Status Report: CMS Requests and Relativity Assessment Issues

## 19303 Mastectomy, simple, complete

Global: 090 Issue: Mastectomy

Screen: Site of Service  
Anomaly - 2015 / High  
Level E/M in Global  
Period

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 15 Specialty Developing  
Recommendation: ACS, ASBS

First  
Identified: October 2015

2015  
Medicare  
Utilization: 23,928

2007 Work RVU: 15.67

2017 Work RVU: 15.85

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 5.52

2017 Fac PE RVU:9.50

Result: Decrease

RUC Recommendation: 15.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 19318 Reduction mammoplasty

Global: 090 Issue: Mammoplasty

Screen: Site of Service Anomaly  
(99238-Only)

Complete? Yes

Most Recent  
RUC Meeting: September 2007

Tab 16 Specialty Developing  
Recommendation: ASPS

First  
Identified: September 2007

2015  
Medicare  
Utilization: 7,795

2007 Work RVU: 15.91

2017 Work RVU: 16.03

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 10.94

2017 Fac PE RVU:12.98

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction

Global: 090 Issue: Insertion of Breast  
Prosthesis

Screen: CMS Request

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 10 Specialty Developing  
Recommendation: ASPS

First  
Identified:

2015  
Medicare  
Utilization: 4,078

2007 Work RVU: 6.32

2017 Work RVU: 13.99

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 3.07

2017 Fac PE RVU:12.50

Result: Decrease

RUC Recommendation: 13.99

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**19357** Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion **Global:** 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits **Complete?** Yes

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

**First Identified:** September 2007 **2015 Medicare Utilization:** 7,696

**2007 Work RVU:** 20.57 **2017 Work RVU:** 18.50  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 15.69 **2017 Fac PE RVU:** 21.62  
**Result:** Decrease

**RUC Recommendation:** 18.50

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**20000** Deleted from CPT

**Global:** 010 **Issue:** Incision of Abscess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** APMA, AAOS  
**RUC Meeting:** September 2007 **Recommendation:**

**First Identified:** September 2007 **2015 Medicare Utilization:**

**2007 Work RVU:** 2.14 **2017 Work RVU:**  
**2007 NF PE RVU:** 2.71 **2017 NF PE RVU:**  
**2007 Fac PE RVU:** 1.68 **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**20005** Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)

**Global:** 010 **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** ACS, AAO-HNS  
**RUC Meeting:** September 2007 **Recommendation:**

**First Identified:** September 2007 **2015 Medicare Utilization:** 4,154

**2007 Work RVU:** 3.55 **2017 Work RVU:** 3.58  
**2007 NF PE RVU:** 3.54 **2017 NF PE RVU:** 4.73  
**2007 Fac PE RVU:** 2.2 **2017 Fac PE RVU:** 2.59  
**Result:** Maintain

**RUC Recommendation:** 3.55

**Referred to CPT** June 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**20240** Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx) **Global:** 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 04 **Specialty Developing Recommendation:** AAOS, APMA

**First Identified:** April 2014

**2015 Medicare Utilization:** 3,438

**2007 Work RVU:** 3.25

**2017 Work RVU:** 2.61

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 2.44

**2017 Fac PE RVU:** 1.43

**Result:** Increase

**RUC Recommendation:** 3.73

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**20245** Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)

**Global:** 010

**Issue:** Bone Biopsy Excisional

**Screen:** 010-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 04 **Specialty Developing Recommendation:** AAOS

**First Identified:** January 2014

**2015 Medicare Utilization:** 3,566

**2007 Work RVU:** 8.77

**2017 Work RVU:** 6.00

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 6.38

**2017 Fac PE RVU:** 3.21

**Result:** Decrease

**RUC Recommendation:** 6.50

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**20525** Removal of foreign body in muscle or tendon sheath; deep or complicated

**Global:** 010

**Issue:** Removal of Foreign Body

**Screen:** Site of Service Anomaly (99238-Only)

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS

**First Identified:** September 2007

**2015 Medicare Utilization:** 1,989

**2007 Work RVU:** 3.51

**2017 Work RVU:** 3.54

**2007 NF PE RVU:** 8.62

**2017 NF PE RVU:** 9.43

**2007 Fac PE RVU:** 2.52

**2017 Fac PE RVU:** 2.94

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	Global: 000	Issue: RAW	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes		
Most Recent RUC Meeting:	January 2017	Tab 30	Specialty Developing Recommendation:	First Identified: July 2016	2015 Medicare Utilization:	2007 Work RVU:	2017 Work RVU: 0.94
						2007 NF PE RVU:	2017 NF PE RVU: 1.10
						2007 Fac PE RVU	2017 Fac PE RVU:0.56
RUC Recommendation:	Remove fromm screen			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen	
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	Global: 000	Issue: Injection of Tendon	Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2	Complete? Yes		
Most Recent RUC Meeting:	January 2016	Tab 27	Specialty Developing Recommendation: AAOS, AAPM&R, ACRn, APMA, ASSH	First Identified: October 2008	2015 Medicare Utilization: 821,791	2007 Work RVU: 0.75	2017 Work RVU: 0.75
						2007 NF PE RVU: 0.69	2017 NF PE RVU: 0.66
						2007 Fac PE RVU 0.25	2017 Fac PE RVU:0.29
RUC Recommendation:	0.75			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	
20551	Injection(s); single tendon origin/insertion	Global: 000	Issue: RAW	Screen: CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M	Complete? No		
Most Recent RUC Meeting:	September 2011	Tab 51	Specialty Developing Recommendation: APMA, AAPM, AAOS	First Identified: October 2008	2015 Medicare Utilization: 175,530	2007 Work RVU: 0.75	2017 Work RVU: 0.75
						2007 NF PE RVU: 0.67	2017 NF PE RVU: 0.89
						2007 Fac PE RVU 0.32	2017 Fac PE RVU:0.39
RUC Recommendation:	Remove from screen			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>20552</b>	<b>Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)</b>	<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAPM&R, ACRrh, ASA	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 350,494	<b>2007 Work RVU:</b> 0.66 <b>2017 Work RVU:</b> 0.66 <b>2007 NF PE RVU:</b> 0.69 <b>2017 NF PE RVU:</b> 0.84 <b>2007 Fac PE RVU</b> 0.21 <b>2017 Fac PE RVU:</b> 0.36 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.66			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>20553</b>	<b>Injection(s); single or multiple trigger point(s), 3 or more muscles</b>	<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAPM&R, ACRrh, ASA	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 295,258	<b>2007 Work RVU:</b> 0.75 <b>2017 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 0.78 <b>2017 NF PE RVU:</b> 0.98 <b>2007 Fac PE RVU</b> 0.23 <b>2017 Fac PE RVU:</b> 0.41 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>20600</b>	<b>Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRrh, APMA, ASSH	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 415,732	<b>2007 Work RVU:</b> 0.66 <b>2017 Work RVU:</b> 0.66 <b>2007 NF PE RVU:</b> 0.66 <b>2017 NF PE RVU:</b> 0.63 <b>2007 Fac PE RVU</b> 0.34 <b>2017 Fac PE RVU:</b> 0.29
<b>RUC Recommendation:</b> 0.66 and new PE inputs			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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# Status Report: CMS Requests and Relativity Assessment Issues

20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	Global: 000	Issue: Arthrocentesis	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 04 Specialty Developing Recommendation: AAFP, AAOS, ACR, ACRh, APMA, ASSH	First Identified: July 2013	2015 Medicare Utilization: 28,691	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 0.89 2017 NF PE RVU: 1.07 2017 Fac PE RVU:0.35
RUC Recommendation: 0.89		Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	Global: 000	Issue: Arthrocentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 04 Specialty Developing Recommendation: AAFP, AAOS, ACR, ACRh, APMA, ASSH	First Identified: October 2009	2015 Medicare Utilization: 487,357	2007 Work RVU: 0.68 2007 NF PE RVU: 0.76 2007 Fac PE RVU 0.35	2017 Work RVU: 0.68 2017 NF PE RVU: 0.67 2017 Fac PE RVU:0.31
RUC Recommendation: 0.68 and new PE inputs		Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	Global: 000	Issue: Arthrocentesis	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 04 Specialty Developing Recommendation: AAFP, AAOS, ACR, ACRh, APMA, ASSH	First Identified: July 2013	2015 Medicare Utilization: 42,981	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 1.00 2017 NF PE RVU: 1.16 2017 Fac PE RVU:0.40
RUC Recommendation: 1.00		Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>20610</b>	<b>Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 6,395,140	<b>2007 Work RVU:</b> 0.79 <b>2007 NF PE RVU:</b> 0.98 <b>2007 Fac PE RVU:</b> 0.42 <b>2017 Work RVU:</b> 0.79 <b>2017 NF PE RVU:</b> 0.81 <b>2017 Fac PE RVU:</b> 0.42
<b>RUC Recommendation:</b> 0.79 and new PE inputs			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>20611</b>	<b>Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 854,794	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2017 Work RVU:</b> 1.10 <b>2017 NF PE RVU:</b> 1.33 <b>2017 Fac PE RVU:</b> 0.51
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>20612</b>	<b>Aspiration and/or injection of ganglion cyst(s) any location</b>	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2017 Work RVU:</b> 0.70 <b>2017 NF PE RVU:</b> 0.93 <b>2017 Fac PE RVU:</b> 0.41
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

<b>20680</b>	<b>Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS, APMA	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 55,637	<b>2007 Work RVU:</b> 5.90 <b>2007 NF PE RVU:</b> 8.63 <b>2007 Fac PE RVU:</b> 3.82 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 5.96 and adjustments to pre-service time package 3.			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2017 Work RVU:</b> 5.96 <b>2017 NF PE RVU:</b> 10.66 <b>2017 Fac PE RVU:</b> 5.20

<b>20692</b>	<b>Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 2,645	<b>2007 Work RVU:</b> 6.40 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.65 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2017 Work RVU:</b> 16.27 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 13.09

<b>20694</b>	<b>Removal, under anesthesia, of external fixation system</b>	<b>Global:</b> 090	<b>Issue:</b> External Fixation	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 5,798	<b>2007 Work RVU:</b> 4.20 <b>2007 NF PE RVU:</b> 6.69 <b>2007 Fac PE RVU:</b> 3.92 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2017 Work RVU:</b> 4.28 <b>2017 NF PE RVU:</b> 7.07 <b>2017 Fac PE RVU:</b> 4.65

<b>20900</b>	<b>Bone graft, any donor area; minor or small (eg, dowel or button)</b>	<b>Global:</b> 000	<b>Issue:</b> Bone Graft Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> AOFAS, AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 3,721	<b>2007 Work RVU:</b> 5.77 <b>2007 NF PE RVU:</b> 8.65 <b>2007 Fac PE RVU:</b> 5.5 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2017 Work RVU:</b> 3.00 <b>2017 NF PE RVU:</b> 8.32 <b>2017 Fac PE RVU:</b> 1.92



# Status Report: CMS Requests and Relativity Assessment Issues

**20902 Bone graft, any donor area; major or large** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2015 Medicare Utilization:** 4,342

**RUC Recommendation:** 4.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 7.98 **2017 Work RVU:** 4.58  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 6.63 **2017 Fac PE RVU:**2.79  
**Result:** Decrease

**20926 Tissue grafts, other (eg, paratenon, fat, dermis)** **Global:** 090 **Issue:** Tissue Grafts **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AAO-HNS, AANS **First Identified:** October 2008 **2015 Medicare Utilization:** 13,835

**RUC Recommendation:** Remove from screen **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 5.70 **2017 Work RVU:** 5.79  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 4.67 **2017 Fac PE RVU:**5.38  
**Result:** Remove from Screen

**21015 Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2015 Medicare Utilization:** 881

**RUC Recommendation:** 9.71 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 5.59 **2017 Work RVU:** 9.89  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 4.85 **2017 Fac PE RVU:**8.69  
**Result:** Increase

**21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible** **Global:** 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,903

**RUC Recommendation:** 10.03 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 11.07 **2017 Work RVU:** 10.03  
**2007 NF PE RVU:** 12.32 **2017 NF PE RVU:** 13.98  
**2007 Fac PE RVU** 9.21 **2017 Fac PE RVU:**10.07  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

## 21495 Open treatment of hyoid fracture

Global: 090

Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 09

Specialty Developing  
Recommendation:

First  
Identified: October 2015

2015  
Medicare  
Utilization:

2007 Work RVU: 6.55

2017 Work RVU:

2007 NF PE RVU: NA

2017 NF PE RVU:

2007 Fac PE RVU 8.73

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 21557 Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm

Global: 090

Issue: Radical Resection of Soft Tissue Tumor

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: February 2009

Tab 6

Specialty Developing  
Recommendation: ACS, AAOS

First  
Identified: September 2007

2015  
Medicare  
Utilization: 707

2007 Work RVU: 8.91

2017 Work RVU: 14.75

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 5.13

2017 Fac PE RVU:9.98

Result: Decrease

RUC Recommendation: 14.57

Referred to CPT June 2008

Referred to CPT Asst ☐

Published in CPT Asst:

## 21800 Closed treatment of rib fracture, uncomplicated, each

Global: 090

Issue: Internal Fixation of Rib Fracture

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent  
RUC Meeting: April 2014

Tab 05

Specialty Developing  
Recommendation: STS, ACS

First  
Identified: July 2013

2015  
Medicare  
Utilization:

2007 Work RVU: 0.98

2017 Work RVU:

2007 NF PE RVU: 1.34

2017 NF PE RVU:

2007 Fac PE RVU 1.34

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Referred to CPT Asst ☐

Published in CPT Asst:

## 21805 Open treatment of rib fracture without fixation, each

Global: 090

Issue: Internal Fixation of Rib Fracture

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent  
RUC Meeting: April 2014

Tab 05

Specialty Developing  
Recommendation: STS, ACS

First  
Identified: January 2014

2015  
Medicare  
Utilization: 80

2007 Work RVU: 2.80

2017 Work RVU:

2007 NF PE RVU: NA

2017 NF PE RVU:

2007 Fac PE RVU 3.28

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Referred to CPT for deletion

Referred to CPT October 2014

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**21810** Treatment of rib fracture requiring external fixation (flail chest) **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2015 Medicare Utilization:** **2007 Work RVU:** 6.92 **2017 Work RVU:** **2007 NF PE RVU:** NA **2017 NF PE RVU:** **2007 Fac PE RVU** 5.03 **2017 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**21811** Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2015 Medicare Utilization:** 270 **2007 Work RVU:** **2017 Work RVU:** 10.79 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU** **2017 Fac PE RVU:** 4.45 **Result:** Decrease

**RUC Recommendation:** 19.55 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**21812** Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2015 Medicare Utilization:** 236 **2007 Work RVU:** **2017 Work RVU:** 13.00 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU** **2017 Fac PE RVU:** 5.20 **Result:** Decrease

**RUC Recommendation:** 25.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**21813** Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2015 Medicare Utilization:** 26 **2007 Work RVU:** **2017 Work RVU:** 17.61 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU** **2017 Fac PE RVU:** 6.60 **Result:** Decrease

**RUC Recommendation:** 35.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**21820** Closed treatment of sternum fracture **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** January 2014 **2015 Medicare Utilization:** 268 **2007 Work RVU:** 1.31 **2017 Work RVU:** 1.36 **2007 NF PE RVU:** 1.82 **2017 NF PE RVU:** 2.40 **2007 Fac PE RVU:** 1.77 **2017 Fac PE RVU:** 2.50

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** October 2013 **Result:** PE Only **Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2017

**21825** Open treatment of sternum fracture with or without skeletal fixation **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2015 Medicare Utilization:** 852 **2007 Work RVU:** 7.65 **2017 Work RVU:** 7.76 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 6.16 **2017 Fac PE RVU:** 6.03

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

**21935** Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 392 **2007 Work RVU:** 18.38 **2017 Work RVU:** 15.72 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 9.37 **2017 Fac PE RVU:** 10.59

**RUC Recommendation:** 15.54 **Referred to CPT** June 2008 **Result:** Decrease **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**22214** Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2015 Medicare Utilization:** 4,021 **2007 Work RVU:** 20.77 **2017 Work RVU:** 21.02 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 13.53 **2017 Fac PE RVU:** 16.54 **RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**22305** Closed treatment of vertebral process fracture(s) **Global:** 090 **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2015 Medicare Utilization:** 2,515 **2007 Work RVU:** 2.08 **2017 Work RVU:** **2007 NF PE RVU:** 2.27 **2017 NF PE RVU:** **2007 Fac PE RVU:** 1.89 **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**22510** Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2015 Medicare Utilization:** 5,157 **2007 Work RVU:** **2017 Work RVU:** 7.90 **2007 NF PE RVU:** **2017 NF PE RVU:** 38.94 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 3.80 **RUC Recommendation:** 8.15 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**22511** Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral

**Global:** 010

**Issue:** Percutaneous Vertebroplasty and Augmentation

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 06

**Specialty Developing Recommendation:**

AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

**First Identified:**

**2015 Medicare Utilization:** 5,282

**2007 Work RVU:**

**2017 Work RVU:** 7.33

**2007 NF PE RVU:**

**2017 NF PE RVU:** 39.11

**2007 Fac PE RVU**

**2017 Fac PE RVU:**3.63

**RUC Recommendation:** 8.05

**Referred to CPT** February 2014

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

**Result:** Decrease

**22512** Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Percutaneous Vertebroplasty and Augmentation

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 06

**Specialty Developing Recommendation:**

AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

**First Identified:**

**2015 Medicare Utilization:** 3,006

**2007 Work RVU:**

**2017 Work RVU:** 4.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 22.60

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.49

**RUC Recommendation:** 4.00

**Referred to CPT** February 2014

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

**Result:** Decrease

**22513** Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic

**Global:** 010

**Issue:** Percutaneous Vertebroplasty and Augmentation

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 06

**Specialty Developing Recommendation:**

AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

**First Identified:**

**2015 Medicare Utilization:** 22,354

**2007 Work RVU:**

**2017 Work RVU:** 8.65

**2007 NF PE RVU:**

**2017 NF PE RVU:** 193.39

**2007 Fac PE RVU**

**2017 Fac PE RVU:**4.82

**RUC Recommendation:** 8.90

**Referred to CPT** February 2014

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified:	2015 Medicare Utilization: 24,380	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2017 Work RVU: 7.99 2017 NF PE RVU: 193.01 2017 Fac PE RVU:4.57
RUC Recommendation: 8.24			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Decrease	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified:	2015 Medicare Utilization: 13,446	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2017 Work RVU: 4.00 2017 NF PE RVU: 118.75 2017 Fac PE RVU:1.72
RUC Recommendation: 4.00			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Decrease	
22520	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic	Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified: February 2009	2015 Medicare Utilization:	2007 Work RVU: 9.17 2007 NF PE RVU: 56.83 2007 Fac PE RVU 4.84 2017 Work RVU: 2017 NF PE RVU: 2017 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Deleted from CPT	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>22521</b>	<b>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.60 <b>2007 NF PE RVU:</b> 52.87 <b>2007 Fac PE RVU:</b> 4.69 <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<b>22522</b>	<b>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.30 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.59 <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<b>22523</b>	<b>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request: PE Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 9.21 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.6 <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	



## Status Report: CMS Requests and Relativity Assessment Issues

<b>22524</b>	<b>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request: PE Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.81 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.4	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT			
<b>22525</b>	<b>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request: PE Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.12	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT			
<b>22533</b>	<b>Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar</b>	<b>Global:</b> 090	<b>Issue:</b> Arthrodesis	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> AAOS, NASS, AANS/CNS	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 1,177	<b>2007 Work RVU:</b> 24.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 13.57	<b>2017 Work RVU:</b> 24.79 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 17.33
<b>RUC Recommendation:</b> Remove from screen. CPT Assistant article published.	<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Oct 2009	<b>Result:</b> Remove from Screen		

# Status Report: CMS Requests and Relativity Assessment Issues

**22551** Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 **Global:** 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2015 Medicare Utilization:** 36,614 **2007 Work RVU:** **2017 Work RVU:** 25.00 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU:** **2017 Fac PE RVU:** 16.79 **Result:** Decrease

**RUC Recommendation:** 24.50 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**22552** Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure) **Global:** ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2015 Medicare Utilization:** 31,313 **2007 Work RVU:** **2017 Work RVU:** 6.50 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU:** **2017 Fac PE RVU:** 3.11 **Result:** Maintain

**RUC Recommendation:** 6.50 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**22554** Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 **Global:** 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2015 Medicare Utilization:** 5,701 **2007 Work RVU:** 17.54 **2017 Work RVU:** 17.69 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 11.97 **2017 Fac PE RVU:** 13.36 **Result:** Maintain

**RUC Recommendation:** 17.69 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**22558** Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar **Global:** 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** No

**Most Recent RUC Meeting:** January 2017

**Tab** 30

**Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS

**First Identified:** April 2013

**2015 Medicare Utilization:** 14,967

**2007 Work RVU:** 23.33

**2017 Work RVU:** 23.53

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 12.86

**2017 Fac PE RVU:**15.08

**Result:**

**RUC Recommendation:** Review action plan and additional data

**Referred to CPT** September 2016

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

**22585** Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Arthrodesis

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 05

**Specialty Developing Recommendation:** NASS, AANS/CNS

**First Identified:**

**2015 Medicare Utilization:** 15,403

**2007 Work RVU:** 5.52

**2017 Work RVU:** 5.52

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.62

**2017 Fac PE RVU:**2.56

**Result:** Maintain

**RUC Recommendation:** Remove from screen

**Referred to CPT** October 2009

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

**22612** Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)

**Global:** 090

**Issue:** Lumbar Arthrodesis

**Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS

**First Identified:** February 2010

**2015 Medicare Utilization:** 43,886

**2007 Work RVU:** 23.38

**2017 Work RVU:** 23.53

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 13.83

**2017 Fac PE RVU:**16.19

**Result:** Maintain

**RUC Recommendation:** Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>22614</b>	<b>Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Lumbar Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab 04</b>	<b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 116,423	<b>2007 Work RVU:</b> 6.43 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.15 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.43			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 6.43 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.11
<hr/>					
<b>22630</b>	<b>Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar</b>	<b>Global:</b> 090	<b>Issue:</b> Lumbar Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab 04</b>	<b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 6,655	<b>2007 Work RVU:</b> 21.89 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 13.39 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 22.09			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 22.09 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 16.28
<hr/>					
<b>22632</b>	<b>Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Lumbar Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab 04</b>	<b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 2,195	<b>2007 Work RVU:</b> 5.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.51 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.22			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 5.22 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.50

## Status Report: CMS Requests and Relativity Assessment Issues

22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Global: 090	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes		
Most Recent RUC Meeting:	February 2011	Tab 04	Specialty Developing Recommendation: AANS/CNS, AAOS, NASS	First Identified: February 2010	2015 Medicare Utilization: 33,341	2007 Work RVU:	2017 Work RVU: 27.75
						2007 NF PE RVU:	2017 NF PE RVU: NA
						2007 Fac PE RVU Result:	2017 Fac PE RVU:18.07
RUC Recommendation:	27.75			Referred to CPT	October 2010		
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes		
Most Recent RUC Meeting:	February 2011	Tab 04	Specialty Developing Recommendation: AANS/CNS, AAOS, NASS	First Identified: February 2010	2015 Medicare Utilization: 12,635	2007 Work RVU:	2017 Work RVU: 8.16
						2007 NF PE RVU:	2017 NF PE RVU: NA
						2007 Fac PE RVU Result:	2017 Fac PE RVU:3.94
RUC Recommendation:	8.16			Referred to CPT	October 2010		
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Spine Fixation Device	Screen: CMS Fastest Growing	Complete? Yes		
Most Recent RUC Meeting:	February 2009	Tab 38	Specialty Developing Recommendation: AAOS, NASS, AANS	First Identified: October 2008	2015 Medicare Utilization: 6,566	2007 Work RVU: 13.44	2017 Work RVU: 13.44
						2007 NF PE RVU: NA	2017 NF PE RVU: NA
						2007 Fac PE RVU 6.28	2017 Fac PE RVU:6.53
RUC Recommendation:	Remove from screen			Referred to CPT		Result: Remove from Screen	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

# Status Report: CMS Requests and Relativity Assessment Issues

## 22849 Reinsertion of spinal fixation device

Global: 090 Issue: RAW

Screen: CMS Fastest Growing

Complete? Yes

Most Recent  
RUC Meeting: September 2014

Tab 21

Specialty Developing  
Recommendation: AAOS,  
NASS,  
AANS/CNS

First  
Identified: October 2008

2015  
Medicare  
Utilization: 4,417

2007 Work RVU: 19.08

2017 Work RVU: 19.17

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 11.39

2017 Fac PE RVU:13.20

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT June 2010

Referred to CPT Asst ☐ Published in CPT Asst:

## 22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Biomechanical Device  
Insertion-Intervertebral,  
Interbody

Screen: CMS Fastest Growing /  
High Volume Growth1 /  
CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 06

Specialty Developing  
Recommendation: AANS/CNS,  
NASS

First  
Identified: October 2008

2015  
Medicare  
Utilization: 127,893

2007 Work RVU: 6.70

2017 Work RVU:

2007 NF PE RVU: NA

2017 NF PE RVU:

2007 Fac PE RVU 3.18

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## 22859 Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Biomechanical Device  
Insertion-Intervertebral,  
Interbody

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 06

Specialty Developing  
Recommendation: AAOS,  
AANS, CNS,  
ISASS, NASS

First  
Identified: October 2015

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU: 5.50

2007 NF PE RVU:

2017 NF PE RVU: NA

2007 Fac PE RVU

2017 Fac PE RVU:2.63

Result: Decrease

RUC Recommendation: 6.00

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>22867</b>	<b>Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Biomechanical Device Insertion-Intervertebral, Interbody	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AAOS, AANS, CNS, ISASS, NASS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 4.88			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 13.50 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 10.78
<b>22868</b>	<b>Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Biomechanical Device Insertion-Intervertebral, Interbody	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AAOS, AANS, CNS, ISASS, NASS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 4.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.92
<b>22900</b>	<b>Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm</b>	<b>Global:</b> 090	<b>Issue:</b> Subfascial Excision of Soft Tissue Tumor	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 5	<b>Specialty Developing Recommendation:</b> ACS, AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 821	<b>2007 Work RVU:</b> 6.14 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Increase
<b>RUC Recommendation:</b> 8.21			<b>Referred to CPT</b> June 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 8.32 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 6.08

# Status Report: CMS Requests and Relativity Assessment Issues

<b>23076</b>	<b>Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm</b>		<b>Global:</b> 090	<b>Issue:</b> Subfascial Excision of Soft Tissue Tumor	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 5	<b>Specialty Developing Recommendation:</b> ACS, AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 696	<b>2007 Work RVU:</b> 7.77 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.5 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 7.41 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 6.50
<b>RUC Recommendation:</b> 7.28			<b>Referred to CPT</b> June 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>23120</b>	<b>Claviculectomy; partial</b>		<b>Global:</b> 090	<b>Issue:</b> Claviculectomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 8,801	<b>2007 Work RVU:</b> 7.23 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.22 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 7.39 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 7.92
<b>RUC Recommendation:</b> 7.23			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>23130</b>	<b>Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release</b>		<b>Global:</b> 090	<b>Issue:</b> Removal of Bone	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 3,043	<b>2007 Work RVU:</b> 7.63 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.88 <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 7.77 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 8.14
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>23350</b>	<b>Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography</b>		<b>Global:</b> 000	<b>Issue:</b> Injection for Shoulder X-Ray	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR, AAOS	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 36,628	<b>2007 Work RVU:</b> 1.00 <b>2007 NF PE RVU:</b> 3.23 <b>2007 Fac PE RVU:</b> 0.32 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.00 <b>2017 NF PE RVU:</b> 2.61 <b>2017 Fac PE RVU:</b> 0.38
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

## 23405 Tenotomy, shoulder area; single tendon

Global: 090 Issue: Tenotomy

Screen: Site of Service Anomaly (99238-Only) Complete? Yes

Most Recent Tab 16 Specialty Developing AAOS  
RUC Meeting: September 2007 Recommendation:

First Identified: September 2007 2015 Medicare Utilization: 2,666

2007 Work RVU: 8.43 2017 Work RVU: 8.54  
2007 NF PE RVU: NA 2017 NF PE RVU: NA  
2007 Fac PE RVU 6.69 2017 Fac PE RVU:7.71  
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

## 23410 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute

Global: 090 Issue: Rotator Cuff

Screen: Site of Service Anomaly Complete? Yes

Most Recent Tab 12 Specialty Developing AAOS  
RUC Meeting: February 2008 Recommendation:

First Identified: September 2007 2015 Medicare Utilization: 4,150

2007 Work RVU: 12.63 2017 Work RVU: 11.39  
2007 NF PE RVU: NA 2017 NF PE RVU: NA  
2007 Fac PE RVU 9.02 2017 Fac PE RVU:9.99  
Result: Decrease

RUC Recommendation: 11.23

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

## 23412 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic

Global: 090 Issue: Rotator Cuff

Screen: Site of Service Anomaly / Pre-Time Analysis Complete? Yes

Most Recent Tab 21 Specialty Developing AAOS  
RUC Meeting: September 2014 Recommendation:

First Identified: September 2007 2015 Medicare Utilization: 16,369

2007 Work RVU: 13.55 2017 Work RVU: 11.93  
2007 NF PE RVU: NA 2017 NF PE RVU: NA  
2007 Fac PE RVU 9.49 2017 Fac PE RVU:10.23  
Result: Decrease

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77

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

## 23415 Coracoacromial ligament release, with or without acromioplasty

Global: 090 Issue: Shoulder Ligament Release Screen: Site of Service Anomaly Complete? Yes

Most Recent Tab 62 Specialty Developing AAOS  
RUC Meeting: October 2010 Recommendation:

First Identified: September 2007 2015 Medicare Utilization: 741

2007 Work RVU: 10.09 2017 Work RVU: 9.23  
2007 NF PE RVU: NA 2017 NF PE RVU: NA  
2007 Fac PE RVU 7.65 2017 Fac PE RVU:8.92  
Result: Decrease

RUC Recommendation: 9.23

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>23420</b>	<b>Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)</b>	<b>Global:</b> 090	<b>Issue:</b> Rotator Cuff	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 4,594	<b>2007 Work RVU:</b> 14.75 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.59 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 13.54 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 11.65
<b>RUC Recommendation:</b> 13.35		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>23430</b>	<b>Tenodesis of long tendon of biceps</b>	<b>Global:</b> 090	<b>Issue:</b> Tenodesis	<b>Screen:</b> CMS Fastest Growing, Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 15,339	<b>2007 Work RVU:</b> 10.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.78 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 10.17 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 9.28
<b>RUC Recommendation:</b> 10.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>23440</b>	<b>Resection or transplantation of long tendon of biceps</b>	<b>Global:</b> 090	<b>Issue:</b> Tendon Transfer	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,683	<b>2007 Work RVU:</b> 10.53 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.91 <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 10.64 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 8.98
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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# Status Report: CMS Requests and Relativity Assessment Issues

**23472** Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21 **Specialty Developing Recommendation:** AAOS

**First Identified:** October 2008

**2015 Medicare Utilization:** 43,911

**2007 Work RVU:** 22.47

**2017 Work RVU:** 22.13

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 13.89

**2017 Fac PE RVU:**15.61

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**23540** Closed treatment of acromioclavicular dislocation; without manipulation

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 478

**2007 Work RVU:** 2.28

**2017 Work RVU:** 2.36

**2007 NF PE RVU:** 2.8

**2017 NF PE RVU:** 3.62

**2007 Fac PE RVU** 2.43

**2017 Fac PE RVU:**3.72

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**23600** Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation

**Global:** 090

**Issue:** Treatment of Humerus Fracture

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 14 **Specialty Developing Recommendation:** AAOS

**First Identified:** April 2011

**2015 Medicare Utilization:** 35,713

**2007 Work RVU:** 3.00

**2017 Work RVU:** 3.00

**2007 NF PE RVU:** 4.43

**2017 NF PE RVU:** 5.72

**2007 Fac PE RVU** 3.58

**2017 Fac PE RVU:**5.19

**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**23625** Closed treatment of greater humeral tuberosity fracture; with manipulation

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 207

**2007 Work RVU:** 3.99

**2017 Work RVU:** 4.10

**2007 NF PE RVU:** 4.82

**2017 NF PE RVU:** 5.89

**2007 Fac PE RVU** 4.19

**2017 Fac PE RVU:**5.15

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>23650</b>	<b>Closed treatment of shoulder dislocation, with manipulation; without anesthesia</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 14,886	<b>2007 Work RVU:</b> 3.44 <b>2007 NF PE RVU:</b> 3.65 <b>2007 Fac PE RVU:</b> 2.77 <b>2017 Work RVU:</b> 3.53 <b>2017 NF PE RVU:</b> 4.85 <b>2017 Fac PE RVU:</b> 4.13
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2017	<b>Result:</b> PE Only
<hr/>					
<b>23655</b>	<b>Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 2,748	<b>2007 Work RVU:</b> 4.64 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.17 <b>2017 Work RVU:</b> 4.76 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 5.80
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2017	<b>Result:</b> PE Only
<hr/>					
<b>23665</b>	<b>Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 623	<b>2007 Work RVU:</b> 4.54 <b>2007 NF PE RVU:</b> 5.21 <b>2007 Fac PE RVU:</b> 4.61 <b>2017 Work RVU:</b> 4.66 <b>2017 NF PE RVU:</b> 6.58 <b>2017 Fac PE RVU:</b> 5.75
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2017	<b>Result:</b> PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**24505** Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 888

**2007 Work RVU:** 5.25

**2017 Work RVU:** 5.39

**2007 NF PE RVU:** 6.42

**2017 NF PE RVU:** 7.80

**2007 Fac PE RVU** 5.27

**2017 Fac PE RVU:**6.45

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**24600** Treatment of closed elbow dislocation; without anesthesia

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 1,427

**2007 Work RVU:** 4.28

**2017 Work RVU:** 4.37

**2007 NF PE RVU:** 4.61

**2017 NF PE RVU:** 5.30

**2007 Fac PE RVU** 3.45

**2017 Fac PE RVU:**4.44

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

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

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 469

**2007 Work RVU:** 5.50

**2017 Work RVU:** 5.64

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 5.26

**2017 Fac PE RVU:**6.67

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**25116** Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum **Global:** 090 **Issue:** Forearm Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS

**First Identified:** September 2007

**2015 Medicare Utilization:** 998

**2007 Work RVU:** 7.38

**2017 Work RVU:** 7.56

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 12.13

**2017 Fac PE RVU:**8.29

**Result:** Maintain

**RUC Recommendation:** 7.56

**Referred to CPT**

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

**25210** Carpectomy; 1 bone

**Global:** 090 **Issue:** Carpectomy

**Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

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

**First Identified:** September 2007

**2015 Medicare Utilization:** 2,205

**2007 Work RVU:** 6.01

**2017 Work RVU:** 6.12

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 6.49

**2017 Fac PE RVU:**6.77

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

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

**Global:** 090 **Issue:** Tendon Repair

**Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

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

**First Identified:** September 2007

**2015 Medicare Utilization:** 1,003

**2007 Work RVU:** 7.89

**2017 Work RVU:** 8.04

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 12.3

**2017 Fac PE RVU:**8.52

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>25280</b>	<b>Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon</b>	<b>Global:</b> 090	<b>Issue:</b> Tendon Repair	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,340	<b>2007 Work RVU:</b> 7.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 11.6 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 7.39 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 7.45
<b>25310</b>	<b>Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon</b>	<b>Global:</b> 090	<b>Issue:</b> Forearm Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ASSH, AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 7,258	<b>2007 Work RVU:</b> 8.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 11.99 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 7.94			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 8.08 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 8.22
<b>25565</b>	<b>Closed treatment of radial and ulnar shaft fractures; with manipulation</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 713	<b>2007 Work RVU:</b> 5.71 <b>2007 NF PE RVU:</b> 6.52 <b>2007 Fac PE RVU</b> 5.32
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2017	<b>2017 Work RVU:</b> 5.85 <b>2017 NF PE RVU:</b> 7.84 <b>2017 Fac PE RVU:</b> 6.44 <b>Result:</b> PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>25605</b>	<b>Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 20,794	<b>2007 Work RVU:</b> 7.02 <b>2007 NF PE RVU:</b> 7.15 <b>2007 Fac PE RVU:</b> 6.21 <b>2017 Work RVU:</b> 6.25 <b>2017 NF PE RVU:</b> 8.11 <b>2017 Fac PE RVU:</b> 7.21
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2017	
<hr/>					
<b>25606</b>	<b>Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS, ASSH	<b>First Identified:</b> September 2014	<b>2015 Medicare Utilization:</b> 3,469	<b>2007 Work RVU:</b> 8.10 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.41 <b>2017 Work RVU:</b> 8.31 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 9.02
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 3.			<b>Referred to CPT</b>	<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>25607</b>	<b>Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS, ASSH	<b>First Identified:</b> September 2014	<b>2015 Medicare Utilization:</b> 8,960	<b>2007 Work RVU:</b> 9.35 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.26 <b>2017 Work RVU:</b> 9.56 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 9.68
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 3.			<b>Referred to CPT</b>	<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



# Status Report: CMS Requests and Relativity Assessment Issues

**25608** Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent** **Tab** 21 **Specialty Developing** AAOS, ASSH **First** **2015**  
**RUC Meeting:** September 2014 **Recommendation:** **Identified:** September 2014 **Medicare**  
**Utilization:** 7,018 **2007 Work RVU:** 10.86 **2017 Work RVU:** 11.07  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 7.88 **2017 Fac PE RVU:**10.46  
**Result:** Maintain

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 3.  
**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**25609** Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent** **Tab** 21 **Specialty Developing** AAOS, ASSH **First** **2015**  
**RUC Meeting:** September 2014 **Recommendation:** **Identified:** January 2014 **Medicare**  
**Utilization:** 15,026 **2007 Work RVU:** 14.12 **2017 Work RVU:** 14.38  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 9.77 **2017 Fac PE RVU:**12.98  
**Result:** Maintain

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 3.  
**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**25675** Closed treatment of distal radioulnar dislocation with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent** **Tab** 46 **Specialty Developing** AAOS, ACEP, and orthopaedic subspecialties **First** **2015**  
**RUC Meeting:** April 2016 **Recommendation:** **Identified:** October 2015 **Medicare**  
**Utilization:** 338 **2007 Work RVU:** 4.75 **2017 Work RVU:** 4.89  
**2007 NF PE RVU:** 5.46 **2017 NF PE RVU:** 6.65  
**2007 Fac PE RVU** 4.53 **2017 Fac PE RVU:**5.57

**RUC Recommendation:** PE Clinical staff pre-time revised  
**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2017  
**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>26080</b>	<b>Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Site of Service Anomaly / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> ASSH, AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,737	<b>2007 Work RVU:</b> 4.36 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4.73 <b>2017 Work RVU:</b> 4.47 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 5.86
<b>RUC Recommendation:</b> Action plan for RAW Oct 2015. Maintain			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Sep 2012
<hr/>					
<b>26356</b>	<b>Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon</b>	<b>Global:</b> 090	<b>Issue:</b> Repair Flexor Tendon	<b>Screen:</b> Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,197	<b>2007 Work RVU:</b> 10.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 17.22 <b>2017 Work RVU:</b> 9.56 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 11.44
<b>RUC Recommendation:</b> 10.03			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>26357</b>	<b>Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon</b>	<b>Global:</b> 090	<b>Issue:</b> Repair Flexor Tendon	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> April 2014	<b>2015 Medicare Utilization:</b> 86	<b>2007 Work RVU:</b> 8.65 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 14.29 <b>2017 Work RVU:</b> 11.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 12.20
<b>RUC Recommendation:</b> 11.50			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>26358</b>	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	<b>Global:</b> 090	<b>Issue:</b> Repair Flexor Tendon	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> April 2014	<b>2015 Medicare Utilization:</b> 45	<b>2007 Work RVU:</b> 9.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 15.19 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 12.60 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 13.37
<b>RUC Recommendation:</b> 13.10		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>26480</b>	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	<b>Global:</b> 090	<b>Issue:</b> Tendon Transfer	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAOS, ASSH	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 8,152	<b>2007 Work RVU:</b> 6.76 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 13.68 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 6.90 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 13.12
<b>RUC Recommendation:</b> 6.76		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>26700</b>	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46 <b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 584	<b>2007 Work RVU:</b> 3.74 <b>2007 NF PE RVU:</b> 3.65 <b>2007 Fac PE RVU:</b> 2.89 <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 3.83 <b>2017 NF PE RVU:</b> 4.77 <b>2017 Fac PE RVU:</b> 4.22
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2017		

## Status Report: CMS Requests and Relativity Assessment Issues

**26750** Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 7,455

**2007 Work RVU:** 1.74

**2017 Work RVU:** 1.80

**2007 NF PE RVU:** 2.42

**2017 NF PE RVU:** 3.14

**2007 Fac PE RVU** 2.07

**2017 Fac PE RVU:**3.16

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**26755** Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 542

**2007 Work RVU:** 3.15

**2017 Work RVU:** 3.23

**2007 NF PE RVU:** 4.27

**2017 NF PE RVU:** 5.14

**2007 Fac PE RVU** 3

**2017 Fac PE RVU:**4.00

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**26770** Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 5,735

**2007 Work RVU:** 3.07

**2017 Work RVU:** 3.15

**2007 NF PE RVU:** 3.3

**2017 NF PE RVU:** 4.21

**2007 Fac PE RVU** 2.44

**2017 Fac PE RVU:**3.64

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**27048** Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm **Global:** 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 412 **2007 Work RVU:** 6.44 **2017 Work RVU:** 8.85 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 4.76 **2017 Fac PE RVU:** 6.82 **Result:** Increase

**RUC Recommendation:** 8.74 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**27062** Excision; trochanteric bursa or calcification **Global:** 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,529 **2007 Work RVU:** 5.66 **2017 Work RVU:** 5.75 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 5.05 **2017 Fac PE RVU:** 6.16 **Result:** Maintain

**RUC Recommendation:** 5.66 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**27096** Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2015 Medicare Utilization:** 412,988 **2007 Work RVU:** 1.40 **2017 Work RVU:** 1.48 **2007 NF PE RVU:** 3.88 **2017 NF PE RVU:** 2.92 **2007 Fac PE RVU:** 0.33 **2017 Fac PE RVU:** 0.80 **Result:** Decrease

**RUC Recommendation:** 1.48 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**27130** Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2015 Medicare Utilization:** 142,184 **2007 Work RVU:** 21.61 **2017 Work RVU:** 20.72 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 12.96 **2017 Fac PE RVU:** 14.36 **Result:** Decrease

**RUC Recommendation:** 21.79 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**27134** Revision of total hip arthroplasty; both components, with or without autograft or allograft      **Global:** 090      **Issue:** RAW      **Screen:** Pre-Time Analysis      **Complete?** Yes

**Most Recent RUC Meeting:** September 2014      **Tab** 21      **Specialty Developing Recommendation:** AAOS, AAHKS      **First Identified:** January 2014      **2015 Medicare Utilization:** 10,996      **2007 Work RVU:** 30.13      **2017 Work RVU:** 30.28  
**2007 NF PE RVU:** NA      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 17.08      **2017 Fac PE RVU:** 19.17  
**Result:** Maintain

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

**Referred to CPT**

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

**27193** Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation      **Global:** 090      **Issue:** Closed Treatment of Pelvic Ring Fracture      **Screen:** CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 07      **Specialty Developing Recommendation:** AAOS      **First Identified:** July 2013      **2015 Medicare Utilization:** 19,820      **2007 Work RVU:** 5.98      **2017 Work RVU:**  
**2007 NF PE RVU:** 4.98      **2017 NF PE RVU:**  
**2007 Fac PE RVU:** 4.98      **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**27194** Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia      **Global:** 090      **Issue:** Closed Treatment of Pelvic Ring Fracture      **Screen:** CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 07      **Specialty Developing Recommendation:** AAOS      **First Identified:** October 2015      **2015 Medicare Utilization:** 259      **2007 Work RVU:** 10.08      **2017 Work RVU:**  
**2007 NF PE RVU:** NA      **2017 NF PE RVU:**  
**2007 Fac PE RVU:** 7.4      **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	Global: 090	Issue: Closed Treatment of Pelvic Ring Fracture	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 07	Specialty Developing Recommendation: AAOS	First Identified: October 2015	2015 Medicare Utilization:	2007 Work RVU: 1.53 2007 NF PE RVU: NA 2007 Fac PE RVU:1.61
RUC Recommendation: 5.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	Global: 090	Issue: Closed Treatment of Pelvic Ring Fracture	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 07	Specialty Developing Recommendation: AAOS	First Identified: October 2015	2015 Medicare Utilization:	2007 Work RVU: 4.75 2007 NF PE RVU: NA 2007 Fac PE RVU:3.05
RUC Recommendation: 9.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	Global: 090	Issue: PE Subcommittee	Screen: Emergent Procedures	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 46	Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic subspecialties	First Identified: October 2015	2015 Medicare Utilization: 1,990	2007 Work RVU: 5.69 2007 NF PE RVU: 5.38 2007 Fac PE RVU 5.06
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Apr 2017	2017 Work RVU: 5.81 2017 NF PE RVU: 6.67 2017 Fac PE RVU:6.58
				Result: PE Only	

## Status Report: CMS Requests and Relativity Assessment Issues

**27232** Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** October 2015      **2015 Medicare Utilization:** 242      **2007 Work RVU:** 11.66      **2017 Work RVU:** 11.72  
**2007 NF PE RVU:** NA      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.88      **2017 Fac PE RVU:** 7.67

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**27236** Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement      **Global:** 090      **Issue:** Open Treatment of Femoral Fracture      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012      **Tab** 16      **Specialty Developing Recommendation:** AAOS      **First Identified:** September 2011      **2015 Medicare Utilization:** 60,826      **2007 Work RVU:** 17.43      **2017 Work RVU:** 17.61  
**2007 NF PE RVU:** NA      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 10.85      **2017 Fac PE RVU:** 13.39

**RUC Recommendation:** 17.61

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**27240** Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** October 2015      **2015 Medicare Utilization:** 338      **2007 Work RVU:** 13.66      **2017 Work RVU:** 13.81  
**2007 NF PE RVU:** NA      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.13      **2017 Fac PE RVU:** 11.01

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only



## Status Report: CMS Requests and Relativity Assessment Issues

**27244** Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage **Global:** 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2015 Medicare Utilization:** 11,988 **2007 Work RVU:** 17.08 **2017 Work RVU:** 18.18  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 10.91 **2017 Fac PE RVU:** 13.70  
**Result:** Increase

**RUC Recommendation:** 18.00 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**27245** Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage **Global:** 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2015 Medicare Utilization:** 80,360 **2007 Work RVU:** 21.09 **2017 Work RVU:** 18.18  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 13.19 **2017 Fac PE RVU:** 13.70  
**Result:** Decrease

**RUC Recommendation:** 18.00 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**27250** Closed treatment of hip dislocation, traumatic; without anesthesia **Global:** 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2015 Medicare Utilization:** 3,362 **2007 Work RVU:** 7.21 **2017 Work RVU:** 3.82  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.54 **2017 Fac PE RVU:** 0.78  
**Result:** Decrease

**RUC Recommendation:** 3.82 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**27252** Closed treatment of hip dislocation, traumatic; requiring anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 1,030 **2007 Work RVU:** 10.92 **2017 Work RVU:** 11.03  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.21 **2017 Fac PE RVU:** 8.60  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2017

# Status Report: CMS Requests and Relativity Assessment Issues

**27265** Closed treatment of post hip arthroplasty dislocation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent** **Tab** 46 **Specialty Developing** AAOS, **First** **2015** **2007 Work RVU:** 5.12 **2017 Work RVU:** 5.24  
**RUC Meeting:** April 2016 **Recommendation:** ACEP, and **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**Utilization:** 7,147 **2007 Fac PE RVU** 4.59 **2017 Fac PE RVU:**5.31

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2017

**27266** Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent** **Tab** 46 **Specialty Developing** AAOS, **First** **2015** **2007 Work RVU:** 7.67 **2017 Work RVU:** 7.78  
**RUC Meeting:** April 2016 **Recommendation:** ACEP, and **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**Utilization:** 6,817 **2007 Fac PE RVU** 6.15 **2017 Fac PE RVU:**7.34

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2017

**27324** Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular) **Global:** 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** ACS, AAOS **First** **2015** **2007 Work RVU:** 4.95 **2017 Work RVU:** 5.04  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**Utilization:** 802 **2007 Fac PE RVU** 4.1 **2017 Fac PE RVU:**5.26

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>27370</b>	Injection of contrast for knee arthrography	<b>Global:</b> 000	<b>Issue:</b> Injection for Knee Arthrography	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AAPMR, ACR	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 133,059	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 3.47 <b>2007 Fac PE RVU</b> 0.32 <b>2017 Work RVU:</b> 0.96 <b>2017 NF PE RVU:</b> 3.30 <b>2017 Fac PE RVU:</b> 0.39
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> June 2017	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Clinical Examples of Radiology Bulletin #1 2010
<b>27446</b>	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	<b>Global:</b> 090	<b>Issue:</b> Arthroplasty	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOS, AAHKS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 15,734	<b>2007 Work RVU:</b> 16.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 10.81 <b>2017 Work RVU:</b> 17.48 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 12.54
<b>RUC Recommendation:</b> 17.48			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>27447</b>	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	<b>Global:</b> 090	<b>Issue:</b> Arthroplasty	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOS, AAHKS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 278,426	<b>2007 Work RVU:</b> 23.04 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 14.14 <b>2017 Work RVU:</b> 20.72 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 14.35
<b>RUC Recommendation:</b> 19.60			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**27502** Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 340 **2007 Work RVU:** 11.24 **2017 Work RVU:** 11.36 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 7.82 **2017 Fac PE RVU:** 8.39

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**27510** Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 368 **2007 Work RVU:** 9.68 **2017 Work RVU:** 9.80 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 7.09 **2017 Fac PE RVU:** 7.94

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**27550** Closed treatment of knee dislocation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 471 **2007 Work RVU:** 5.84 **2017 Work RVU:** 5.98 **2007 NF PE RVU:** 5.84 **2017 NF PE RVU:** 7.43 **2007 Fac PE RVU:** 4.85 **2017 Fac PE RVU:** 6.39

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**27552** Closed treatment of knee dislocation; requiring anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 339 **2007 Work RVU:** 8.04 **2017 Work RVU:** 8.18 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 6.75 **2017 Fac PE RVU:** 8.19

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2017 **Result:** PE Only

**27615** Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 398 **2007 Work RVU:** 12.93 **2017 Work RVU:** 15.72 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 9.07 **2017 Fac PE RVU:** 10.61

**RUC Recommendation:** 15.54 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**27619** Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm **Global:** 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 691 **2007 Work RVU:** 8.47 **2017 Work RVU:** 6.91 **2007 NF PE RVU:** 9.65 **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 5.79 **2017 Fac PE RVU:** 5.44

**RUC Recommendation:** 6.80 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**27640** Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia **Global:** 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,511 **2007 Work RVU:** 12.10 **2017 Work RVU:** 12.24 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 9.79 **2017 Fac PE RVU:** 9.55

**RUC Recommendation:** 12.10 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>27641</b>	<b>Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula</b>			<b>Global:</b> 090	<b>Issue:</b> Leg Bone Resection Partial	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AOFAS, AAOS	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 836	<b>2007 Work RVU:</b> 9.73	<b>2017 Work RVU:</b> 9.84	
					<b>2007 NF PE RVU:</b> NA	<b>2017 NF PE RVU:</b> NA	
					<b>2007 Fac PE RVU</b> 7.96	<b>2017 Fac PE RVU:</b> 7.72	
<b>RUC Recommendation:</b> 9.72			<b>Referred to CPT</b> June 2008		<b>Result:</b> Decrease		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>27650</b>	<b>Repair, primary, open or percutaneous, ruptured Achilles tendon;</b>			<b>Global:</b> 090	<b>Issue:</b> Achilles Tendon Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,371	<b>2007 Work RVU:</b> 9.94	<b>2017 Work RVU:</b> 9.21	
					<b>2007 NF PE RVU:</b> NA	<b>2017 NF PE RVU:</b> NA	
					<b>2007 Fac PE RVU</b> 7.22	<b>2017 Fac PE RVU:</b> 8.28	
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b>		<b>Result:</b> Decrease		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>27654</b>	<b>Repair, secondary, Achilles tendon, with or without graft</b>			<b>Global:</b> 090	<b>Issue:</b> Achilles Tendon Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AOFAS, APMA, AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,301	<b>2007 Work RVU:</b> 10.32	<b>2017 Work RVU:</b> 10.53	
					<b>2007 NF PE RVU:</b> NA	<b>2017 NF PE RVU:</b> NA	
					<b>2007 Fac PE RVU</b> 6.86	<b>2017 Fac PE RVU:</b> 8.35	
<b>RUC Recommendation:</b> 10.32			<b>Referred to CPT</b>		<b>Result:</b> Maintain		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>27685</b>	<b>Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)</b>			<b>Global:</b> 090	<b>Issue:</b> Tendon Repair	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 3,599	<b>2007 Work RVU:</b> 6.57	<b>2017 Work RVU:</b> 6.69	
					<b>2007 NF PE RVU:</b> 7.68	<b>2017 NF PE RVU:</b> 11.46	
					<b>2007 Fac PE RVU</b> 5.26	<b>2017 Fac PE RVU:</b> 5.76	
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b>		<b>Result:</b> PE Only		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

**27687** Gastrocnemius recession (eg, Strayer procedure)

**Global:** 090

**Issue:** Tendon Repair

**Screen:** Site of Service Anomaly (99238-Only)

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing Recommendation:** AAOS

**First Identified:** September 2007

**2015 Medicare Utilization:** 5,496

**2007 Work RVU:** 6.30

**2017 Work RVU:** 6.41

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 5.12

**2017 Fac PE RVU:**5.70

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**27690** Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)

**Global:** 090

**Issue:** Tendon Transfer

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 34

**Specialty Developing Recommendation:** AOFAS, APMA, AAOS

**First Identified:** September 2007

**2015 Medicare Utilization:** 1,384

**2007 Work RVU:** 8.96

**2017 Work RVU:** 9.17

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 6.15

**2017 Fac PE RVU:**7.78

**Result:** Maintain

**RUC Recommendation:** 8.96

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**27691** Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)

**Global:** 090

**Issue:** Tendon Transfer

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 34

**Specialty Developing Recommendation:** AOFAS, APMA, AAOS

**First Identified:** September 2007

**2015 Medicare Utilization:** 3,787

**2007 Work RVU:** 10.28

**2017 Work RVU:** 10.49

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 7.51

**2017 Fac PE RVU:**9.26

**Result:** Maintain

**RUC Recommendation:** 10.28

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**27752** Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 1,371

**2007 Work RVU:** 6.15

**2017 Work RVU:** 6.27

**2007 NF PE RVU:** 6.48

**2017 NF PE RVU:** 7.84

**2007 Fac PE RVU** 5.54

**2017 Fac PE RVU:**6.68

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**27762** Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 320

**2007 Work RVU:** 5.33

**2017 Work RVU:** 5.47

**2007 NF PE RVU:** 6.14

**2017 NF PE RVU:** 7.03

**2007 Fac PE RVU** 5.14

**2017 Fac PE RVU:**5.85

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**27792** Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed **Global:** 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 18

**Specialty Developing Recommendation:**

AAOS, AOFAS,

**First Identified:** June 2010

**2015 Medicare Utilization:** 7,131

**2007 Work RVU:** 7.91

**2017 Work RVU:** 8.75

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 6.71

**2017 Fac PE RVU:**8.32

**RUC Recommendation:** 9.71

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

<b>27810</b>	<b>Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 2,869	<b>2007 Work RVU:</b> 5.20 <b>2007 NF PE RVU:</b> 6.05 <b>2007 Fac PE RVU:</b> 5.02 <b>2017 Work RVU:</b> 5.32 <b>2017 NF PE RVU:</b> 7.04 <b>2017 Fac PE RVU:</b> 5.82
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2017	
<b>27814</b>	<b>Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 11,668	<b>2007 Work RVU:</b> 11.10 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.25 <b>2017 Work RVU:</b> 10.62 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 9.51
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 3.			<b>Referred to CPT</b>	<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>27818</b>	<b>Closed treatment of trimalleolar ankle fracture; with manipulation</b>	<b>Global:</b> 090	<b>Issue:</b> Treatment of Fracture	<b>Screen:</b> Site of Service Anomaly (99238-Only) / Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,656	<b>2007 Work RVU:</b> 5.57 <b>2007 NF PE RVU:</b> 6.14 <b>2007 Fac PE RVU:</b> 5 <b>2017 Work RVU:</b> 5.69 <b>2017 NF PE RVU:</b> 7.13 <b>2017 Fac PE RVU:</b> 5.72
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2017	

## Status Report: CMS Requests and Relativity Assessment Issues

**27825** Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 649

**2007 Work RVU:** 6.60

**2017 Work RVU:** 6.69

**2007 NF PE RVU:** 6.42

**2017 NF PE RVU:** 7.63

**2007 Fac PE RVU** 5.25

**2017 Fac PE RVU:**6.21

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

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

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015 Medicare Utilization:** 2,282

**2007 Work RVU:** 4.65

**2017 Work RVU:** 4.77

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 3.73

**2017 Fac PE RVU:**4.99

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Apr 2017

**Result:** PE Only

**28002** Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space **Global:** 010 **Issue:** RAW

**Screen:** 010-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 52

**Specialty Developing Recommendation:**

**First Identified:** January 2014

**2015 Medicare Utilization:** 6,117

**2007 Work RVU:** 5.78

**2017 Work RVU:** 5.34

**2007 NF PE RVU:** 5.44

**2017 NF PE RVU:** 6.87

**2007 Fac PE RVU** 3.74

**2017 Fac PE RVU:**3.31

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**28111** Ostectomy, complete excision; first metatarsal head

**Global:** 090

**Issue:** Ostectomy

**Screen:** Site of Service Anomaly  
(99238-Only)

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing  
Recommendation:** APMA, AAOS

**First  
Identified:** September 2007

**2015  
Medicare  
Utilization:** 1,064

**2007 Work RVU:** 5.06

**2017 Work RVU:** 5.15

**2007 NF PE RVU:** 6.55

**2017 NF PE RVU:** 8.53

**2007 Fac PE RVU** 3.58

**2017 Fac PE RVU:**3.68

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**28118** Ostectomy, calcaneus;

**Global:** 090

**Issue:** Ostectomy

**Screen:** Site of Service Anomaly  
(99238-Only)

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing  
Recommendation:** APMA, AAOS

**First  
Identified:** September 2007

**2015  
Medicare  
Utilization:** 2,493

**2007 Work RVU:** 6.02

**2017 Work RVU:** 6.13

**2007 NF PE RVU:** 6.68

**2017 NF PE RVU:** 10.23

**2007 Fac PE RVU** 4.28

**2017 Fac PE RVU:**4.99

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**28120** Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus

**Global:** 090

**Issue:** Removal of Foot Bone

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2011

**Tab** 19

**Specialty Developing  
Recommendation:** AOFAS,  
APMA, AAOS

**First  
Identified:** September 2007

**2015  
Medicare  
Utilization:** 4,882

**2007 Work RVU:** 5.64

**2017 Work RVU:** 7.31

**2007 NF PE RVU:** 7.5

**2017 NF PE RVU:** 11.27

**2007 Fac PE RVU** 4.31

**2017 Fac PE RVU:**6.07

**Result:** Increase

**RUC Recommendation:** 8.27

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**28122** Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus **Global:** 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS

**First Identified:** September 2007

**2015 Medicare Utilization:** 13,004

**2007 Work RVU:** 7.56

**2017 Work RVU:** 6.76

**2007 NF PE RVU:** 7.27

**2017 NF PE RVU:** 9.86

**2007 Fac PE RVU** 5.17

**2017 Fac PE RVU:**5.23

**Result:** Maintain

**RUC Recommendation:** 7.72

**Referred to CPT**

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

**28124** Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe **Global:** 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS

**First Identified:** September 2007

**2015 Medicare Utilization:** 12,315

**2007 Work RVU:** 4.88

**2017 Work RVU:** 5.00

**2007 NF PE RVU:** 5.46

**2017 NF PE RVU:** 8.39

**2007 Fac PE RVU** 3.62

**2017 Fac PE RVU:**4.11

**Result:** PE Only

**RUC Recommendation:** Remove 99238

**Referred to CPT**

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

**28285** Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy) **Global:** 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** February 2010

**2015 Medicare Utilization:** 78,418

**2007 Work RVU:** 4.65

**2017 Work RVU:** 5.62

**2007 NF PE RVU:** 5.34

**2017 NF PE RVU:** 9.32

**2007 Fac PE RVU** 3.42

**2017 Fac PE RVU:**4.74

**Result:** Increase

**RUC Recommendation:** 5.62

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

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**28289** Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant      **Global:** 090      **Issue:** Bunionectomy      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:** October 2015      **2015 Medicare Utilization:** 4,284      **2007 Work RVU:** 8.11      **2017 Work RVU:** 6.90  
**2007 NF PE RVU:** 8.37      **2017 NF PE RVU:** 13.91  
**2007 Fac PE RVU:** 5.68      **2017 Fac PE RVU:** 5.71  
**Result:** Decrease

**RUC Recommendation:** 6.90      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**28290** Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)      **Global:** 090      **Issue:** Bunionectomy      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:** October 2015      **2015 Medicare Utilization:** 2,086      **2007 Work RVU:** 5.72      **2017 Work RVU:**  
**2007 NF PE RVU:** 6.75      **2017 NF PE RVU:**  
**2007 Fac PE RVU:** 4.55      **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**28291** Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant      **Global:** 090      **Issue:** Bunionectomy      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:** October 2015      **2015 Medicare Utilization:**      **2007 Work RVU:**      **2017 Work RVU:** 8.01  
**2007 NF PE RVU:**      **2017 NF PE RVU:** 12.36  
**2007 Fac PE RVU:**      **2017 Fac PE RVU:** 5.06  
**Result:** Decrease

**RUC Recommendation:** 8.01      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

**28292** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 08

**Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2015 Medicare Utilization:** 7,831

**2007 Work RVU:** 8.72

**2017 Work RVU:** 7.44

**2007 NF PE RVU:** 8.21

**2017 NF PE RVU:** 13.46

**2007 Fac PE RVU** 5.72

**2017 Fac PE RVU:** 5.80

**Result:** Decrease

**RUC Recommendation:** 7.44

**Referred to CPT** October 2015

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

**28293** Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 08

**Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** January 2014

**2015 Medicare Utilization:** 3,397

**2007 Work RVU:** 11.10

**2017 Work RVU:**

**2007 NF PE RVU:** 11.72

**2017 NF PE RVU:**

**2007 Fac PE RVU** 6.34

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**28294** Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure) **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 08

**Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2015 Medicare Utilization:** 76

**2007 Work RVU:** 8.63

**2017 Work RVU:**

**2007 NF PE RVU:** 7.88

**2017 NF PE RVU:**

**2007 Fac PE RVU** 4.7

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>28295</b>	<b>Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method</b>	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 08</b>	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 8.57			<b>Referred to CPT</b> October 2015	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 8.57 <b>2017 NF PE RVU:</b> 17.80 <b>2017 Fac PE RVU:</b> 6.12

<b>28296</b>	<b>Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method</b>	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 08</b>	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 13,429	<b>2007 Work RVU:</b> 9.31 <b>2007 NF PE RVU:</b> 8.54 <b>2007 Fac PE RVU</b> 5.29 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 8.25			<b>Referred to CPT</b> October 2015	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 8.25 <b>2017 NF PE RVU:</b> 17.38 <b>2017 Fac PE RVU:</b> 5.88

<b>28297</b>	<b>Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method</b>	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 08</b>	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 1,843	<b>2007 Work RVU:</b> 9.31 <b>2007 NF PE RVU:</b> 9.34 <b>2007 Fac PE RVU</b> 6.04 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 9.29			<b>Referred to CPT</b> October 2015	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 9.29 <b>2017 NF PE RVU:</b> 19.91 <b>2017 Fac PE RVU:</b> 7.01

# Status Report: CMS Requests and Relativity Assessment Issues

<b>28298</b>	<b>Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method</b>	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,568	<b>2007 Work RVU:</b> 8.01 <b>2007 NF PE RVU:</b> 7.74 <b>2007 Fac PE RVU:</b> 4.91 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 7.75			<b>Referred to CPT</b> October 2015	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2017 Work RVU:</b> 7.75 <b>2017 NF PE RVU:</b> 16.01 <b>2017 Fac PE RVU:</b> 5.73

<b>28299</b>	<b>Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method</b>	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 4,694	<b>2007 Work RVU:</b> 11.39 <b>2007 NF PE RVU:</b> 9.24 <b>2007 Fac PE RVU:</b> 6.01 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 9.29			<b>Referred to CPT</b> October 2015	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2017 Work RVU:</b> 9.29 <b>2017 NF PE RVU:</b> 18.75 <b>2017 Fac PE RVU:</b> 6.50

<b>28300</b>	<b>Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation</b>	<b>Global:</b> 090	<b>Issue:</b> Osteotomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,215	<b>2007 Work RVU:</b> 9.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.81 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2017 Work RVU:</b> 9.73 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 7.52

<b>28310</b>	<b>Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> Osteotomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> APMA, AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,116	<b>2007 Work RVU:</b> 5.48 <b>2007 NF PE RVU:</b> 6.2 <b>2007 Fac PE RVU:</b> 3.53 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2017 Work RVU:</b> 5.57 <b>2017 NF PE RVU:</b> 9.72 <b>2017 Fac PE RVU:</b> 4.21



# Status Report: CMS Requests and Relativity Assessment Issues

**28470** Closed treatment of metatarsal fracture; without manipulation, each **Global:** 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2015 Medicare Utilization:** 35,781 **2007 Work RVU:** 1.99 **2017 Work RVU:** 2.03 **2007 NF PE RVU:** 3.05 **2017 NF PE RVU:** 3.93 **2007 Fac PE RVU:** 2.43 **2017 Fac PE RVU:** 3.52 **Result:** Maintain

**RUC Recommendation:** 2.03 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**28660** Closed treatment of interphalangeal joint dislocation; without anesthesia **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 725 **2007 Work RVU:** 1.25 **2017 Work RVU:** 1.28 **2007 NF PE RVU:** 1.27 **2017 NF PE RVU:** 1.90 **2007 Fac PE RVU:** 0.79 **2017 Fac PE RVU:** 1.11

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2017 **Result:** PE Only

**28725** Arthrodesis; subtalar **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 3,432 **2007 Work RVU:** 11.97 **2017 Work RVU:** 11.22 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 7.93 **2017 Fac PE RVU:** 9.37 **Result:** Maintain

**RUC Recommendation:** 12.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**28730** Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 2,527 **2007 Work RVU:** 12.21 **2017 Work RVU:** 10.70 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 8.32 **2017 Fac PE RVU:** 8.78 **Result:** Maintain

**RUC Recommendation:** 12.42 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**28740** Arthrodesis, midtarsal or tarsometatarsal, single joint

**Global:** 090

**Issue:** Arthrodesis

**Screen:** Site of Service Anomaly (99238-Only)

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing**  
**Recommendation:** AAOS

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 3,314

**2007 Work RVU:** 9.09

**2017 Work RVU:** 9.29

**2007 NF PE RVU:** 10.89

**2017 NF PE RVU:** 13.89

**2007 Fac PE RVU** 6.37

**2017 Fac PE RVU:**7.41

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**28825** Amputation, toe; interphalangeal joint

**Global:** 090

**Issue:** Partial Amputation of Toe

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2011

**Tab** 21

**Specialty Developing**  
**Recommendation:** AOFAS, ACS, APMA, AAOS, SVS

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 12,727

**2007 Work RVU:** 3.71

**2017 Work RVU:** 5.37

**2007 NF PE RVU:** 7.04

**2017 NF PE RVU:** 9.51

**2007 Fac PE RVU** 3.4

**2017 Fac PE RVU:**4.64

**Result:** Increase

**RUC Recommendation:** 6.01

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**29075** Application, cast; elbow to finger (short arm)

**Global:** 000

**Issue:** Application of Forearm Cast

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2011

**Tab** 16

**Specialty Developing**  
**Recommendation:** AAOS, ASSH

**First**  
**Identified:** April 2011

**2015**  
**Medicare**  
**Utilization:** 71,689

**2007 Work RVU:** 0.77

**2017 Work RVU:** 0.77

**2007 NF PE RVU:** 1.25

**2017 NF PE RVU:** 1.58

**2007 Fac PE RVU** 0.68

**2017 Fac PE RVU:**0.89

**Result:** Maintain

**RUC Recommendation:** 0.77

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**29105** Application of long arm splint (shoulder to hand)

**Global:** 000

**Issue:**

**Screen:** CMS 000-Day Global Typically Reported with an E/M

**Complete?** No

**Most Recent**  
**RUC Meeting:**

**Tab**

**Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** July 2016

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.87

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.51

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.71

**Result:**

**RUC Recommendation:**

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>29200</b>	<b>Strapping; thorax</b>		<b>Global:</b> 000	<b>Issue:</b> Strapping Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes	
<b>Most Recent</b>	<b>Tab</b> 35	<b>Specialty Developing</b>	APTA	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 18,218	<b>2007 Work RVU:</b> 0.65	<b>2017 Work RVU:</b> 0.39
<b>RUC Meeting:</b>	January 2014	<b>Recommendation:</b>				<b>2007 NF PE RVU:</b> 0.69	<b>2017 NF PE RVU:</b> 0.44
<b>RUC Recommendation:</b>	0.39			<b>Referred to CPT</b>		<b>2007 Fac PE RVU</b> 0.34	<b>2017 Fac PE RVU:</b> 0.11
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

<b>29220</b>	<b>Deleted from CPT</b>		<b>Global:</b> 000	<b>Issue:</b> Strapping; low back	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes	
<b>Most Recent</b>	<b>Tab</b> 57	<b>Specialty Developing</b>	AAFP	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.64	<b>2017 Work RVU:</b>
<b>RUC Meeting:</b>	April 2008	<b>Recommendation:</b>				<b>2007 NF PE RVU:</b> 0.69	<b>2017 NF PE RVU:</b>
<b>RUC Recommendation:</b>	Deleted from CPT			<b>Referred to CPT</b> October 2008		<b>2007 Fac PE RVU</b> 0.38	<b>2017 Fac PE RVU:</b>
				<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Deleted from CPT, no further action necessary	<b>Result:</b> Deleted from CPT	

<b>29240</b>	<b>Strapping; shoulder (eg, Velpeau)</b>		<b>Global:</b> 000	<b>Issue:</b> Strapping Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes	
<b>Most Recent</b>	<b>Tab</b> 35	<b>Specialty Developing</b>	APTA	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 28,466	<b>2007 Work RVU:</b> 0.71	<b>2017 Work RVU:</b> 0.39
<b>RUC Meeting:</b>	January 2014	<b>Recommendation:</b>				<b>2007 NF PE RVU:</b> 0.81	<b>2017 NF PE RVU:</b> 0.40
<b>RUC Recommendation:</b>	0.39			<b>Referred to CPT</b>		<b>2007 Fac PE RVU</b> 0.37	<b>2017 Fac PE RVU:</b> 0.11
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

<b>29260</b>	<b>Strapping; elbow or wrist</b>		<b>Global:</b> 000	<b>Issue:</b> Strapping Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes	
<b>Most Recent</b>	<b>Tab</b> 35	<b>Specialty Developing</b>	APTA	<b>First Identified:</b> October 2013	<b>2015 Medicare Utilization:</b> 7,324	<b>2007 Work RVU:</b> 0.55	<b>2017 Work RVU:</b> 0.39
<b>RUC Meeting:</b>	January 2014	<b>Recommendation:</b>				<b>2007 NF PE RVU:</b> 0.72	<b>2017 NF PE RVU:</b> 0.39
<b>RUC Recommendation:</b>	0.39			<b>Referred to CPT</b>		<b>2007 Fac PE RVU</b> 0.33	<b>2017 Fac PE RVU:</b> 0.13
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

## 29280 Strapping; hand or finger

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab 35

Specialty Developing  
Recommendation: APTA

First  
Identified: October 2013

2015  
Medicare  
Utilization: 6,218

2007 Work RVU: 0.51

2017 Work RVU: 0.39

2007 NF PE RVU: 0.77

2017 NF PE RVU: 0.40

2007 Fac PE RVU 0.33

2017 Fac PE RVU:0.14

Result: Decrease

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

## 29445 Application of rigid total contact leg cast

Global: 000

Issue: Application of Rigid Leg  
Cast

Screen: High Volume Growth3

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 17

Specialty Developing  
Recommendation: AAOS,  
AHKNS,  
AOFAS,  
AOA, NASS

First  
Identified: October 2015

2015  
Medicare  
Utilization: 37,212

2007 Work RVU: 1.78

2017 Work RVU: 1.78

2007 NF PE RVU: 1.76

2017 NF PE RVU: 1.86

2007 Fac PE RVU 0.96

2017 Fac PE RVU:1.01

Result: Maintain

RUC Recommendation: 1.78

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

## 29520 Strapping; hip

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab 35

Specialty Developing  
Recommendation: APTA

First  
Identified: April 2013

2015  
Medicare  
Utilization: 21,637

2007 Work RVU: 0.54

2017 Work RVU: 0.39

2007 NF PE RVU: 0.81

2017 NF PE RVU: 0.48

2007 Fac PE RVU 0.45

2017 Fac PE RVU:0.12

Result: Decrease

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

## 29530 Strapping; knee

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab 35

Specialty Developing  
Recommendation: APTA

First  
Identified: April 2013

2015  
Medicare  
Utilization: 47,196

2007 Work RVU: 0.57

2017 Work RVU: 0.39

2007 NF PE RVU: 0.75

2017 NF PE RVU: 0.40

2007 Fac PE RVU 0.34

2017 Fac PE RVU:0.11

Result: Decrease

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**29540** Strapping; ankle and/or foot **Global:** 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2015 Medicare Utilization:** 257,803 **2007 Work RVU:** 0.51 **2017 Work RVU:** 0.39  
**2007 NF PE RVU:** 0.45 **2017 NF PE RVU:** 0.32  
**2007 Fac PE RVU:** 0.31 **2017 Fac PE RVU:** 0.10  
**Result:** Decrease

**RUC Recommendation:** 0.39 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**29550** Strapping; toes **Global:** 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 63,215 **2007 Work RVU:** 0.47 **2017 Work RVU:** 0.25  
**2007 NF PE RVU:** 0.46 **2017 NF PE RVU:** 0.27  
**2007 Fac PE RVU:** 0.29 **2017 Fac PE RVU:** 0.06  
**Result:** Decrease

**RUC Recommendation:** 0.25 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**29580** Strapping; Unna boot **Global:** 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2015 Medicare Utilization:** 309,898 **2007 Work RVU:** 0.55 **2017 Work RVU:** 0.55  
**2007 NF PE RVU:** 0.67 **2017 NF PE RVU:** 0.87  
**2007 Fac PE RVU:** 0.35 **2017 Fac PE RVU:** 0.40  
**Result:** Maintain

**RUC Recommendation:** 0.55 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	Global: 000	Issue: Strapping Multi Layer Compression	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2016	Tab 13	Specialty Developing Recommendation: ACS, APMA, SVS	First Identified: July 2015	2015 Medicare Utilization: 152,116	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2017 Work RVU: 0.25 2017 NF PE RVU: 1.51 2017 Fac PE RVU:0.11
RUC Recommendation: 0.60			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Global: 000	Issue: New Technology Review	Screen: New Technology/New Services	Complete? Yes	
Most Recent RUC Meeting: October 2015	Tab 21	Specialty Developing Recommendation: APTA	First Identified: October 2015	2015 Medicare Utilization: 5,729	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Deleted from CPT	2017 Work RVU: 0.35 2017 NF PE RVU: 1.64 2017 Fac PE RVU:0.09
RUC Recommendation: Deleted form CPT			Referred to CPT September 2016 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Aug 2016		
29583	Application of multi-layer compression system; upper arm and forearm	Global: 000	Issue: New Technology Review	Screen: New Technology/New Services	Complete? Yes	
Most Recent RUC Meeting: October 2015	Tab 21	Specialty Developing Recommendation: APTA	First Identified: October 2015	2015 Medicare Utilization: 379	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Deleted from CPT	2017 Work RVU: 0.25 2017 NF PE RVU: 0.99 2017 Fac PE RVU:0.06
RUC Recommendation: Deleted form CPT			Referred to CPT September 2016 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Aug 2016		
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Global: 000	Issue: New Technology Review	Screen: New Technology/New Services	Complete? No	
Most Recent RUC Meeting: October 2015	Tab 21	Specialty Developing Recommendation: APTA	First Identified: October 2015	2015 Medicare Utilization: 1,403	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2017 Work RVU: 0.35 2017 NF PE RVU: 1.64 2017 Fac PE RVU:0.09
RUC Recommendation: Develop CPT Assistant Article			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Aug 2016		

# Status Report: CMS Requests and Relativity Assessment Issues

## 29590 Denis-Browne splint strapping

Global: 000

Issue: Dennis-Browne splint revision

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 07

Specialty Developing Recommendation: APMA

First Identified: February 2010

2015 Medicare Utilization:

2007 Work RVU: 0.76

2017 Work RVU:

2007 NF PE RVU: 0.54

2017 NF PE RVU:

2007 Fac PE RVU 0.29

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Refer to CPT for deletion

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## 29805 Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)

Global: 090

Issue: Arthroscopy

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 51

Specialty Developing Recommendation: AAOS

First Identified: NA

2015 Medicare Utilization: 688

2007 Work RVU: 5.94

2017 Work RVU: 6.03

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 5.44

2017 Fac PE RVU:6.31

Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 29822 Arthroscopy, shoulder, surgical; debridement, limited

Global: 090

Issue: Arthroscopy

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 26

Specialty Developing Recommendation: AAOS

First Identified: October 2008

2015 Medicare Utilization: 15,734

2007 Work RVU: 7.49

2017 Work RVU: 7.60

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 6.43

2017 Fac PE RVU:7.41

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 29823 Arthroscopy, shoulder, surgical; debridement, extensive

Global: 090

Issue:

Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million

Complete? Yes

Most Recent RUC Meeting: October 2012

Tab 27

Specialty Developing Recommendation: AAOS

First Identified: October 2012

2015 Medicare Utilization: 27,638

2007 Work RVU: 8.24

2017 Work RVU: 8.36

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 6.94

2017 Fac PE RVU:8.02

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

<b>29824</b>	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 40,108	<b>2007 Work RVU:</b> 8.82 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.3 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 8.98 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 8.68
<b>RUC Recommendation:</b> 8.82		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>29826</b>	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> RAW	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 78,234	<b>2007 Work RVU:</b> 9.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.21 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 3.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.51
<b>RUC Recommendation:</b> 3.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>29827</b>	Arthroscopy, shoulder, surgical; with rotator cuff repair	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 62,185	<b>2007 Work RVU:</b> 15.44 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.01 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 15.59 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 12.22
<b>RUC Recommendation:</b> 15.59. Maintain work RVU and adjust the times from pre-time package 3.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

**29828** Arthroscopy, shoulder, surgical; biceps tenodesis

**Global:** 090 **Issue:** RAW

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing Recommendation:** AAOS

**First Identified:** February 2010

**2015 Medicare Utilization:** 12,845

**2007 Work RVU:**

**2017 Work RVU:** 13.16

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**10.81

**RUC Recommendation:** 13.16

**Referred to CPT**

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

**Result:** Maintain

**29830** Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)

**Global:** 090 **Issue:** Arthroscopy

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 51

**Specialty Developing Recommendation:** AAOS

**First Identified:** NA

**2015 Medicare Utilization:** 153

**2007 Work RVU:** 5.80

**2017 Work RVU:** 5.88

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 5.14

**2017 Fac PE RVU:**6.11

**RUC Recommendation:** No NF PE inputs

**Referred to CPT**

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

**Result:** PE Only

**29840** Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)

**Global:** 090 **Issue:** Arthroscopy

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 51

**Specialty Developing Recommendation:** AAOS

**First Identified:** NA

**2015 Medicare Utilization:** 109

**2007 Work RVU:** 5.59

**2017 Work RVU:** 5.68

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 5.16

**2017 Fac PE RVU:**6.21

**RUC Recommendation:** No NF PE inputs

**Referred to CPT**

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

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>29870</b>	<b>Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> Arthroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 1,345	<b>2007 Work RVU:</b> 5.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.72 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE non-facility inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 5.19 <b>2017 NF PE RVU:</b> 10.44 <b>2017 Fac PE RVU:</b> 5.59

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<b>29888</b>	<b>Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction</b>	<b>Global:</b> 090	<b>Issue:</b> ACL Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,382	<b>2007 Work RVU:</b> 14.14 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.75 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 14.14			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 14.30 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 11.30

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<b>29900</b>	<b>Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy</b>	<b>Global:</b> 090	<b>Issue:</b> Arthroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 51	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> 5.74 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.6 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> No NF PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 5.88 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 5.79

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>30140</b>	<b>Submucous resection inferior turbinate, partial or complete, any method</b>	<b>Global:</b> 000	<b>Issue:</b> Resection of Inferior Turbinate	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 36,907	<b>2007 Work RVU:</b> 3.48 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.29 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 3.57 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 8.37
<b>30465</b>	<b>Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)</b>	<b>Global:</b> 090	<b>Issue:</b> Repair Nasal Stenosis	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,580	<b>2007 Work RVU:</b> 12.20 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.58 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 12.36 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 13.63
<b>30901</b>	<b>Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method</b>	<b>Global:</b> 000	<b>Issue:</b> Control Nasal Hemorrhage	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 101,557	<b>2007 Work RVU:</b> 1.21 <b>2007 NF PE RVU:</b> 1.32 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.10 <b>2017 NF PE RVU:</b> 1.44 <b>2017 Fac PE RVU:</b> 0.37

## Status Report: CMS Requests and Relativity Assessment Issues

**30903** Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2015 Medicare Utilization:** 49,497 **2007 Work RVU:** 1.54 **2017 Work RVU:** 1.54 **2007 NF PE RVU:** 2.8 **2017 NF PE RVU:** 4.50 **2007 Fac PE RVU:** 0.47 **2017 Fac PE RVU:** 0.55 **RUC Recommendation:** 1.54 **Result:** Maintain

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

**30905** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2015 Medicare Utilization:** 6,317 **2007 Work RVU:** 1.97 **2017 Work RVU:** 1.97 **2007 NF PE RVU:** 3.57 **2017 NF PE RVU:** 5.44 **2007 Fac PE RVU:** 0.69 **2017 Fac PE RVU:** 0.80 **RUC Recommendation:** 1.97 **Result:** Maintain

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

**30906** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2015 Medicare Utilization:** 993 **2007 Work RVU:** 2.45 **2017 Work RVU:** 2.45 **2007 NF PE RVU:** 3.91 **2017 NF PE RVU:** 7.04 **2007 Fac PE RVU:** 1.07 **2017 Fac PE RVU:** 1.13 **RUC Recommendation:** 2.45 **Result:** Maintain

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

**31231** Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure) **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2015 Medicare Utilization:** 527,955 **2007 Work RVU:** 1.10 **2017 Work RVU:** 1.10 **2007 NF PE RVU:** 3.37 **2017 NF PE RVU:** 4.67 **2007 Fac PE RVU:** 0.84 **2017 Fac PE RVU:** 0.61 **RUC Recommendation:** 1.10 **Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**31237** Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure) **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2011 **2015 Medicare Utilization:** 113,805 **2007 Work RVU:** 2.98 **2017 Work RVU:** 2.60 **2007 NF PE RVU:** 5.03 **2017 NF PE RVU:** 4.35 **2007 Fac PE RVU:** 1.72 **2017 Fac PE RVU:** 1.64 **Result:** Decrease

**RUC Recommendation:** 2.60

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

**31238** Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2015 Medicare Utilization:** 27,954 **2007 Work RVU:** 3.26 **2017 Work RVU:** 2.74 **2007 NF PE RVU:** 5.04 **2017 NF PE RVU:** 4.18 **2007 Fac PE RVU:** 1.9 **2017 Fac PE RVU:** 1.70 **Result:** Decrease

**RUC Recommendation:** 2.74

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

**31239** Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy **Global:** 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2015 Medicare Utilization:** 1,271 **2007 Work RVU:** 9.23 **2017 Work RVU:** 9.04 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 7.59 **2017 Fac PE RVU:** 7.60 **Result:** Decrease

**RUC Recommendation:** 9.04

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

**31240** Nasal/sinus endoscopy, surgical; with concha bullosa resection **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2015 Medicare Utilization:** 5,082 **2007 Work RVU:** 2.61 **2017 Work RVU:** 2.61 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 1.59 **2017 Fac PE RVU:** 1.61 **Result:** Maintain

**RUC Recommendation:** 2.61

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

## Status Report: CMS Requests and Relativity Assessment Issues

**31254** Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior) **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2015 Medicare Utilization:** 10,745

**2007 Work RVU:** 4.64

**2017 Work RVU:** 4.64

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 2.57

**2017 Fac PE RVU:** 2.51

**Result:** Decrease

**RUC Recommendation:** 4.27

**Referred to CPT** September 2016

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

**31255** Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior) **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More- Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2015 Medicare Utilization:** 30,928

**2007 Work RVU:** 6.95

**2017 Work RVU:** 6.95

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.69

**2017 Fac PE RVU:** 3.51

**Result:** Decrease

**RUC Recommendation:** 5.75

**Referred to CPT** September 2016

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

**31256** Nasal/sinus endoscopy, surgical, with maxillary antrostomy; **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2015 Medicare Utilization:** 16,055

**2007 Work RVU:** 3.29

**2017 Work RVU:** 3.29

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 1.92

**2017 Fac PE RVU:** 1.90

**Result:** Decrease

**RUC Recommendation:** 3.11

**Referred to CPT** September 2016

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>31267</b>	<b>Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2015 Medicare Utilization:** 26,580

**2007 Work RVU:** 5.45

**2017 Work RVU:** 5.45

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.96

**2017 Fac PE RVU:**2.85

**Result:** Decrease

**RUC Recommendation:** 4.68

**Referred to CPT** September 2016

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

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<b>31276</b>	<b>Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More- Part3 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2015 Medicare Utilization:** 22,249

**2007 Work RVU:** 8.84

**2017 Work RVU:** 8.84

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 4.58

**2017 Fac PE RVU:**4.34

**Result:** Decrease

**RUC Recommendation:** 6.75

**Referred to CPT** September 2016

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

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<b>31287</b>	<b>Nasal/sinus endoscopy, surgical, with sphenoidotomy;</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More- Part3 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2015 Medicare Utilization:** 8,929

**2007 Work RVU:** 3.91

**2017 Work RVU:** 3.91

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.22

**2017 Fac PE RVU:**2.17

**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT** September 2016

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

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## Status Report: CMS Requests and Relativity Assessment Issues

**31288** Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2015 Medicare Utilization:** 9,983

**2007 Work RVU:** 4.57

**2017 Work RVU:** 4.57

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 2.54

**2017 Fac PE RVU:** 2.47

**Result:** Decrease

**RUC Recommendation:** 4.10

**Referred to CPT** September 2016

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

**31295** Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa

**Global:** 000

**Issue:** Nasal/Sinus Endoscopy

**Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2015 Medicare Utilization:** 26,482

**2007 Work RVU:**

**2017 Work RVU:** 2.70

**2007 NF PE RVU:**

**2017 NF PE RVU:** 54.22

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 1.60

**Result:** Maintain

**RUC Recommendation:** 2.70

**Referred to CPT**

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

**31296** Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

**Global:** 000

**Issue:** Nasal/Sinus Endoscopy

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2015 Medicare Utilization:** 26,168

**2007 Work RVU:**

**2017 Work RVU:** 3.29

**2007 NF PE RVU:**

**2017 NF PE RVU:** 54.70

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 1.86

**Result:** Decrease

**RUC Recommendation:** 3.10

**Referred to CPT** September 2016

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



## Status Report: CMS Requests and Relativity Assessment Issues

<b>31297</b>	<b>Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b> 16,988	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 2.64 <b>2017 NF PE RVU:</b> 54.38 <b>2017 Fac PE RVU:</b> 1.58
<b>RUC Recommendation:</b> 2.44		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>31500</b>	<b>Intubation, endotracheal, emergency procedure</b>	<b>Global:</b> 000	<b>Issue:</b> Endotracheal Intubation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> ACEP, ASA	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 281,205	<b>2007 Work RVU:</b> 2.33 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Increase	<b>2017 Work RVU:</b> 3.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 0.71
<b>RUC Recommendation:</b> 3.00 and Refer to CPT Assistant		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Oct 2016		
<hr/>					
<b>31551</b>	<b>Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age</b>	<b>Global:</b> 090	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 21.50 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 16.35
<b>RUC Recommendation:</b> 21.50		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**31552** Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older      **Global:** 080      **Issue:** Laryngoplasty      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 09      **Specialty Developing Recommendation:** AAOHNS      **First Identified:** October 2015      **2015 Medicare Utilization:**      **2007 Work RVU:**      **2017 Work RVU:** 20.50  
**2007 NF PE RVU:**      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU**      **2017 Fac PE RVU:**17.94  
**Result:** Decrease

**RUC Recommendation:** 20.50      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31553** Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age      **Global:** 090      **Issue:** Laryngoplasty      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 09      **Specialty Developing Recommendation:** AAOHNS      **First Identified:** October 2015      **2015 Medicare Utilization:**      **2007 Work RVU:**      **2017 Work RVU:** 22.00  
**2007 NF PE RVU:**      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU**      **2017 Fac PE RVU:**19.95  
**Result:** Decrease

**RUC Recommendation:** 22.00      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31554** Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older      **Global:** 090      **Issue:** Laryngoplasty      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 09      **Specialty Developing Recommendation:** AAOHNS      **First Identified:** October 2015      **2015 Medicare Utilization:**      **2007 Work RVU:**      **2017 Work RVU:** 22.00  
**2007 NF PE RVU:**      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU**      **2017 Fac PE RVU:**22.33  
**Result:** Decrease

**RUC Recommendation:** 22.00      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31571** Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope      **Global:** 000      **Issue:** Laryngoscopy      **Screen:** Site of Service Anomaly (99238-Only)      **Complete?** Yes

**Most Recent RUC Meeting:** September 2007      **Tab** 16      **Specialty Developing Recommendation:** AAO-HNS      **First Identified:** September 2007      **2015 Medicare Utilization:** 5,109      **2007 Work RVU:** 4.26      **2017 Work RVU:** 4.26  
**2007 NF PE RVU:** NA      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 2.36      **2017 Fac PE RVU:**2.33  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

31575 Laryngoscopy, flexible; diagnostic				Global: 000	Issue:	Screen: MPC List / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 08	Specialty Developing Recommendation:	AAO-HNS	First Identified: October 2010	2015 Medicare Utilization: 632,339	2007 Work RVU: 1.10 2007 NF PE RVU: 1.82 2007 Fac PE RVU 0.84 Result: Decrease	2017 Work RVU: 0.94 2017 NF PE RVU: 2.16 2017 Fac PE RVU:0.87
RUC Recommendation: 1.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
31579 Laryngoscopy, flexible or rigid telescopic, with stroboscopy				Global: 000	Issue: Laryngoscopy	Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 08	Specialty Developing Recommendation:	AAO-HNS	First Identified: October 2008	2015 Medicare Utilization: 70,560	2007 Work RVU: 2.26 2007 NF PE RVU: 3.5 2007 Fac PE RVU 1.37 Result: Decrease	2017 Work RVU: 1.88 2017 NF PE RVU: 2.90 2017 Fac PE RVU:1.30
RUC Recommendation: 1.94				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
31580 Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion				Global: 090	Issue: Laryngoplasty	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 09	Specialty Developing Recommendation:	AAO-HNS	First Identified: April 2014	2015 Medicare Utilization: 32	2007 Work RVU: 14.46 2007 NF PE RVU: NA 2007 Fac PE RVU 15.31 Result: Decrease	2017 Work RVU: 14.60 2017 NF PE RVU: NA 2017 Fac PE RVU:19.00
RUC Recommendation: 14.60				Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

# Status Report: CMS Requests and Relativity Assessment Issues

**31582** Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab** 09 **Specialty Developing** AAO-HNS  
**RUC Meeting:** January 2015 **Recommendation:**

**First Identified:** April 2014 **2015 Medicare Utilization:** 21

**2007 Work RVU:** 22.87 **2017 Work RVU:**  
**2007 NF PE RVU:** NA **2017 NF PE RVU:**  
**2007 Fac PE RVU** 24.48 **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31584** Laryngoplasty; with open reduction and fixation of (eg, plating) of fracture, includes tracheostomy, if performed

**Global:** 090 **Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab** 09 **Specialty Developing** AAO-HNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First Identified:** April 2014 **2015 Medicare Utilization:** 20

**2007 Work RVU:** 20.35 **2017 Work RVU:** 17.58  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 17.19 **2017 Fac PE RVU:**19.55  
**Result:** Decrease

**RUC Recommendation:** 20.00

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31587** Laryngoplasty, cricoid split, without graft placement

**Global:** 090 **Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab** 09 **Specialty Developing** AAO-HNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First Identified:** April 2014 **2015 Medicare Utilization:** 16

**2007 Work RVU:** 15.12 **2017 Work RVU:** 15.27  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 8.96 **2017 Fac PE RVU:**15.63  
**Result:** Decrease

**RUC Recommendation:** 15.27

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31588** Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)

**Global:** 090 **Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab** 09 **Specialty Developing** AAO-HNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First Identified:** January 2014 **2015 Medicare Utilization:** 1,170

**2007 Work RVU:** 14.62 **2017 Work RVU:**  
**2007 NF PE RVU:** NA **2017 NF PE RVU:**  
**2007 Fac PE RVU** 13.07 **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**31591** Laryngoplasty, medialization, unilateral

**Global:** 090

**Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09

**Specialty Developing Recommendation:** AAOHNS

**First Identified:** October 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 13.56

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**14.44

**Result:** Decrease

**RUC Recommendation:** 15.60

**Referred to CPT** October 2015

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

**31592** Cricotracheal resection

**Global:** 090

**Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09

**Specialty Developing Recommendation:** AAOHNS

**First Identified:** October 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 25.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**19.94

**Result:** Decrease

**RUC Recommendation:** 25.00

**Referred to CPT** October 2015

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

**31600** Tracheostomy, planned (separate procedure);

**Global:** 000

**Issue:** Tracheostomy

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 21

**Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2015 Medicare Utilization:** 30,973

**2007 Work RVU:** 7.17

**2017 Work RVU:** 7.17

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.95

**2017 Fac PE RVU:**2.94

**Result:** Increase

**RUC Recommendation:** 5.56

**Referred to CPT**

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

**31601** Tracheostomy, planned (separate procedure); younger than 2 years

**Global:** 000

**Issue:** Tracheostomy

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 21

**Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2015 Medicare Utilization:** 2

**2007 Work RVU:** 4.44

**2017 Work RVU:** 4.44

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.21

**2017 Fac PE RVU:**1.32

**Result:** Increase

**RUC Recommendation:** 8.00

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31603</b>	Tracheostomy, emergency procedure; transtracheal			Global: 000	Issue: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 21	Specialty Developing Recommendation:	AAOHNS	First Identified: July 2015	2015 Medicare Utilization: 1,091	2007 Work RVU: 4.14 2007 NF PE RVU: NA 2007 Fac PE RVU 1.57 Result: Increase	2017 Work RVU: 4.14 2017 NF PE RVU: NA 2017 Fac PE RVU:1.59
RUC Recommendation: 6.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

<b>31605</b>	Tracheostomy, emergency procedure; cricothyroid membrane			Global: 000	Issue: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 21	Specialty Developing Recommendation:	AAOHNS	First Identified: July 2015	2015 Medicare Utilization: 355	2007 Work RVU: 3.57 2007 NF PE RVU: NA 2007 Fac PE RVU 1.1 Result: Increase	2017 Work RVU: 3.57 2017 NF PE RVU: NA 2017 Fac PE RVU:1.11
RUC Recommendation: 6.45				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

<b>31610</b>	Tracheostomy, fenestration procedure with skin flaps			Global: 090	Issue: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2016	Tab 15	Specialty Developing Recommendation:	AAOHNS, ACS	First Identified: July 2015	2015 Medicare Utilization: 1,782	2007 Work RVU: 9.29 2007 NF PE RVU: NA 2007 Fac PE RVU 7.99 Result: Increase	2017 Work RVU: 9.38 2017 NF PE RVU: NA 2017 Fac PE RVU:9.57
RUC Recommendation: 12.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

<b>31611</b>	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)			Global: 090	Issue: Speech Prosthesis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab S	Specialty Developing Recommendation:	AAO-HNS	First Identified: September 2007	2015 Medicare Utilization: 860	2007 Work RVU: 5.92 2007 NF PE RVU: NA 2007 Fac PE RVU 6.92 Result: PE Only	2017 Work RVU: 6.00 2017 NF PE RVU: NA 2017 Fac PE RVU:8.46
RUC Recommendation: Reduce 99238 to 0.5				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31620</b>	<b>Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 29,515	<b>2007 Work RVU:</b> 1.40 <b>2007 NF PE RVU:</b> 5.73 <b>2007 Fac PE RVU:</b> 0.5 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>31622</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Bronchial Aspiration of Tracheobronchial Tree	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 65,213	<b>2007 Work RVU:</b> 2.78 <b>2007 NF PE RVU:</b> 5.55 <b>2007 Fac PE RVU:</b> 1.02 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 2.53 <b>2017 NF PE RVU:</b> 4.05 <b>2017 Fac PE RVU:</b> 1.00
<b>RUC Recommendation:</b> 2.78		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>31623</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings</b>	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2016	<b>2015 Medicare Utilization:</b> 30,323	<b>2007 Work RVU:</b> 2.88 <b>2007 NF PE RVU:</b> 6.32 <b>2007 Fac PE RVU:</b> 1.02 <b>Result:</b>	<b>2017 Work RVU:</b> 2.63 <b>2017 NF PE RVU:</b> 4.85 <b>2017 Fac PE RVU:</b> 1.02
<b>RUC Recommendation:</b> Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>31625</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 22,390	<b>2007 Work RVU:</b> 3.36 <b>2007 NF PE RVU:</b> 5.73 <b>2007 Fac PE RVU:</b> 1.17 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 3.11 <b>2017 NF PE RVU:</b> 6.04 <b>2017 Fac PE RVU:</b> 1.14
<b>RUC Recommendation:</b> 3.36		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>31626</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 05</b> <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 2,419	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> 3.91 <b>2017 NF PE RVU:</b> 19.57 <b>2017 Fac PE RVU:</b> 1.41
<b>RUC Recommendation:</b> 4.16		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

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<b>31628</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 05</b> <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 35,060	<b>2007 Work RVU:</b> 3.80 <b>2007 NF PE RVU:</b> 7.02 <b>2007 Fac PE RVU</b> 1.26	<b>2017 Work RVU:</b> 3.55 <b>2017 NF PE RVU:</b> 6.17 <b>2017 Fac PE RVU:</b> 1.26
<b>RUC Recommendation:</b> 3.80		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

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<b>31629</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 05</b> <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 32,070	<b>2007 Work RVU:</b> 4.09 <b>2007 NF PE RVU:</b> 13.7 <b>2007 Fac PE RVU</b> 1.35	<b>2017 Work RVU:</b> 3.75 <b>2017 NF PE RVU:</b> 8.27 <b>2017 Fac PE RVU:</b> 1.33
<b>RUC Recommendation:</b> 4.00		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>31632</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 3,677	<b>2007 Work RVU:</b> 1.03 <b>2007 NF PE RVU:</b> 0.83 <b>2007 Fac PE RVU:</b> 0.3 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.03 <b>2017 NF PE RVU:</b> 0.73 <b>2017 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 1.03		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>31633</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 11,909	<b>2007 Work RVU:</b> 1.32 <b>2007 NF PE RVU:</b> 0.94 <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.32 <b>2017 NF PE RVU:</b> 0.86 <b>2017 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> 1.32		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>31645</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)</b>	<b>Global:</b> 000	<b>Issue:</b> Bronchial Aspiration of Tracheobronchial Tree	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 32,534	<b>2007 Work RVU:</b> 3.16 <b>2007 NF PE RVU:</b> 5.05 <b>2007 Fac PE RVU:</b> 1.09 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 2.91 <b>2017 NF PE RVU:</b> 4.08 <b>2017 Fac PE RVU:</b> 1.14
<b>RUC Recommendation:</b> 2.88		<b>Referred to CPT</b> May 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31646</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent</b>	<b>Global:</b> 000	<b>Issue:</b> Bronchial Aspiration of Tracheobronchial Tree	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 4,352	<b>2007 Work RVU:</b> 2.72 <b>2007 NF PE RVU:</b> 4.76 <b>2007 Fac PE RVU</b> 0.97 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 2.47 <b>2017 NF PE RVU:</b> 3.84 <b>2017 Fac PE RVU:</b> 0.99
<b>RUC Recommendation:</b> 2.78		<b>Referred to CPT</b> May 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31652</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ATS, ACCP	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 4.46 <b>2017 NF PE RVU:</b> 18.61 <b>2017 Fac PE RVU:</b> 1.55
<b>RUC Recommendation:</b> 5.00		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31653</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ATS, ACCP	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 4.96 <b>2017 NF PE RVU:</b> 19.43 <b>2017 Fac PE RVU:</b> 1.69
<b>RUC Recommendation:</b> 5.50		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**31654** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s]) **Global:** ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 05 Specialty Developing Recommendation:** ATS, ACCP

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 1.40  
**2017 NF PE RVU:** 2.06  
**2017 Fac PE RVU:** 0.43

**RUC Recommendation:** 1.70

**Referred to CPT** October 2014

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

**31XX1**

**Global:** **Issue:** Nasal/Sinus Endoscopy

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:**  
**2017 NF PE RVU:**  
**2017 Fac PE RVU:**

**RUC Recommendation:** 8.51

**Referred to CPT** September 2016

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

**31XX2**

**Global:** **Issue:** Nasal/Sinus Endoscopy

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:**  
**2017 NF PE RVU:**  
**2017 Fac PE RVU:**

**RUC Recommendation:** 9.00

**Referred to CPT** September 2016

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

## Status Report: CMS Requests and Relativity Assessment Issues

**31XX3**

**Global:**

**Issue:** Nasal/Sinus Endoscopy

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2017

**Tab** 07

**Specialty Developing  
Recommendation:** AAOHNS

**First  
Identified:** April 2015

**2015  
Medicare  
Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**RUC Recommendation:** 8.00

**Referred to CPT** September 2016

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

**Result:** Decrease

**31XX4**

**Global:**

**Issue:** Nasal/Sinus Endoscopy

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2017

**Tab** 07

**Specialty Developing  
Recommendation:** AAOHNS

**First  
Identified:** April 2015

**2015  
Medicare  
Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**RUC Recommendation:** 8.48

**Referred to CPT** September 2016

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

**Result:** Decrease

**31XX5**

**Global:**

**Issue:** Nasal/Sinus Endoscopy

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2017

**Tab** 07

**Specialty Developing  
Recommendation:** AAOHNS

**First  
Identified:** April 2015

**2015  
Medicare  
Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**RUC Recommendation:** 4.50

**Referred to CPT** September 2016

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>32201</b>	<b>Pneumonostomy; with percutaneous drainage of abscess or cyst</b>	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 3.99

**2017 Work RVU:**

**2007 NF PE RVU:** 20.21

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.26

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

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**32420** **Pneumocentesis, puncture of lung for aspiration**

**Global:** 000

**Issue:** Thoracentesis with Tube Insertion

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 17

**Specialty Developing Recommendation:**

ACCP, ACR, ATS, SIR, SCCM, STS

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 2.18

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.66

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

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**32421** **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

**Global:** 000

**Issue:** Thoracentesis with Tube Insertion

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 17

**Specialty Developing Recommendation:**

ACCP, ACR, ATS, SIR, SCCM, STS

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

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# Status Report: CMS Requests and Relativity Assessment Issues

**32422** Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure) **Global:** 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab 17** **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** **2007 NF PE RVU:** **2017 NF PE RVU:** **2007 Fac PE RVU** **2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**32440** Removal of lung, pneumonectomy; **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab 34** **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2015 Medicare Utilization:** 435 **2007 Work RVU:** 27.17 **2017 Work RVU:** 27.28 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU** 12.44 **2017 Fac PE RVU:** 11.77

**RUC Recommendation:** No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from screen

**32480** Removal of lung, other than pneumonectomy; single lobe (lobectomy) **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab 34** **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2015 Medicare Utilization:** 7,095 **2007 Work RVU:** 25.71 **2017 Work RVU:** 25.82 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU** 11.63 **2017 Fac PE RVU:** 11.06

**RUC Recommendation:** No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

<b>32482</b>	<b>Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> November 2011	<b>2015 Medicare Utilization:</b> 527	<b>2007 Work RVU:</b> 27.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.48 <b>2017 Work RVU:</b> 27.44 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 12.08
<b>RUC Recommendation:</b> No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.		<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>32491</b>	<b>Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> November 2011	<b>2015 Medicare Utilization:</b> 29	<b>2007 Work RVU:</b> 25.09 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.13 <b>2017 Work RVU:</b> 25.24 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 11.54
<b>RUC Recommendation:</b> Request further information from CMS		<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>32551</b>	<b>Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Thoracostomy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 37,559	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2017 Work RVU:</b> 3.04 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.01
<b>RUC Recommendation:</b> 3.50		<b>Referred to CPT</b> February 2012		<b>Result:</b> Increase	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**32554** Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 04

**Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR

**First Identified:**

**2015 Medicare Utilization:** 19,776

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 1.82  
**2017 NF PE RVU:** 3.73  
**2017 Fac PE RVU:** 0.58

**RUC Recommendation:** 1.82

**Referred to CPT** February 2012

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

**32555** Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 04

**Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR

**First Identified:**

**2015 Medicare Utilization:** 207,440

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 2.27  
**2017 NF PE RVU:** 5.78  
**2017 Fac PE RVU:** 0.79

**RUC Recommendation:** 2.27

**Referred to CPT** February 2012

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

**32556** Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 04

**Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR

**First Identified:**

**2015 Medicare Utilization:** 3,715

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 2.50  
**2017 NF PE RVU:** 12.93  
**2017 Fac PE RVU:** 0.78

**RUC Recommendation:** 2.50

**Referred to CPT** February 2012

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

**32557** Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 04

**Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR

**First Identified:**

**2015 Medicare Utilization:** 35,753

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 3.12  
**2017 NF PE RVU:** 11.13  
**2017 Fac PE RVU:** 1.04

**RUC Recommendation:** 3.62

**Referred to CPT** February 2012

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



## Status Report: CMS Requests and Relativity Assessment Issues

<b>32663</b>	<b>Thoracoscopy, surgical; with lobectomy (single lobe)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW review	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2013	<b>Tab</b> 34 <b>Specialty Developing</b> STS <b>Recommendation:</b>	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 6,942	<b>2007 Work RVU:</b> 24.56 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 10.44 <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 24.64 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 10.26
<b>RUC Recommendation:</b> No reliable way to determine incremental difference between open thoracotomy to thoroscopic procedures.		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>33207</b>	<b>Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular</b>	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> April 2011	<b>Tab</b> 10 <b>Specialty Developing</b> ACC <b>Recommendation:</b>	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 18,206	<b>2007 Work RVU:</b> 9.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4.95 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 7.80 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.35
<b>RUC Recommendation:</b> 8.05		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>			
		<b>Published in CPT Asst:</b>			
<b>33208</b>	<b>Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular</b>	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> April 2011	<b>Tab</b> 10 <b>Specialty Developing</b> ACC <b>Recommendation:</b>	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 104,039	<b>2007 Work RVU:</b> 8.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4.95 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 8.52 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.65
<b>RUC Recommendation:</b> 8.77		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>			
		<b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**33212** Insertion of pacemaker pulse generator only; with existing single lead

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2010

**2015  
Medicare  
Utilization:** 998

**2007 Work RVU:** 5.51

**2017 Work RVU:** 5.01

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 3.46

**2017 Fac PE RVU:**3.13

**Result:** Decrease

**RUC Recommendation:** 5.26

**Referred to CPT** February 2011

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

**33213** Insertion of pacemaker pulse generator only; with existing dual leads

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** CMS Fastest Growing /  
Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2015  
Medicare  
Utilization:** 2,934

**2007 Work RVU:** 6.36

**2017 Work RVU:** 5.28

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 3.87

**2017 Fac PE RVU:**3.22

**Result:** Decrease

**RUC Recommendation:** 5.53

**Referred to CPT** February 2011

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

**33221** Insertion of pacemaker pulse generator only; with existing multiple leads

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** April 2011

**2015  
Medicare  
Utilization:** 379

**2007 Work RVU:**

**2017 Work RVU:** 5.55

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**3.63

**Result:** Decrease

**RUC Recommendation:** 5.80

**Referred to CPT** February 2011

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

## Status Report: CMS Requests and Relativity Assessment Issues

**33227** Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing** ACC  
**Recommendation:**

**First**  
**Identified:** April 2011

**2015**  
**Medicare**  
**Utilization:** 6,928

**2007 Work RVU:**

**2017 Work RVU:** 5.25

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**3.33

**RUC Recommendation:** 5.50

**Referred to CPT** February 2011

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

**Result:** Decrease

**33228** Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing** ACC  
**Recommendation:**

**First**  
**Identified:** April 2011

**2015**  
**Medicare**  
**Utilization:** 38,986

**2007 Work RVU:**

**2017 Work RVU:** 5.52

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**3.45

**RUC Recommendation:** 5.77

**Referred to CPT** February 2011

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

**Result:** Decrease

**33229** Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing** ACC  
**Recommendation:**

**First**  
**Identified:** April 2011

**2015**  
**Medicare**  
**Utilization:** 4,154

**2007 Work RVU:**

**2017 Work RVU:** 5.79

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**3.72

**RUC Recommendation:** 6.04

**Referred to CPT** February 2011

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**33230** Insertion of implantable defibrillator pulse generator only; with existing dual leads **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing Recommendation:** ACC

**First Identified:** April 2011

**2015 Medicare Utilization:** 243

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 6.07  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 3.63

**RUC Recommendation:** 6.32

**Referred to CPT** February 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**33231** Insertion of implantable defibrillator pulse generator only; with existing multiple leads

**Global:** 090

**Issue:** Pacemaker or Pacing Cardioverter - Defibrillator

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing Recommendation:** ACC

**First Identified:** April 2011

**2015 Medicare Utilization:** 193

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 6.34  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 3.87

**RUC Recommendation:** 6.59

**Referred to CPT** February 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**33233** Removal of permanent pacemaker pulse generator only

**Global:** 090

**Issue:** Pacemaker or Pacing Cardioverter - Defibrillator

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 10

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2010

**2015 Medicare Utilization:** 9,342

**2007 Work RVU:** 3.33  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU Result:** Maintain

**2017 Work RVU:** 3.14  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 2.79

**RUC Recommendation:** 3.39

**Referred to CPT** February 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33240</b>	Insertion of implantable defibrillator pulse generator only; with existing single lead	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 647	<b>2007 Work RVU:</b> 7.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4.79 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 5.80 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.46
<b>RUC Recommendation:</b> 6.06		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>33241</b>	Removal of implantable defibrillator pulse generator only	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 7,458	<b>2007 Work RVU:</b> 3.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 2.99 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 3.04 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.49
<b>RUC Recommendation:</b> 3.29		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>33249</b>	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 49,845	<b>2007 Work RVU:</b> 15.02 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 8.89 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 14.92 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 8.26
<b>RUC Recommendation:</b> 15.17		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33262</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing</b> ACC <b>Recommendation:</b>	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 5,047	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 5.81 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.66
<b>RUC Recommendation:</b> 6.06		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33263</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing</b> ACC <b>Recommendation:</b>	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 10,683	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 6.08 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.77
<b>RUC Recommendation:</b> 6.33		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33264</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing</b> ACC <b>Recommendation:</b>	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 17,481	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 6.35 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.92
<b>RUC Recommendation:</b> 6.60		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**33282** Implantation of patient-activated cardiac event recorder **Global:** 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2015 Medicare Utilization:** 30,553 **2007 Work RVU:** 4.70 **2017 Work RVU:** 3.25 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 4.1 **2017 Fac PE RVU:** 2.54 **RUC Recommendation:** 3.50 **Result:** Decrease

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

**33284** Removal of an implantable, patient-activated cardiac event recorder **Global:** 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2015 Medicare Utilization:** 7,162 **2007 Work RVU:** 3.04 **2017 Work RVU:** 2.75 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 3.5 **2017 Fac PE RVU:** 2.35 **RUC Recommendation:** 3.00 **Result:** Decrease

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

**33405** Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve **Global:** 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS **First Identified:** September 2011 **2015 Medicare Utilization:** 28,246 **2007 Work RVU:** 41.19 **2017 Work RVU:** 41.32 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 17.58 **2017 Fac PE RVU:** 15.23 **RUC Recommendation:** 41.32 **Result:** Maintain

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

## Status Report: CMS Requests and Relativity Assessment Issues

**33430** Replacement, mitral valve, with cardiopulmonary bypass

**Global:** 090

**Issue:** Valve Replacement and CABG Procedures

**Screen:** High IWP/UT / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 40

**Specialty Developing** STS  
**Recommendation:**

**First Identified:** February 2008

**2015 Medicare Utilization:** 8,295

**2007 Work RVU:** 50.75

**2017 Work RVU:** 50.93

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 17.71

**2017 Fac PE RVU:**18.80

**Result:** Maintain

**RUC Recommendation:** 50.93

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**33533** Coronary artery bypass, using arterial graft(s); single arterial graft

**Global:** 090

**Issue:** Valve Replacement and CABG Procedures

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 40

**Specialty Developing** STS  
**Recommendation:**

**First Identified:** September 2011

**2015 Medicare Utilization:** 64,419

**2007 Work RVU:** 33.64

**2017 Work RVU:** 33.75

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 15.55

**2017 Fac PE RVU:**12.89

**Result:** Increase

**RUC Recommendation:** 34.98

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**33620** Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)

**Global:** 090

**Issue:** New Technology Review

**Screen:** New Technology/New Services

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2015

**Tab** 35

**Specialty Developing** STS  
**Recommendation:**

**First Identified:** January 2015

**2015 Medicare Utilization:** 47

**2007 Work RVU:**

**2017 Work RVU:** 30.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**11.05

**Result:** Maintain

**RUC Recommendation:** CPT Article published July 2016

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** July 2016



## Status Report: CMS Requests and Relativity Assessment Issues

<b>33621</b>	<b>Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)</b>	<b>Global:</b> 090	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> January 2015	<b>2015 Medicare Utilization:</b> 2	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> 16.18 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 7.12
<b>RUC Recommendation:</b> CPT Assistant published July 2016		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> July 2016	<b>Result:</b> Maintain	
<hr/>					
<b>33622</b>	<b>Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)</b>	<b>Global:</b> 090	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> January 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> 64.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 27.00
<b>RUC Recommendation:</b> CPT Assistant published July 2016		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> July 2016	<b>Result:</b> Maintain	
<hr/>					
<b>33863</b>	<b>Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)</b>	<b>Global:</b> 090	<b>Issue:</b> Aortic Graft	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S <b>Specialty Developing Recommendation:</b> STS, AATS	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 1,734	<b>2007 Work RVU:</b> 58.71 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 19.01	<b>2017 Work RVU:</b> 58.79 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 19.45
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>33945</b>	Heart transplant, with or without recipient cardiectomy	Global: 090	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI	First Identified:	2015 Medicare Utilization: 666	2007 Work RVU: 89.08 2007 NF PE RVU: NA 2007 Fac PE RVU 23.74 Result: Maintain	2017 Work RVU: 89.50 2017 NF PE RVU: NA 2017 Fac PE RVU:31.14
RUC Recommendation: 16.00		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

<b>33946</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Global: XXX	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI, ACCP	First Identified:	2015 Medicare Utilization: 321	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2017 Work RVU: 6.00 2017 NF PE RVU: NA 2017 Fac PE RVU:1.79
RUC Recommendation: 6.00		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

<b>33947</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Global: XXX	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI, ACCP	First Identified: November 2013	2015 Medicare Utilization: 796	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2017 Work RVU: 6.63 2017 NF PE RVU: NA 2017 Fac PE RVU:1.97
RUC Recommendation: 6.63		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

<b>33948</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Global: XXX	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI, ACCP	First Identified: November 2013	2015 Medicare Utilization: 2,018	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2017 Work RVU: 4.73 2017 NF PE RVU: NA 2017 Fac PE RVU:1.45
RUC Recommendation: 4.73		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33949</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	<b>Global:</b> XXX	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 11</b>	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI, ACCP	<b>First Identified:</b> November 2013	<b>2015 Medicare Utilization:</b> 2,217	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 4.60			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2017 Work RVU:</b> 4.60					
<b>2017 NF PE RVU:</b> NA					
<b>2017 Fac PE RVU:</b> 1.39					
<hr/>					
<b>33951</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 11</b>	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2013	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 8.15			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2017 Work RVU:</b> 8.15					
<b>2017 NF PE RVU:</b> NA					
<b>2017 Fac PE RVU:</b> 3.21					
<hr/>					
<b>33952</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 11</b>	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2013	<b>2015 Medicare Utilization:</b> 586	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 8.43			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2017 Work RVU:</b> 8.15					
<b>2017 NF PE RVU:</b> NA					
<b>2017 Fac PE RVU:</b> 2.49					

## Status Report: CMS Requests and Relativity Assessment Issues

**33953** Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 11 Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:** November 2013

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 9.11

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**3.58

**Result:** Maintain

**RUC Recommendation:** 9.83

**Referred to CPT** February 2014

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

**33954** Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 11 Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:**

**2015 Medicare Utilization:** 294

**2007 Work RVU:**

**2017 Work RVU:** 9.11

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.74

**Result:** Maintain

**RUC Recommendation:** 9.43

**Referred to CPT** February 2014

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

**33956** Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 11 Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:**

**2015 Medicare Utilization:** 246

**2007 Work RVU:**

**2017 Work RVU:** 16.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**4.75

**Result:** Maintain

**RUC Recommendation:** 16.00

**Referred to CPT** February 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

**33957** Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 11

**Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 3.51

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.44

**Result:** Maintain

**RUC Recommendation:** 4.00

**Referred to CPT** February 2014

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

**33958** Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 11

**Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:**

**2015 Medicare Utilization:** 17

**2007 Work RVU:**

**2017 Work RVU:** 3.51

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.26

**Result:** Maintain

**RUC Recommendation:** 4.05

**Referred to CPT** February 2014

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

**33959** Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 11

**Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 4.47

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.80

**Result:** Maintain

**RUC Recommendation:** 4.69

**Referred to CPT** February 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>33960</b>	<b>Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day</b>	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI, ACCP	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 19.33 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.09 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>33961</b>	<b>Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day</b>	<b>Global:</b> XXX	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI, ACCP	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 10.91 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.45 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>33962</b>	<b>Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 12	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 4.73			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33963</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 9.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.54
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>33964</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 18	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 9.50 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.28
<b>RUC Recommendation:</b> 9.50			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>33965</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 3.51 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.44
<b>RUC Recommendation:</b> 3.51			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33966</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 188	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 4.50 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.36
<b>RUC Recommendation:</b> 4.50		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>33969</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 5.22 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.59
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>33984</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 272	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 5.46 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.63
<b>RUC Recommendation:</b> 6.38		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>33985</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 9.89 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.85
<b>RUC Recommendation:</b> 9.89			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>33986</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 138	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 10.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.89
<b>RUC Recommendation:</b> 10.00			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>33987</b>	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 39	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 4.04 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.13
<b>RUC Recommendation:</b> 4.08			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**33988** Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab** 11

**Specialty Developing** STS, AAP,  
**Recommendation:** ACC, SCAI

**First**  
**Identified:**

**2015**  
**Medicare**  
**Utilization:** 29

**2007 Work RVU:**

**2017 Work RVU:** 15.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**4.37

**Result:** Maintain

**RUC Recommendation:** 15.00

**Referred to CPT** February 2014

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

**33989** Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab** 11

**Specialty Developing** STS, AAP,  
**Recommendation:** ACC, SCAI

**First**  
**Identified:** November 2013

**2015**  
**Medicare**  
**Utilization:** 10

**2007 Work RVU:**

**2017 Work RVU:** 9.50

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.74

**Result:** Maintain

**RUC Recommendation:** 9.50

**Referred to CPT** February 2014

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

**34800** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis **Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing** AAOHNS  
**Recommendation:**

**First**  
**Identified:** October 2015

**2015**  
**Medicare**  
**Utilization:** 481

**2007 Work RVU:** 21.46

**2017 Work RVU:** 21.54

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 8.72

**2017 Fac PE RVU:**6.74

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

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34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)	Global: 090	Issue: Endovascular Repair Procedures (EVAR)	Screen: Pre-Time Analysis / Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 10 Specialty Developing Recommendation: SVS, SIR, STS, AATS	First Identified: January 2014	2015 Medicare Utilization: 10,024	2007 Work RVU: 23.71 2007 NF PE RVU: NA 2007 Fac PE RVU 9.38 Result: Deleted from CPT	2017 Work RVU: 23.79 2017 NF PE RVU: NA 2017 Fac PE RVU:7.47
RUC Recommendation: Deleted from CPT		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)	Global: 090	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 10 Specialty Developing Recommendation: SVS, SIR, STS, AATS	First Identified: October 2015	2015 Medicare Utilization: 4,364	2007 Work RVU: 24.74 2007 NF PE RVU: NA 2007 Fac PE RVU 9.68 Result: Deleted from CPT	2017 Work RVU: 24.82 2017 NF PE RVU: NA 2017 Fac PE RVU:7.52
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	Global: 090	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 10 Specialty Developing Recommendation: SVS, SIR, STS, AATS	First Identified: October 2015	2015 Medicare Utilization: 2,780	2007 Work RVU: 23.71 2007 NF PE RVU: NA 2007 Fac PE RVU 9.37 Result: Deleted from CPT	2017 Work RVU: 23.79 2017 NF PE RVU: NA 2017 Fac PE RVU:7.45
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>34805</b>	<b>Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis</b>	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 531	<b>2007 Work RVU:</b> 22.59 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 9.04 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 22.67 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 7.05
<b>34806</b>	<b>Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 2	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 2.06 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 0.38
<b>34812</b>	<b>Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral</b>	<b>Global:</b> 000	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 22,917	<b>2007 Work RVU:</b> 6.74 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 2.1 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.13			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34820</b>	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	<b>Global:</b> 000	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 199	<b>2007 Work RVU:</b> 9.74 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 3.04 <b>Result:</b> Decrease <b>2017 Work RVU:</b> 9.74 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.36
<b>RUC Recommendation:</b> 7.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>34825</b>	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Pre-Time Analysis / Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 11,231	<b>2007 Work RVU:</b> 12.72 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 5.89 <b>Result:</b> Deleted from CPT <b>2017 Work RVU:</b> 12.80 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.79
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>34826</b>	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 3,209	<b>2007 Work RVU:</b> 4.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 1.31 <b>Result:</b> Deleted from CPT <b>2017 Work RVU:</b> 4.12 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 0.99
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34833</b>	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	<b>Global:</b> 000	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 120	<b>2007 Work RVU:</b> 11.98 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4.15 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 11.98 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.10
<b>RUC Recommendation:</b> 8.16		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>34834</b>	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	<b>Global:</b> 000	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 614	<b>2007 Work RVU:</b> 5.34 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 2.04 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 5.34 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.41
<b>RUC Recommendation:</b> 2.65		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>34900</b>	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 738	<b>2007 Work RVU:</b> 16.77 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 7.24 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> 16.85 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 5.59
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

34X01

Global:

Issue: Endovascular Repair  
Procedures (EVAR)

Screen: Codes Reported  
Together 75%or More-  
Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 10

Specialty Developing  
Recommendation: SVS, SIR,  
STS, AATS,  
ACS

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result: Decrease

RUC Recommendation: 23.71

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

34X02

Global:

Issue: Endovascular Repair  
Procedures (EVAR)

Screen: Codes Reported  
Together 75%or More-  
Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 10

Specialty Developing  
Recommendation: SVS, SIR,  
STS, AATS,  
ACS

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result: Decrease

RUC Recommendation: 36.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

34X03

Global:

Issue: Endovascular Repair  
Procedures (EVAR)

Screen: Codes Reported  
Together 75%or More-  
Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 10

Specialty Developing  
Recommendation: SVS, SIR,  
STS, AATS,  
ACS

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result: Decrease

RUC Recommendation: 26.52

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

34X04

Global:

Issue: Endovascular Repair  
Procedures (EVAR)

Screen: Codes Reported  
Together 75%or More-  
Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 10

Specialty Developing  
Recommendation: SVS, SIR,  
STS, AATS,  
ACS

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result: Decrease

RUC Recommendation: 45.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

34X05

Global:

Issue: Endovascular Repair  
Procedures (EVAR)

Screen: Codes Reported  
Together 75%or More-  
Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 10

Specialty Developing  
Recommendation: SVS, SIR,  
STS, AATS,  
ACS

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result: Decrease

RUC Recommendation: 29.58

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

34X06

Global:

Issue: Endovascular Repair  
Procedures (EVAR)

Screen: Codes Reported  
Together 75%or More-  
Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 10

Specialty Developing  
Recommendation: SVS, SIR,  
STS, AATS,  
ACS

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result: Decrease

RUC Recommendation: 45.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:



## Status Report: CMS Requests and Relativity Assessment Issues

**34X07**

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 22.28

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34X08**

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 36.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34X09**

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 6.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**34X10**

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 15.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34X11**

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 6.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34X12**

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 12.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**34X13**

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 2.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34X15**

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 5.25

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34X19**

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 6.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>34X20</b>				<b>Global:</b>	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017		<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 7.19			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<hr/>							
<b>35301</b>		<b>Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision</b>	<b>Global:</b> 090	<b>Issue:</b> Thromboendarterectomy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> SVS	<b>First Identified:</b> September 2011		<b>2015 Medicare Utilization:</b> 43,823	<b>2007 Work RVU:</b> 19.53 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Increase	<b>2017 Work RVU:</b> 21.16 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 7.13
<b>RUC Recommendation:</b> 21.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<hr/>							
<b>35450</b>		<b>Transluminal balloon angioplasty, open; renal or other visceral artery</b>	<b>Global:</b> 000	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b>		<b>2015 Medicare Utilization:</b> 59	<b>2007 Work RVU:</b> 10.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**35452** Transluminal balloon angioplasty, open; aortic

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:**

**2015  
Medicare  
Utilization:** 35

**2007 Work RVU:** 6.90

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.48

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**35454** Deleted from CPT

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** ACC, ACR,  
SIR, SVS

**First  
Identified:** February 2010

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 6.03

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.19

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35456** Deleted from CPT

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** ACC, ACR,  
SIR, SVS

**First  
Identified:** February 2010

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 7.34

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.64

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**35458** Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel      **Global:** 000      **Issue:** Open and Percutaneous Transluminal Angioplasty      **Screen:** Codes Reported Together 75% or More-Part3      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:**

**2015 Medicare Utilization:** 502

**2007 Work RVU:** 9.48

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.33

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**35459** Deleted from CPT

**Global:** 000

**Issue:** Endovascular Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 8.62

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.01

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35460** Transluminal balloon angioplasty, open; venous

**Global:** 000

**Issue:** Open and Percutaneous Transluminal Angioplasty

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:**

**2015 Medicare Utilization:** 2,750

**2007 Work RVU:** 6.03

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.15

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**35470 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** ACC, ACR,  
SIR, SVS

**First  
Identified:** October 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 8.62

**2017 Work RVU:**

**2007 NF PE RVU:** 81.78

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.37

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** October 2009

**2015  
Medicare  
Utilization:** 2,430

**2007 Work RVU:** 10.05

**2017 Work RVU:**

**2007 NF PE RVU:** 91.6

**2017 NF PE RVU:**

**2007 Fac PE RVU** 4.13

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**35472 Transluminal balloon angioplasty, percutaneous; aortic**

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** October 2009

**2015  
Medicare  
Utilization:** 368

**2007 Work RVU:** 6.90

**2017 Work RVU:**

**2007 NF PE RVU:** 60.05

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.75

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** Removed from CPT referral

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

# Status Report: CMS Requests and Relativity Assessment Issues

**35473 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** ACC, ACR,  
SIR, SVS

**First  
Identified:** February 2010

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 6.03

**2017 Work RVU:**

**2007 NF PE RVU:** 56.4

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.43

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35474 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** ACC, ACR,  
SIR, SVS

**First  
Identified:** October 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 7.35

**2017 Work RVU:**

**2007 NF PE RVU:** 80.7

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.9

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
CMS High Expenditure  
Procedural Codes1 /  
Codes Reported  
Together 75% or More-  
Part3 / High Volume  
Growth3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** September 2011

**2015  
Medicare  
Utilization:** 50,610

**2007 Work RVU:** 9.48

**2017 Work RVU:**

**2007 NF PE RVU:** 53.95

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.48

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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



## Status Report: CMS Requests and Relativity Assessment Issues

**35476** Transluminal balloon angioplasty, percutaneous; venous

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
CMS High Expenditure  
Procedural Codes1 /  
Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** September 2011

**2015  
Medicare  
Utilization:** 279,654

**2007 Work RVU:** 6.03

**2017 Work RVU:**

**2007 NF PE RVU:** 42.45

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.26

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**35490** Deleted from CPT

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** SIR, ACR,  
SVS

**First  
Identified:** April 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 11.06

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 5.11

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35491** Deleted from CPT

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** SIR, ACR,  
SVS

**First  
Identified:** April 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 7.60

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.46

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**35492 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** SIR, ACR,  
SVS

**First  
Identified:** April 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 6.64

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.3

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35493 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** SIR, ACR,  
SVS

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 8.09

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.89

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35494 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** SIR, ACR,  
SVS

**First  
Identified:** April 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 10.42

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 4.64

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35495 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** SIR, ACR,  
SVS

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 9.48

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 4.45

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36000</b>	<b>Introduction of needle or intracatheter, vein</b>	<b>Global:</b> XXX	<b>Issue:</b> Introduction of Needle or Intracatheter	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ACC, AUR, AAP, AAFP, ACRh	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 2	<b>2007 Work RVU:</b> 0.18 <b>2017 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.54 <b>2017 NF PE RVU:</b> 0.53 <b>2007 Fac PE RVU:</b> 0.05 <b>2017 Fac PE RVU:</b> 0.07 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> CMS consider a bundled status for this code		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>36010</b>	<b>Introduction of catheter, superior or inferior vena cava</b>	<b>Global:</b> XXX	<b>Issue:</b> Introduction of Catheter	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 15,142	<b>2007 Work RVU:</b> 2.43 <b>2017 Work RVU:</b> 2.18 <b>2007 NF PE RVU:</b> 17.17 <b>2017 NF PE RVU:</b> 11.17 <b>2007 Fac PE RVU:</b> 0.77 <b>2017 Fac PE RVU:</b> 0.65 <b>Result:</b> Remove from screen
<b>RUC Recommendation:</b> Remove from re-review.		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>36140</b>	<b>Introduction of needle or intracatheter; extremity artery</b>	<b>Global:</b> XXX	<b>Issue:</b> Introduction of Needle or Intracatheter	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> SVS, SIR, ACR, ACRO	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 19,244	<b>2007 Work RVU:</b> 2.01 <b>2017 Work RVU:</b> 1.76 <b>2007 NF PE RVU:</b> 12.15 <b>2017 NF PE RVU:</b> 9.88 <b>2007 Fac PE RVU:</b> 0.65 <b>2017 Fac PE RVU:</b> 0.52 <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> Remove from re-review		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**36145 Deleted from CPT**

**Global:** XXX

**Issue:** Arteriovenous Shunt Imaging

**Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 9

**Specialty Developing Recommendation:**

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 2.01

**2017 Work RVU:**

**2007 NF PE RVU:** 11.87

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.64

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**36147 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

**Global:** XXX

**Issue:** Dialysis Circuit -1

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

**Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** February 2008

**2015 Medicare Utilization:** 341,243

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**36148 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

**Global:** ZZZ

**Issue:** Dialysis Circuit -1

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

**Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** February 2008

**2015 Medicare Utilization:** 66,194

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>36215</b>	<b>Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family</b>	<b>Global:</b> XXX	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 23</b>	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 47,920	<b>2007 Work RVU:</b> 4.67 <b>2007 NF PE RVU:</b> 26.59 <b>2007 Fac PE RVU:</b> 1.65 <b>Result:</b> Decrease <b>2017 Work RVU:</b> 4.67 <b>2017 NF PE RVU:</b> 26.49 <b>2017 Fac PE RVU:</b> 1.46
<b>RUC Recommendation:</b> 4.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>36216</b>	<b>Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family</b>	<b>Global:</b> XXX	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 23</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 4,779	<b>2007 Work RVU:</b> 5.27 <b>2007 NF PE RVU:</b> 28.57 <b>2007 Fac PE RVU:</b> 1.82 <b>Result:</b> Maintain <b>2017 Work RVU:</b> 5.27 <b>2017 NF PE RVU:</b> 26.67 <b>2017 Fac PE RVU:</b> 1.65
<b>RUC Recommendation:</b> 5.27			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>36217</b>	<b>Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family</b>	<b>Global:</b> XXX	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 23</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 4,943	<b>2007 Work RVU:</b> 6.29 <b>2007 NF PE RVU:</b> 52.65 <b>2007 Fac PE RVU:</b> 2.17 <b>Result:</b> Maintain <b>2017 Work RVU:</b> 6.29 <b>2017 NF PE RVU:</b> 46.41 <b>2017 Fac PE RVU:</b> 1.93
<b>RUC Recommendation:</b> 6.29			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**36218** Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) **Global:** ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 23 Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** July 2015

**2015 Medicare Utilization:** 1,371

**2007 Work RVU:** 1.01

**2017 Work RVU:** 1.01

**2007 NF PE RVU:** 4.72

**2017 NF PE RVU:** 4.08

**2007 Fac PE RVU** 0.34

**2017 Fac PE RVU:**0.32

**Result:** Maintain

**RUC Recommendation:** 1.01

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**36221** Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed

**Global:** 000

**Issue:** Cervicocerebral Angiography

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 14 Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:** 2,830

**2007 Work RVU:**

**2017 Work RVU:** 3.92

**2007 NF PE RVU:**

**2017 NF PE RVU:** 24.50

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.17

**RUC Recommendation:** 4.51

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**36222** Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed

**Global:** 000

**Issue:** Cervicocerebral Angiography

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 14 Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:** 10,564

**2007 Work RVU:**

**2017 Work RVU:** 5.28

**2007 NF PE RVU:**

**2017 NF PE RVU:** 27.70

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.77

**RUC Recommendation:** 6.00

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**36223** Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 14

**Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:** 32,691

**2007 Work RVU:**

**2017 Work RVU:** 5.75

**2007 NF PE RVU:**

**2017 NF PE RVU:** 34.88

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.06

**RUC Recommendation:** 6.50

**Referred to CPT** February 2012

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

**Result:** Decrease

**36224** Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 14

**Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:** 34,358

**2007 Work RVU:**

**2017 Work RVU:** 6.25

**2007 NF PE RVU:**

**2017 NF PE RVU:** 45.56

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.52

**RUC Recommendation:** 7.55

**Referred to CPT** February 2012

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

**Result:** Decrease

**36225** Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 14

**Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:** 11,778

**2007 Work RVU:**

**2017 Work RVU:** 5.75

**2007 NF PE RVU:**

**2017 NF PE RVU:** 33.24

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.97

**RUC Recommendation:** 6.50

**Referred to CPT** February 2012

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed			Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	April 2012	Tab 14	Specialty Developing Recommendation:	AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2015 Medicare Utilization: 30,031	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 6.25 2017 NF PE RVU: 42.87 2017 Fac PE RVU:2.45
RUC Recommendation:	7.55				Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	April 2012	Tab 14	Specialty Developing Recommendation:	AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2015 Medicare Utilization: 9,909	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 2.09 2017 NF PE RVU: 4.61 2017 Fac PE RVU:0.79
RUC Recommendation:	2.32				Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	April 2012	Tab 14	Specialty Developing Recommendation:	AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2015 Medicare Utilization: 4,514	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 4.25 2017 NF PE RVU: 30.95 2017 Fac PE RVU:1.63
RUC Recommendation:	4.25				Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	



## Status Report: CMS Requests and Relativity Assessment Issues

<b>36245</b>	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family			<b>Global:</b> XXX	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	ACC, ACR, SIR, SCAI, SVS	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 47,135	<b>2007 Work RVU:</b> 4.67 <b>2007 NF PE RVU:</b> 31.17 <b>2007 Fac PE RVU:</b> 1.78 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 4.65 <b>2017 NF PE RVU:</b> 31.46 <b>2017 Fac PE RVU:</b> 1.54
<b>RUC Recommendation:</b> 4.90				<b>Referred to CPT</b> February 2010 and February 2011	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>							
<b>36246</b>	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family			<b>Global:</b> 000	<b>Issue:</b> Vascular Injection Procedures	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b>	SVS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 39,044	<b>2007 Work RVU:</b> 5.27 <b>2007 NF PE RVU:</b> 29.18 <b>2007 Fac PE RVU:</b> 1.84 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 5.02 <b>2017 NF PE RVU:</b> 17.35 <b>2017 Fac PE RVU:</b> 1.47
<b>RUC Recommendation:</b> 5.27				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>							
<b>36247</b>	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family			<b>Global:</b> 000	<b>Issue:</b> Vascular Injection Procedures	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b>	SVS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 63,041	<b>2007 Work RVU:</b> 6.29 <b>2007 NF PE RVU:</b> 48.22 <b>2007 Fac PE RVU:</b> 2.17 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 6.04 <b>2017 NF PE RVU:</b> 35.36 <b>2017 Fac PE RVU:</b> 1.78
<b>RUC Recommendation:</b> 7.00				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**36248** Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) **Global:** ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab 40** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2008

**2015 Medicare Utilization:** 23,661

**2007 Work RVU:** 1.01

**2017 Work RVU:** 1.01

**2007 NF PE RVU:** 3.81

**2017 NF PE RVU:** 3.21

**2007 Fac PE RVU** 0.35

**2017 Fac PE RVU:**0.31

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT** February 2010

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

**36251** Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

**Global:** 000

**Issue:** Renal Angiography

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 11** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:**

**2015 Medicare Utilization:** 4,438

**2007 Work RVU:**

**2017 Work RVU:** 5.10

**2007 NF PE RVU:**

**2017 NF PE RVU:** 32.86

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.68

**Result:** Decrease

**RUC Recommendation:** 5.45

**Referred to CPT**

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

**36252** Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral

**Global:** 000

**Issue:** Renal Angiography

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 11** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:**

**2015 Medicare Utilization:** 12,105

**2007 Work RVU:**

**2017 Work RVU:** 6.74

**2007 NF PE RVU:**

**2017 NF PE RVU:** 33.94

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.33

**Result:** Decrease

**RUC Recommendation:** 7.38

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**36253** Supers elective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

**Global:** 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 11 Specialty Developing Recommendation:** ACR, SIR

**First Identified:**

**2015 Medicare Utilization:** 1,170

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 7.30  
**2017 NF PE RVU:** 54.30  
**2017 Fac PE RVU:** 2.40

**RUC Recommendation:** 7.55

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

**36254** Supers elective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral

**Global:** 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 11 Specialty Developing Recommendation:** ACR, SIR

**First Identified:**

**2015 Medicare Utilization:** 275

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 7.90  
**2017 NF PE RVU:** 51.02  
**2017 Fac PE RVU:** 2.68

**RUC Recommendation:** 8.15

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

**36410** Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)

**Global:** XXX **Issue:** Venipuncture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 36 Specialty Developing Recommendation:** ACP

**First Identified:** October 2009

**2015 Medicare Utilization:** 191,038

**2007 Work RVU:** 0.18  
**2007 NF PE RVU:** 0.3  
**2007 Fac PE RVU Result:** Maintain

**2017 Work RVU:** 0.18  
**2017 NF PE RVU:** 0.28  
**2017 Fac PE RVU:** 0.07

**RUC Recommendation:** 0.18

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

# Status Report: CMS Requests and Relativity Assessment Issues

**36475** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated **Global:** 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 38 Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

**First Identified:** April 2013

**2015 Medicare Utilization:** 105,220

**2007 Work RVU:** 6.72  
**2007 NF PE RVU:** 47.57  
**2007 Fac PE RVU:** 2.39  
**Result:** Decrease

**2017 Work RVU:** 5.30  
**2017 NF PE RVU:** 36.69  
**2017 Fac PE RVU:** 1.78

**RUC Recommendation:** 5.30

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

**36476** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 38 Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

**First Identified:** October 2013

**2015 Medicare Utilization:** 9,126

**2007 Work RVU:** 3.38  
**2007 NF PE RVU:** 7.39  
**2007 Fac PE RVU:** 1.08  
**Result:** Decrease

**2017 Work RVU:** 2.65  
**2017 NF PE RVU:** 5.18  
**2017 Fac PE RVU:** 0.76

**RUC Recommendation:** 2.65

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

**36478** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated **Global:** 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 38 Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

**First Identified:** April 2013

**2015 Medicare Utilization:** 80,876

**2007 Work RVU:** 6.72  
**2007 NF PE RVU:** 42.85  
**2007 Fac PE RVU:** 2.41  
**Result:** Decrease

**2017 Work RVU:** 5.30  
**2017 NF PE RVU:** 27.78  
**2017 Fac PE RVU:** 1.79

**RUC Recommendation:** 5.30

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

## Status Report: CMS Requests and Relativity Assessment Issues

**36479** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 38 Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

**First Identified:** April 2013

**2015 Medicare Utilization:** 10,572

**2007 Work RVU:** 3.38

**2017 Work RVU:** 2.65

**2007 NF PE RVU:** 7.59

**2017 NF PE RVU:** 5.64

**2007 Fac PE RVU:** 1.1

**2017 Fac PE RVU:** 0.82

**Result:** Decrease

**RUC Recommendation:** 2.65

**Referred to CPT**

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

**36481** Percutaneous portal vein catheterization by any method

**Global:** 000

**Issue:** Interventional Radiology Procedures

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab 21 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** NA

**2015 Medicare Utilization:** 753

**2007 Work RVU:** 6.98

**2017 Work RVU:** 6.73

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** 48.18

**2007 Fac PE RVU:** 2.46

**2017 Fac PE RVU:** 2.35

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

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

**36511** Therapeutic apheresis; for white blood cells

**Global:** 000

**Issue:** Therapeutic Apheresis

**Screen:** CMS Request - Final Rule for 2016

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 12 Specialty Developing Recommendation:** CAP, RPA

**First Identified:** January 2017

**2015 Medicare Utilization:** 253

**2007 Work RVU:** 1.74

**2017 Work RVU:** 1.74

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 0.69

**2017 Fac PE RVU:** 0.82

**Result:** Increase

**RUC Recommendation:** 2.00. Refer to CPT Assistant.

**Referred to CPT** September 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

## 36512 Therapeutic apheresis; for red blood cells

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 12 Specialty Developing  
Recommendation: CAP, RPA

First  
Identified: January 2017

2015  
Medicare  
Utilization: 1,432

2007 Work RVU: 1.74

2017 Work RVU: 1.74

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 0.71

2017 Fac PE RVU:0.86

Result: Increase

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst:

## 36513 Therapeutic apheresis; for platelets

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 12 Specialty Developing  
Recommendation: CAP, RPA

First  
Identified: January 2017

2015  
Medicare  
Utilization: 344

2007 Work RVU: 1.74

2017 Work RVU: 1.74

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 0.68

2017 Fac PE RVU:0.81

Result: Increase

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst:

## 36514 Therapeutic apheresis; for plasma pheresis

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 12 Specialty Developing  
Recommendation: CAP, RPA

First  
Identified: January 2017

2015  
Medicare  
Utilization: 27,692

2007 Work RVU: 1.74

2017 Work RVU: 1.74

2007 NF PE RVU: 15.33

2017 NF PE RVU: 13.43

2007 Fac PE RVU 0.67

2017 Fac PE RVU:0.78

Result: Increase

RUC Recommendation: 1.81. Refer to CPT Assistant

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst:

## 36515 Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 12 Specialty Developing  
Recommendation: CAP, RPA

First  
Identified: January 2017

2015  
Medicare  
Utilization: 11

2007 Work RVU: 1.74

2017 Work RVU: 1.74

2007 NF PE RVU: 60.92

2017 NF PE RVU: 57.08

2007 Fac PE RVU 0.63

2017 Fac PE RVU:0.62

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>36516</b>	<b>Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion</b>	<b>Global:</b> 000	<b>Issue:</b> Therapeutic Apheresis	<b>Screen:</b> CMS Fastest Growing / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> CAP, RPA	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 1,792	<b>2007 Work RVU:</b> 1.22 <b>2007 NF PE RVU:</b> 75.37 <b>2007 Fac PE RVU:</b> 0.46 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.22 <b>2017 NF PE RVU:</b> 58.05 <b>2017 Fac PE RVU:</b> 0.50
<b>RUC Recommendation:</b> 1.56. Refer to CPT Assistant		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Sep 2009		
<b>36522</b>	<b>Photopheresis, extracorporeal</b>	<b>Global:</b> 000	<b>Issue:</b> Therapeutic Apheresis	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> CAP, RPA	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 9,055	<b>2007 Work RVU:</b> 1.67 <b>2007 NF PE RVU:</b> 33.02 <b>2007 Fac PE RVU:</b> 0.94 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.67 <b>2017 NF PE RVU:</b> 38.48 <b>2017 Fac PE RVU:</b> 1.16
<b>RUC Recommendation:</b> 1.75. Refer to CPT Assistant		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>36555</b>	<b>Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age</b>	<b>Global:</b> 000	<b>Issue:</b> Insertion of Catheter	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ACR, ASA	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 35	<b>2007 Work RVU:</b> 2.68 <b>2007 NF PE RVU:</b> 5.34 <b>2007 Fac PE RVU:</b> 0.76 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 2.43 <b>2017 NF PE RVU:</b> 3.21 <b>2017 Fac PE RVU:</b> 0.45
<b>RUC Recommendation:</b> 1.93		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**36556** Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 16 Specialty Developing Recommendation:** ACR, ASA

**First Identified:** July 2015

**2015 Medicare Utilization:** 474,535

**2007 Work RVU:** 2.50

**2017 Work RVU:** 2.50

**2007 NF PE RVU:** 4.93

**2017 NF PE RVU:** 3.85

**2007 Fac PE RVU** 0.7

**2017 Fac PE RVU:**0.69

**Result:** Decrease

**RUC Recommendation:** 1.75

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**36568** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age

**Global:** 000

**Issue:** Insertion of PICC Catheter

**Screen:** Identified in RUC review of other services

**Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab 17 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2016

**2015 Medicare Utilization:** 11

**2007 Work RVU:** 1.92

**2017 Work RVU:** 1.67

**2007 NF PE RVU:** 7.03

**2017 NF PE RVU:** 5.20

**2007 Fac PE RVU** 0.57

**2017 Fac PE RVU:**0.63

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**36569** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older

**Global:** 000

**Issue:** Insertion of PICC Catheter

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab 17 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** July 2015

**2015 Medicare Utilization:** 183,724

**2007 Work RVU:** 1.82

**2017 Work RVU:** 1.82

**2007 NF PE RVU:** 6.55

**2017 NF PE RVU:** 5.12

**2007 Fac PE RVU** 0.57

**2017 Fac PE RVU:**0.67

**Result:**

**RUC Recommendation:** 1.70, Refer to CPT and Review at RAW in October 2021.

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	Global: 000	Issue: Insertion of PICC Catheter	Screen: Identified in RUC review of other services	Complete? No			
Most Recent RUC Meeting:	October 2016	Tab 17	Specialty Developing Recommendation:	ACR, SIR	First Identified: October 2016	2015 Medicare Utilization: 6,970	2007 Work RVU: 1.20	2017 Work RVU: 1.20
							2007 NF PE RVU: 6.16	2017 NF PE RVU: 4.50
							2007 Fac PE RVU 0.54	2017 Fac PE RVU:0.61
RUC Recommendation:	Refer to CPT				Referred to CPT June 2017		Result:	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	Global: 000	Issue: Insertion of Catheter	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes			
Most Recent RUC Meeting:	October 2016	Tab 16	Specialty Developing Recommendation:	ACR, ASA	First Identified: July 2015	2015 Medicare Utilization: 558,681	2007 Work RVU: 1.15	2017 Work RVU: 1.15
							2007 NF PE RVU: NA	2017 NF PE RVU: NA
							2007 Fac PE RVU 0.22	2017 Fac PE RVU:0.22
RUC Recommendation:	1.00				Referred to CPT		Result: Decrease	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	Global: 090	Issue: Arteriovenous Anastomosis	Screen: CMS Request - Final Rule for 2013	Complete? Yes			
Most Recent RUC Meeting:	October 2013	Tab 10	Specialty Developing Recommendation:	ACS, SVS	First Identified: November 2012	2015 Medicare Utilization: 6,453	2007 Work RVU: 11.81	2017 Work RVU: 12.39
							2007 NF PE RVU: NA	2017 NF PE RVU: NA
							2007 Fac PE RVU 5.73	2017 Fac PE RVU:5.07
RUC Recommendation:	13.00				Referred to CPT		Result: Increase	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	Global: 090	Issue: Arteriovenous Anastomosis	Screen: CMS Request - Final Rule for 2013	Complete? Yes			
Most Recent RUC Meeting:	October 2013	Tab 10	Specialty Developing Recommendation:	ACS, SVS	First Identified: November 2012	2015 Medicare Utilization: 9,921	2007 Work RVU: 14.39	2017 Work RVU: 13.29
							2007 NF PE RVU: NA	2017 NF PE RVU: NA
							2007 Fac PE RVU 6.08	2017 Fac PE RVU:5.10
RUC Recommendation:	15.00				Referred to CPT		Result: Increase	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

**36820** Arteriovenous anastomosis, open; by forearm vein transposition **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2015 Medicare Utilization:** 2,128 **2007 Work RVU:** 14.39 **2017 Work RVU:** 13.07 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 6.11 **2017 Fac PE RVU:** 5.35 **RUC Recommendation:** 13.99 **Result:** Decrease

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

**36821** Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure) **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2015 Medicare Utilization:** 33,266 **2007 Work RVU:** 9.15 **2017 Work RVU:** 11.90 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 4.49 **2017 Fac PE RVU:** 4.81 **RUC Recommendation:** 11.90 **Result:** Decrease

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

**36822** Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure) **Global:** 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** February 2014 **2015 Medicare Utilization:** **2007 Work RVU:** 5.51 **2017 Work RVU:** **2007 NF PE RVU:** NA **2017 NF PE RVU:** **2007 Fac PE RVU:** 4.23 **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

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

## Status Report: CMS Requests and Relativity Assessment Issues

**36825** Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

**First Identified:** September 2007

**2015 Medicare Utilization:** 2,852

**2007 Work RVU:** 10.00

**2017 Work RVU:** 14.17

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 4.87

**2017 Fac PE RVU:**5.94

**Result:** Increase

**RUC Recommendation:** 15.93

**Referred to CPT**

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

**36830** Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft) **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

**First Identified:** November 2012

**2015 Medicare Utilization:** 22,118

**2007 Work RVU:** 12.00

**2017 Work RVU:** 12.03

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 4.98

**2017 Fac PE RVU:**4.76

**Result:** Decrease

**RUC Recommendation:** 11.90

**Referred to CPT**

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

**36834** Deleted from CPT **Global:** 090 **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab** 16 **Specialty Developing Recommendation:** AVA, ACS

**First Identified:** September 2007

**2015 Medicare Utilization:**

**2007 Work RVU:** 11.11

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 4.68

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**36870** Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis) **Global:** 090 **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 14 Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** September 2007 **2015 Medicare Utilization:** 57,474

**2007 Work RVU:** 5.17 **2017 Work RVU:**  
**2007 NF PE RVU:** 49.54 **2017 NF PE RVU:**  
**2007 Fac PE RVU:** 2.99 **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**36901** Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;

**Global:** 000 **Issue:** Dialysis Circuit -1

**Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 14 Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

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

**2007 Work RVU:** **2017 Work RVU:** 2.82  
**2007 NF PE RVU:** **2017 NF PE RVU:** 12.89  
**2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.92  
**Result:** Decrease

**RUC Recommendation:** 3.36

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty			Global: 000	Issue: Dialysis Circuit -1	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 14	Specialty Developing Recommendation: ACR, RPA, SIR, SVS	First Identified: October 2015	2015 Medicare Utilization:	2007 Work RVU:	2017 Work RVU: 4.24	
					2007 NF PE RVU:	2017 NF PE RVU: 29.47	
					2007 Fac PE RVU	2017 Fac PE RVU:1.33	
RUC Recommendation: 4.83			Referred to CPT October 2015		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

<b>36903</b>	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment			<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 5.85	
					<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 150.99	
					<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 1.77	
<b>RUC Recommendation:</b> 6.39			<b>Referred to CPT</b> October 2015		<b>Result:</b> Decrease		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>36904</b>	<b>Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);</b>	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 6.73
				<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 42.33
				<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 2.04
<b>RUC Recommendation:</b> 7.50		<b>Referred to CPT</b> October 2015		<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>36905</b>	<b>Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty</b>	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 8.46
				<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 54.34
				<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 2.54
<b>RUC Recommendation:</b> 9.00		<b>Referred to CPT</b> October 2015		<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>36906</b>	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 10.42			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 9.88 <b>2017 NF PE RVU:</b> 179.83 <b>2017 Fac PE RVU:</b> 2.95
<b>36907</b>	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 2.48 <b>2017 NF PE RVU:</b> 17.70 <b>2017 Fac PE RVU:</b> 0.72
<b>36908</b>	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 4.25			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 3.73 <b>2017 NF PE RVU:</b> 71.49 <b>2017 Fac PE RVU:</b> 1.06

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36909</b>	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 3.48 <b>2017 NF PE RVU:</b> 51.26 <b>2017 Fac PE RVU:</b> 1.08
<b>RUC Recommendation:</b> 4.12			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>37183</b>	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	<b>Global:</b> 000	<b>Issue:</b> Interventional Radiology Procedures	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 845	<b>2007 Work RVU:</b> 7.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> PE Only <b>2017 Work RVU:</b> 7.74 <b>2017 NF PE RVU:</b> 156.21 <b>2017 Fac PE RVU:</b> 2.59
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>37191</b>	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	<b>Global:</b> 000	<b>Issue:</b> IVC Transcatheter Procedure	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 44,371	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 4.46 <b>2017 NF PE RVU:</b> 67.59 <b>2017 Fac PE RVU:</b> 1.48
<b>RUC Recommendation:</b> 4.71			<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



## Status Report: CMS Requests and Relativity Assessment Issues

<b>37192</b>	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	<b>Global:</b> 000	<b>Issue:</b> IVC Transcatheter Procedure	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 38	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 7.10 <b>2017 NF PE RVU:</b> 37.54 <b>2017 Fac PE RVU:</b> 2.75
<b>RUC Recommendation:</b> 8.00		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37193</b>	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	<b>Global:</b> 000	<b>Issue:</b> IVC Transcatheter Procedure	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 6,161	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 7.10 <b>2017 NF PE RVU:</b> 35.24 <b>2017 Fac PE RVU:</b> 2.17
<b>RUC Recommendation:</b> 8.00		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37201</b>	Transcatheter therapy, infusion for thrombolysis other than coronary	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**37203** Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter) **Global:** 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 07

**Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 5.02

**2017 Work RVU:**

**2007 NF PE RVU:** 31.87

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.98

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2011

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

**37204** Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck

**Global:** 000

**Issue:** Embolization and Occlusion Procedures

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 08

**Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 18.11

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 5.75

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**37205** Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel

**Global:** 000

**Issue:** Endovascular Revascularization

**Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 8.27

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.77

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>37206</b>	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2010

**Tab 07 Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 4.12

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 1.46

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

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<b>37207</b>	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2010

**Tab 07 Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 8.27

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 2.98

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

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<b>37208</b>	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2010

**Tab 07 Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 4.12

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 1.3

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

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# Status Report: CMS Requests and Relativity Assessment Issues

**37209** Exchange of a previously placed intravascular catheter during thrombolytic therapy **Global:** 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 15

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 2.27

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.72

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**37210** Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure

**Global:** 000

**Issue:** Embolization and Occlusion Procedures

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 08

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 10.60

**2017 Work RVU:**

**2007 NF PE RVU:** 46.03

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.13

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**37211** Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day

**Global:** 000

**Issue:** Bundle Thrombolysis

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 15

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:** 10,313

**2007 Work RVU:**

**2017 Work RVU:** 7.75

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 2.18

**Result:** Decrease

**RUC Recommendation:** 8.00

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37212</b>	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 3,418	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 6.81 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.93
<b>RUC Recommendation:</b> 7.06		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37213</b>	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 3,221	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 4.75 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.41
<b>RUC Recommendation:</b> 5.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37214</b>	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 6,429	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 2.49 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 0.73
<b>RUC Recommendation:</b> 3.04		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**37220**    **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**    **Global:** 000    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1    **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 07 Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:** 11,736

**2007 Work RVU:**

**2017 Work RVU:** 7.90

**2007 NF PE RVU:**

**2017 NF PE RVU:** 77.18

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.20

**Result:** Decrease

**RUC Recommendation:** 8.15

**Referred to CPT** February 2010

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

**37221**    **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**    **Global:** 000    **Issue:** Endovascular Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 07 Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:** 38,024

**2007 Work RVU:**

**2017 Work RVU:** 9.75

**2007 NF PE RVU:**

**2017 NF PE RVU:** 116.85

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.76

**Result:** Decrease

**RUC Recommendation:** 10.00

**Referred to CPT** February 2010

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

**37222**    **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**    **Global:** ZZZ    **Issue:** Endovascular Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 07 Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:** 3,188

**2007 Work RVU:**

**2017 Work RVU:** 3.73

**2007 NF PE RVU:**

**2017 NF PE RVU:** 19.82

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.95

**Result:** Decrease

**RUC Recommendation:** 3.73

**Referred to CPT** February 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**37223**    **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**    **Global:** ZZZ    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1    **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:** 5,312

**2007 Work RVU:**

**2017 Work RVU:** 4.25

**2007 NF PE RVU:**

**2017 NF PE RVU:** 67.03

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.13

**Result:** Decrease

**RUC Recommendation:** 4.25

**Referred to CPT** February 2010

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

**37224**    **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**    **Global:** 000    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1    **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:** 33,151

**2007 Work RVU:**

**2017 Work RVU:** 8.75

**2007 NF PE RVU:**

**2017 NF PE RVU:** 94.68

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.47

**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT** February 2010

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

**37225**    **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**    **Global:** 000    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1    **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015 Medicare Utilization:** 33,667

**2007 Work RVU:**

**2017 Work RVU:** 11.75

**2007 NF PE RVU:**

**2017 NF PE RVU:** 293.97

**2007 Fac PE RVU**

**2017 Fac PE RVU:**3.49

**Result:** Decrease

**RUC Recommendation:** 12.00

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37226</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 29,419	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 10.49			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> 10.24 <b>2017 NF PE RVU:</b> 240.17 <b>2017 Fac PE RVU:</b> 2.93
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<b>37227</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 18,146	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 14.50			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> 14.25 <b>2017 NF PE RVU:</b> 400.28 <b>2017 Fac PE RVU:</b> 4.12
<hr/>					
<b>37228</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 27,772	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 11.00			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> 10.75 <b>2017 NF PE RVU:</b> 137.72 <b>2017 Fac PE RVU:</b> 2.97



## Status Report: CMS Requests and Relativity Assessment Issues

<b>37229</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 25,213	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 14.05			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> 13.80 <b>2017 NF PE RVU:</b> 287.14 <b>2017 Fac PE RVU:</b> 4.05
<hr/>					
<b>37230</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 3,035	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 13.80			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> 13.55 <b>2017 NF PE RVU:</b> 215.71 <b>2017 Fac PE RVU:</b> 4.06
<hr/>					
<b>37231</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 1,858	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 15.00			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> 14.75 <b>2017 NF PE RVU:</b> 358.10 <b>2017 Fac PE RVU:</b> 4.42
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>37232</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 9,559	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 4.00 <b>2017 NF PE RVU:</b> 28.80 <b>2017 Fac PE RVU:</b> 1.11
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>37233</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 5,562	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 6.50 <b>2017 NF PE RVU:</b> 32.79 <b>2017 Fac PE RVU:</b> 1.79
<b>RUC Recommendation:</b> 6.50			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>37234</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 355	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 5.50 <b>2017 NF PE RVU:</b> 103.34 <b>2017 Fac PE RVU:</b> 1.68
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>37235</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 136	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 7.80 <b>2017 NF PE RVU:</b> 108.81 <b>2017 Fac PE RVU:</b> 2.20
<b>RUC Recommendation:</b> 7.80			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>37236</b>	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	<b>Global:</b> 000	<b>Issue:</b> Transcatheter Placement of Intravascular Stent	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 09</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 14,738	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 8.75 <b>2017 NF PE RVU:</b> 101.61 <b>2017 Fac PE RVU:</b> 2.59
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>37237</b>	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Transcatheter Placement of Intravascular Stent	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 09</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 1,350	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 4.25 <b>2017 NF PE RVU:</b> 63.28 <b>2017 Fac PE RVU:</b> 1.14
<b>RUC Recommendation:</b> 4.25			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37238</b>	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	<b>Global:</b> 000	<b>Issue:</b> Transcatheter Placement of Intravascular Stent	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 37,245	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 6.04 <b>2017 NF PE RVU:</b> 109.80 <b>2017 Fac PE RVU:</b> 1.81
<b>RUC Recommendation:</b> 6.29		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37239</b>	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Transcatheter Placement of Intravascular Stent	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 5,065	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 2.97 <b>2017 NF PE RVU:</b> 53.14 <b>2017 Fac PE RVU:</b> 0.85
<b>RUC Recommendation:</b> 3.34		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37241</b>	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	<b>Global:</b> 000	<b>Issue:</b> Embolization and Occlusion Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 18,520	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 8.75 <b>2017 NF PE RVU:</b> 124.05 <b>2017 Fac PE RVU:</b> 2.74
<b>RUC Recommendation:</b> 9.00		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)			Global: 000	Issue: Embolization and Occlusion Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	April 2013	Tab 08	Specialty Developing Recommendation:	SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2015 Medicare Utilization: 8,487	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 9.80 2017 NF PE RVU: 199.38 2017 Fac PE RVU: 2.94
RUC Recommendation: 11.98					Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction			Global: 000	Issue: Embolization and Occlusion Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	April 2013	Tab 08	Specialty Developing Recommendation:	SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2015 Medicare Utilization: 14,091	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 11.74 2017 NF PE RVU: 260.65 2017 Fac PE RVU: 3.70
RUC Recommendation: 14.00					Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation			Global: 000	Issue: Embolization and Occlusion Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	April 2013	Tab 08	Specialty Developing Recommendation:	SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2015 Medicare Utilization: 9,240	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 13.75 2017 NF PE RVU: 175.66 2017 Fac PE RVU: 4.41
RUC Recommendation: 14.00					Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

**37246** Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

**Global:** 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2015 Medicare Utilization:**

**2007 Work RVU:** **2017 Work RVU:** 7.00  
**2007 NF PE RVU:** **2017 NF PE RVU:** 52.40  
**2007 Fac PE RVU** **2017 Fac PE RVU:** 2.09  
**Result:** Decrease

**RUC Recommendation:** 7.00 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**37247** Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2015 Medicare Utilization:**

**2007 Work RVU:** **2017 Work RVU:** 3.50  
**2007 NF PE RVU:** **2017 NF PE RVU:** 20.42  
**2007 Fac PE RVU** **2017 Fac PE RVU:** 1.00  
**Result:** Decrease

**RUC Recommendation:** 3.50 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**37248** Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

**Global:** 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2015 Medicare Utilization:**

**2007 Work RVU:** **2017 Work RVU:** 6.00  
**2007 NF PE RVU:** **2017 NF PE RVU:** 34.95  
**2007 Fac PE RVU** **2017 Fac PE RVU:** 1.82  
**Result:** Decrease

**RUC Recommendation:** 6.00 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Open and Percutaneous Transluminal Angioplasty	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 15	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: October 2015	2015 Medicare Utilization:	2007 Work RVU: 2.97 2007 NF PE RVU: 14.51 2007 Fac PE RVU: 0.86
RUC Recommendation: 2.97			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 2.97 2007 NF PE RVU: 14.51 2007 Fac PE RVU: 0.86
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Intravascular Ultrasound	Screen: Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 07	Specialty Developing Recommendation: ACC, SCAI, SIR, SVS	First Identified: July 2014	2015 Medicare Utilization: 10,556	2007 Work RVU: 2.10 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.77
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2017 Work RVU: 2017 NF PE RVU: 2017 Fac PE RVU:
37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Intravascular Ultrasound	Screen: Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 07	Specialty Developing Recommendation: ACC, SCAI, SIR, SVS	First Identified: July 2014	2015 Medicare Utilization: 12,931	2007 Work RVU: 1.60 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.54
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2017 Work RVU: 2017 NF PE RVU: 2017 Fac PE RVU:

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37252</b>	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> ACC,SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 1.80 <b>2017 NF PE RVU:</b> 36.85 <b>2017 Fac PE RVU:</b> 0.49
<b>RUC Recommendation:</b> 1.80		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37253</b>	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> ACC,SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 1.44 <b>2017 NF PE RVU:</b> 4.11 <b>2017 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> 1.44		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37609</b>	Ligation or biopsy, temporal artery	<b>Global:</b> 010	<b>Issue:</b> Ligation	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> SVS, ACS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 15,711	<b>2007 Work RVU:</b> 3.02 <b>2007 NF PE RVU:</b> 4.43 <b>2007 Fac PE RVU Result:</b> PE Only	<b>2017 Work RVU:</b> 3.05 <b>2017 NF PE RVU:</b> 5.17 <b>2017 Fac PE RVU:</b> 2.32
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>37619</b>	<b>Ligation of inferior vena cava</b>			<b>Global:</b> 090	<b>Issue:</b> Ligation of Inferior Vena Cava	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b>	ACS, SVS	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 78	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 30.00
<b>RUC Recommendation:</b> 37.60				<b>Referred to CPT</b> February 2011		<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> NA
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 11.04
						<b>Result:</b> Increase	
<hr/>							
<b>37620</b>	<b>Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)</b>			<b>Global:</b> 090	<b>Issue:</b> Major Vein Revision	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b>	ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 11.49	<b>2017 Work RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> February 2011		<b>2007 NF PE RVU:</b> NA	<b>2017 NF PE RVU:</b>
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b> 5.52	<b>2017 Fac PE RVU:</b>
						<b>Result:</b> Deleted from CPT	
<hr/>							
<b>37760</b>	<b>Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg</b>			<b>Global:</b> 090	<b>Issue:</b> Perorator Vein Ligation	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	SVS, ACS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 232	<b>2007 Work RVU:</b> 10.69	<b>2017 Work RVU:</b> 10.78
<b>RUC Recommendation:</b> 10.69				<b>Referred to CPT</b> February 2009		<b>2007 NF PE RVU:</b> NA	<b>2017 NF PE RVU:</b> NA
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b> 5.14	<b>2017 Fac PE RVU:</b> 4.67
						<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**37761** Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg **Global:** 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** SVS, ACS **First** **2015**  
**RUC Meeting:** April 2009 **Recommendation:** **Identified:** **Medicare**  
**RUC Recommendation:** 9.00 **Utilization:** 545  
**Referred to CPT** **2007 Work RVU:** **2017 Work RVU:** 9.13  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** **2017 Fac PE RVU:** 4.83  
**Result:** Increase

**37765** Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions **Global:** 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

**Most Recent** **Tab** 35 **Specialty Developing** ACS **First** **2015**  
**RUC Meeting:** October 2013 **Recommendation:** **Identified:** February 2008 **Medicare**  
**RUC Recommendation:** Review October 2017. Non-Facility PE Inputs. **Utilization:** 15,563  
**Referred to CPT** **2007 Work RVU:** 7.63 **2017 Work RVU:** 7.71  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 NF PE RVU:** NA **2017 NF PE RVU:** 9.39  
**2007 Fac PE RVU** 4.36 **2017 Fac PE RVU:** 3.80  
**Result:** PE Only

**37766** Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions **Global:** 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

**Most Recent** **Tab** 35 **Specialty Developing** ACS **First** **2015**  
**RUC Meeting:** October 2013 **Recommendation:** **Identified:** February 2008 **Medicare**  
**RUC Recommendation:** Review October 2017. Non-Facility PE Inputs. **Utilization:** 12,146  
**Referred to CPT** **2007 Work RVU:** 9.58 **2017 Work RVU:** 9.66  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 NF PE RVU:** NA **2017 NF PE RVU:** 10.55  
**2007 Fac PE RVU** 5.01 **2017 Fac PE RVU:** 4.35  
**Result:** PE Only

**37785** Ligation, division, and/or excision of varicose vein cluster(s), 1 leg **Global:** 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** APMA, SVS, ACS **First** **2015**  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare**  
**RUC Recommendation:** Reduce 99238 to 0.5 **Utilization:** 1,616  
**Referred to CPT** **2007 Work RVU:** 3.87 **2017 Work RVU:** 3.93  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 NF PE RVU:** 5.12 **2017 NF PE RVU:** 5.38  
**2007 Fac PE RVU** 2.69 **2017 Fac PE RVU:** 2.81  
**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

## 38220 Bone marrow; aspiration only

Global: XXX

Issue: Diagnostic Bone Marrow Aspiration and Biopsy

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 06

Specialty Developing  
Recommendation:

ASCO, ASH,  
CAP  
ASBMT

First  
Identified: February 2016

2015  
Medicare  
Utilization: 32,285

2007 Work RVU: 1.08

2017 Work RVU: 1.08

2007 NF PE RVU: 3.46

2017 NF PE RVU: 3.54

2007 Fac PE RVU 0.5

2017 Fac PE RVU:0.55

Result: Decrease

RUC Recommendation: 1.20

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

## 38221 Bone marrow; biopsy, needle or trocar

Global: XXX

Issue: Diagnostic Bone Marrow Aspiration and Biopsy

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 06

Specialty Developing  
Recommendation:

ASCO, ASH,  
CAP  
ASBMT

First  
Identified: July 2015

2015  
Medicare  
Utilization: 124,855

2007 Work RVU: 1.37

2017 Work RVU: 1.37

2007 NF PE RVU: 3.64

2017 NF PE RVU: 3.31

2007 Fac PE RVU 0.63

2017 Fac PE RVU:0.69

Result: Decrease

RUC Recommendation: 1.28

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

## 382X3

Global:

Issue: Diagnostic Bone Marrow Aspiration and Biopsy

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 06

Specialty Developing  
Recommendation:

ASCO, ASH,  
CAP  
ASBMT

First  
Identified: February 2016

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result: Decrease

RUC Recommendation: 1.44

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

## 38542 Dissection, deep jugular node(s)

Global: 090

Issue: Jugular Node Dissection

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: April 2008

Tab 40

Specialty Developing  
Recommendation:

ACS, AAO-  
HNS

First  
Identified: September 2007

2015  
Medicare  
Utilization: 755

2007 Work RVU: 6.08

2017 Work RVU: 7.95

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 4.3

2017 Fac PE RVU:5.62

Result: Increase

RUC Recommendation: 7.85

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

<b>38570</b>	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	<b>Global:</b> 010	<b>Issue:</b> Laparoscopy Lymphadenectomy	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 1,941	<b>2007 Work RVU:</b> 9.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.98 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 8.49 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.67
<b>RUC Recommendation:</b> 9.34		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>38571</b>	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	<b>Global:</b> 010	<b>Issue:</b> Laparoscopy Lymphadenectomy	<b>Screen:</b> CMS Fastest Growing / 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 12,321	<b>2007 Work RVU:</b> 14.70 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.97 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 12.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 5.78
<b>RUC Recommendation:</b> 12.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>38572</b>	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	<b>Global:</b> 010	<b>Issue:</b> Laparoscopy Lymphadenectomy	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 2,639	<b>2007 Work RVU:</b> 16.86 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.86 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 15.60 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 8.40
<b>RUC Recommendation:</b> 15.60		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>39400</b>	<b>Mediastinoscopy, includes biopsy(ies), when performed</b>	<b>Global:</b> 010	<b>Issue:</b> Mediastinoscopy with Biopsy	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 7,551	<b>2007 Work RVU:</b> 8.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.68 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>39401</b>	<b>Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed</b>	<b>Global:</b> 000	<b>Issue:</b> Mediastinoscopy with Biopsy	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 5.44 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.30
<b>RUC Recommendation:</b> 5.44		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>39402</b>	<b>Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)</b>	<b>Global:</b> 000	<b>Issue:</b> Mediastinoscopy with Biopsy	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2017 Work RVU:</b> 7.25 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.82
<b>RUC Recommendation:</b> 7.50		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>40490</b>	<b>Biopsy of lip</b>	<b>Global:</b> 000	<b>Issue:</b> Biopsy of Lip	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAO-HNS, AAD	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 33,255	<b>2007 Work RVU:</b> 1.22 <b>2007 NF PE RVU:</b> 1.75 <b>2007 Fac PE RVU:</b> 0.61 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.22 <b>2017 NF PE RVU:</b> 2.30 <b>2017 Fac PE RVU:</b> 0.74
<b>RUC Recommendation:</b> 1.22		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**40650** Repair lip, full thickness; vermilion only **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 317 **2007 Work RVU:** 3.69 **2017 Work RVU:** 3.78 **2007 NF PE RVU:** 6.58 **2017 NF PE RVU:** 8.23 **2007 Fac PE RVU:** 3.26 **2017 Fac PE RVU:** 4.28

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Nov 2016 **Result:** PE Only

**40800** Drainage of abscess, cyst, hematoma, vestibule of mouth; simple **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2015 Medicare Utilization:** 1,276 **2007 Work RVU:** 1.19 **2017 Work RVU:** 1.23 **2007 NF PE RVU:** 3.18 **2017 NF PE RVU:** 4.73 **2007 Fac PE RVU:** 1.8 **2017 Fac PE RVU:** 2.42

**RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**40812** Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2015 Medicare Utilization:** 6,195 **2007 Work RVU:** 2.33 **2017 Work RVU:** 2.37 **2007 NF PE RVU:** 3.92 **2017 NF PE RVU:** 5.62 **2007 Fac PE RVU:** 2.37 **2017 Fac PE RVU:** 3.02

**RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**40820** Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical) **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2015 Medicare Utilization:** 1,130 **2007 Work RVU:** 1.30 **2017 Work RVU:** 1.34 **2007 NF PE RVU:** 4.23 **2017 NF PE RVU:** 6.14 **2007 Fac PE RVU:** 2.54 **2017 Fac PE RVU:** 3.49

**RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**41530** Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session      **Global:** 000      **Issue:** Submucosal ablation of tongue base      **Screen:** Final Rule for 2015      **Complete?** Yes

**Most Recent RUC Meeting:** April 2015      **Tab** 26      **Specialty Developing Recommendation:** AAO-HNS      **First Identified:** July 2014      **2015 Medicare Utilization:** 3,087      **2007 Work RVU:**      **2017 Work RVU:** 3.50  
**2007 NF PE RVU:**      **2017 NF PE RVU:** 24.11  
**2007 Fac PE RVU:**      **2017 Fac PE RVU:** 6.88  
**Result:** Decrease

**RUC Recommendation:** 3.50      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**42145** Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)      **Global:** 090      **Issue:** Palatopharyngoplasty      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent RUC Meeting:** April 2008      **Tab** 41      **Specialty Developing Recommendation:** AAO-HNS      **First Identified:** September 2007      **2015 Medicare Utilization:** 896      **2007 Work RVU:** 9.63      **2017 Work RVU:** 9.78  
**2007 NF PE RVU:** NA      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.33      **2017 Fac PE RVU:** 9.13  
**Result:** Maintain

**RUC Recommendation:** 9.63      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**42415** Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve      **Global:** 090      **Issue:** Excise Parotid Gland/Lesion      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent RUC Meeting:** February 2011      **Tab** 27      **Specialty Developing Recommendation:** ACS, AAO-HNS      **First Identified:** September 2007      **2015 Medicare Utilization:** 5,091      **2007 Work RVU:** 17.99      **2017 Work RVU:** 17.16  
**2007 NF PE RVU:** NA      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 10.11      **2017 Fac PE RVU:** 10.77  
**Result:** Maintain

**RUC Recommendation:** 18.12      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**42420** Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve      **Global:** 090      **Issue:** Excise Parotid Gland/Lesion      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent RUC Meeting:** February 2011      **Tab** 27      **Specialty Developing Recommendation:** ACS, AAO-HNS      **First Identified:** September 2007      **2015 Medicare Utilization:** 1,619      **2007 Work RVU:** 20.87      **2017 Work RVU:** 19.53  
**2007 NF PE RVU:** NA      **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 11.46      **2017 Fac PE RVU:** 11.77  
**Result:** Maintain

**RUC Recommendation:** 21.00      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**42440** Excision of submandibular (submaxillary) gland Global: 090 Issue: Submandibular Gland Excision Screen: Site of Service Anomaly Complete? Yes

<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 64	<b>Specialty Developing Recommendation:</b> AAO-HNS, ACS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,893	<b>2007 Work RVU:</b> 7.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.48 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 6.14 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.82
<b>RUC Recommendation:</b> 7.13			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

**43191** Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure) Global: 000 Issue: Esophagoscopy Screen: MPC List Complete? Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 2,812	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2017 Work RVU:</b> 2.49 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.61
<b>RUC Recommendation:</b> 2.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

**43192** Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance Global: 000 Issue: Esophagoscopy Screen: MPC List Complete? Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 144	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2017 Work RVU:</b> 2.79 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.74
<b>RUC Recommendation:</b> 3.21			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

**43193** Esophagoscopy, rigid, transoral; with biopsy, single or multiple Global: 000 Issue: Esophagoscopy Screen: MPC List Complete? Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 267	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2017 Work RVU:</b> 2.79 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.71
<b>RUC Recommendation:</b> 3.36			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			



# Status Report: CMS Requests and Relativity Assessment Issues

**43194** Esophagoscopy, rigid, transoral; with removal of foreign body(s) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 204

**RUC Recommendation:** 3.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2017 Work RVU:** 3.51  
**2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** **2017 Fac PE RVU:**1.52  
**Result:** Increase

**43195** Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 393

**RUC Recommendation:** 3.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2017 Work RVU:** 3.07  
**2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** **2017 Fac PE RVU:**1.84  
**Result:** Increase

**43196** Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 341

**RUC Recommendation:** 3.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2017 Work RVU:** 3.31  
**2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** **2017 Fac PE RVU:**1.91  
**Result:** Increase

**43197** Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2015 Medicare Utilization:** 1,858

**RUC Recommendation:** 1.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2017 Work RVU:** 1.52  
**2007 NF PE RVU:** **2017 NF PE RVU:** 3.61  
**2007 Fac PE RVU** **2017 Fac PE RVU:**0.65  
**Result:** Maintain

## *Status Report: CMS Requests and Relativity Assessment Issues*

<b>43198</b>	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple			<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	AAO-HNS, ASGE, SAGES, AGA	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 302	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 1.82
						<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 3.85
						<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 0.78
<b>RUC Recommendation:</b> 1.89				<b>Referred to CPT</b>		<b>Result:</b> Maintain	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes							
Most Recent RUC Meeting:	October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, AGA, ASGE, SAGES	First Identified:	September 2011	2015 Medicare Utilization:	8,042	2007 Work RVU:	1.59	2017 Work RVU:	1.42
									2007 NF PE RVU:	3.98	2017 NF PE RVU:	4.51
									2007 Fac PE RVU	1.04	2017 Fac PE RVU:	0.92
RUC Recommendation:	1.59				Referred to CPT	May 2012			Result:	Maintain		
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:					

<b>43201</b>	<b>Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 339	<b>2007 Work RVU:</b> 2.09 <b>2007 NF PE RVU:</b> 4.86 <b>2007 Fac PE RVU:</b> 1.12 <b>2017 Work RVU:</b> 1.72 <b>2017 NF PE RVU:</b> 4.31 <b>2017 Fac PE RVU:</b> 1.05
<b>RUC Recommendation:</b> 1.90			<b>Referred to CPT</b> May 2012	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>43202</b>	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 2,763	<b>2007 Work RVU:</b> 1.89 <b>2007 NF PE RVU:</b> 5.44 <b>2007 Fac PE RVU:</b> 0.95 <b>2017 Work RVU:</b> 1.72 <b>2017 NF PE RVU:</b> 6.74 <b>2017 Fac PE RVU:</b> 1.05
<b>RUC Recommendation:</b> 1.89			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Result:</b> Maintain	
			<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**43204** Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 19	<b>2007 Work RVU:</b> 3.76	<b>2017 Work RVU:</b> 2.33
					<b>2007 NF PE RVU:</b> NA	<b>2017 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU</b> 1.63	<b>2017 Fac PE RVU:</b> 1.36
<b>RUC Recommendation:</b> 2.89			<b>Referred to CPT</b> May 2012		<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**43205** Esophagoscopy, flexible, transoral; with band ligation of esophageal varices      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 215	<b>2007 Work RVU:</b> 3.78	<b>2017 Work RVU:</b> 2.44
					<b>2007 NF PE RVU:</b> NA	<b>2017 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU</b> 1.66	<b>2017 Fac PE RVU:</b> 1.40
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> May 2012		<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**43206** Esophagoscopy, flexible, transoral; with optical endomicroscopy      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 65	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 2.29
					<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 4.97
					<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 1.33
<b>RUC Recommendation:</b> 2.39			<b>Referred to CPT</b>		<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**43211** Esophagoscopy, flexible, transoral; with endoscopic mucosal resection      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 144	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 4.20
					<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 2.18
<b>RUC Recommendation:</b> 4.58			<b>Referred to CPT</b>		<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**43212** Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 644

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 3.40  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**1.58

**RUC Recommendation:** 3.73

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

**43213** Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 413

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 4.63  
**2017 NF PE RVU:** 27.38  
**2017 Fac PE RVU:**2.31

**RUC Recommendation:** 5.00

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

**43214** Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 189

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 3.40  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**1.77

**RUC Recommendation:** 3.78

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

**43215** Esophagoscopy, flexible, transoral; with removal of foreign body(s) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AAO-HNS, AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 1,171

**2007 Work RVU:** 2.60  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU Result:** Maintain

**2017 Work RVU:** 2.44  
**2017 NF PE RVU:** 7.40  
**2017 Fac PE RVU:**1.33

**RUC Recommendation:** 2.60

**Referred to CPT** May 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**43216** Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 70

**2007 Work RVU:** 2.40

**2017 Work RVU:** 2.30

**2007 NF PE RVU:** 1.55

**2017 NF PE RVU:** 7.52

**2007 Fac PE RVU** 1.1

**2017 Fac PE RVU:**1.35

**Result:** Maintain

**RUC Recommendation:** 2.40

**Referred to CPT** May 2012

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

**43217** Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 89

**2007 Work RVU:** 2.90

**2017 Work RVU:** 2.80

**2007 NF PE RVU:** 6.85

**2017 NF PE RVU:** 7.57

**2007 Fac PE RVU** 1.25

**2017 Fac PE RVU:**1.50

**Result:** Maintain

**RUC Recommendation:** 2.90

**Referred to CPT** May 2012

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

**43219** Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 2.80

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.4

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2012

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

**43220** Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 2,097

**2007 Work RVU:** 2.10

**2017 Work RVU:** 2.00

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** 28.11

**2007 Fac PE RVU** 1.01

**2017 Fac PE RVU:**1.17

**Result:** Maintain

**RUC Recommendation:** 2.10

**Referred to CPT** May 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**43226** Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 1,768 **2007 Work RVU:** 2.34 **2017 Work RVU:** 2.24 **2007 NF PE RVU:** NA **2017 NF PE RVU:** 6.44 **2007 Fac PE RVU:** 1.1 **2017 Fac PE RVU:** 1.25 **RUC Recommendation:** 2.34 **Result:** Maintain **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43227** Esophagoscopy, flexible, transoral; with control of bleeding, any method **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 356 **2007 Work RVU:** 3.59 **2017 Work RVU:** 2.89 **2007 NF PE RVU:** NA **2017 NF PE RVU:** 14.54 **2007 Fac PE RVU:** 1.55 **2017 Fac PE RVU:** 1.57 **RUC Recommendation:** 3.26 **Result:** Decrease **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43228** Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** **2007 Work RVU:** 3.76 **2017 Work RVU:** **2007 NF PE RVU:** NA **2017 NF PE RVU:** **2007 Fac PE RVU:** 1.63 **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43229** Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 3,689 **2007 Work RVU:** **2017 Work RVU:** 3.49 **2007 NF PE RVU:** **2017 NF PE RVU:** 14.36 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 1.83 **RUC Recommendation:** 3.72 **Result:** Decrease **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## *Status Report: CMS Requests and Relativity Assessment Issues*

<b>43231</b>	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 535	<b>2007 Work RVU:</b> 3.19 <b>2017 Work RVU:</b> 2.80 <b>2007 NF PE RVU:</b> NA <b>2017 NF PE RVU:</b> 6.37 <b>2007 Fac PE RVU:</b> 1.42 <b>2017 Fac PE RVU:</b> 1.55
<b>RUC Recommendation:</b> 3.19			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Result:</b> Maintain	
			<b>Published in CPT Asst:</b>		

<b>43232</b>	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 477	<b>2007 Work RVU:</b> 4.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.96 <b>2017 Work RVU:</b> 3.59 <b>2017 NF PE RVU:</b> 7.42 <b>2017 Fac PE RVU:</b> 1.80
<b>RUC Recommendation:</b> 3.83			<b>Referred to CPT</b> May 2012	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)			Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes					
Most Recent RUC Meeting:	January 2013	Tab 08	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified:	2015 Medicare Utilization: 1,762	2007 Work RVU:	2007 NF PE RVU:	2007 Fac PE RVU	2017 Work RVU: 4.07	2017 NF PE RVU: NA	2017 Fac PE RVU:2.04
RUC Recommendation:	4.45				Referred to CPT	October 2012	Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		Result:	Decrease

<b>43234</b>	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.01 <b>2007 NF PE RVU:</b> 5.23 <b>2007 Fac PE RVU:</b> 0.91 <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012	<b>Result:</b> Deleted from CPT	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



## Status Report: CMS Requests and Relativity Assessment Issues

**43235** Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** October 2010

**2015 Medicare Utilization:** 353,722

**2007 Work RVU:** 2.39

**2017 Work RVU:** 2.09

**2007 NF PE RVU:** 5.19

**2017 NF PE RVU:** 4.90

**2007 Fac PE RVU** 1.11

**2017 Fac PE RVU:**1.23

**Result:** Decrease

**RUC Recommendation:** 2.26

**Referred to CPT** October 2012

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

**43236** Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance

**Global:** 000

**Issue:** EGD

**Screen:** CMS Fastest Growing / MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** October 2008

**2015 Medicare Utilization:** 15,556

**2007 Work RVU:** 2.92

**2017 Work RVU:** 2.39

**2007 NF PE RVU:** 6.47

**2017 NF PE RVU:** 6.64

**2007 Fac PE RVU** 1.33

**2017 Fac PE RVU:**1.37

**Result:** Decrease

**RUC Recommendation:** 2.57

**Referred to CPT** October 2012

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2009 and Jun 2010

**43237** Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures

**Global:** 000

**Issue:** EGD

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 11

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 9,387

**2007 Work RVU:** 3.98

**2017 Work RVU:** 3.47

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 1.74

**2017 Fac PE RVU:**1.84

**Result:** Decrease

**RUC Recommendation:** 3.85

**Referred to CPT** February 2013

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



## Status Report: CMS Requests and Relativity Assessment Issues

<b>43238</b>	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 7,665	<b>2007 Work RVU:</b> 5.02 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.11 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 4.16 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.15
<b>RUC Recommendation:</b> 4.50		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>43239</b>	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 1,393,193	<b>2007 Work RVU:</b> 2.87 <b>2007 NF PE RVU:</b> 5.79 <b>2007 Fac PE RVU:</b> 1.29 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 2.39 <b>2017 NF PE RVU:</b> 7.02 <b>2017 Fac PE RVU:</b> 1.37
<b>RUC Recommendation:</b> 2.56		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>43240</b>	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 567	<b>2007 Work RVU:</b> 6.85 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.82 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 7.15 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.47
<b>RUC Recommendation:</b> 7.25		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**43241** Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 3,630 **2007 Work RVU:** 2.59 **2017 Work RVU:** 2.49 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 1.18 **2017 Fac PE RVU:** 1.35 **RUC Recommendation:** 2.59 **Referred to CPT:** October 2012 **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Maintain

**43242** Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) **Global:** 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2015 Medicare Utilization:** 25,689 **2007 Work RVU:** 7.30 **2017 Work RVU:** 4.73 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 2.98 **2017 Fac PE RVU:** 2.41 **RUC Recommendation:** 5.39 **Referred to CPT:** February 2013 **Referred to CPT Asst:** ☒ **Published in CPT Asst:** Mar 2009 **Result:** Decrease

**43243** Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 1,394 **2007 Work RVU:** 4.56 **2017 Work RVU:** 4.27 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 1.94 **2017 Fac PE RVU:** 2.14 **RUC Recommendation:** 4.37 **Referred to CPT:** October 2012 **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**43244** Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2015**  
**RUC Meeting:** January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 19,722  
**RUC Recommendation:** 4.50 **Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**  
**2007 Work RVU:** 5.04 **2017 Work RVU:** 4.40  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 2.14 **2017 Fac PE RVU:** 2.26  
**Result:** Decrease

**43245** Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2015**  
**RUC Meeting:** January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 14,492  
**RUC Recommendation:** 3.18 **Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**  
**2007 Work RVU:** 3.18 **2017 Work RVU:** 3.08  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** 12.13  
**2007 Fac PE RVU** 1.39 **2017 Fac PE RVU:** 1.62  
**Result:** Maintain

**43246** Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 11 **Specialty Developing** AGA, ASGE, **First** **2015**  
**RUC Meeting:** April 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 94,189  
**RUC Recommendation:** 4.32 **Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**  
**2007 Work RVU:** 4.32 **2017 Work RVU:** 3.56  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 1.8 **2017 Fac PE RVU:** 1.77  
**Result:** Maintain

**43247** Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2015**  
**RUC Meeting:** January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 28,025  
**RUC Recommendation:** 3.27 **Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**  
**2007 Work RVU:** 3.38 **2017 Work RVU:** 3.11  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** 6.40  
**2007 Fac PE RVU** 1.48 **2017 Fac PE RVU:** 1.66  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**43248** Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2015**  
**RUC Meeting:** January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 102,824

**RUC Recommendation:** 3.01

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 3.15 **2017 Work RVU:** 2.91  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** 6.66  
**2007 Fac PE RVU** 1.43 **2017 Fac PE RVU:** 1.59  
**Result:** Decrease

**43249** Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2015**  
**RUC Meeting:** January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 100,132

**RUC Recommendation:** 2.77

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 2.90 **2017 Work RVU:** 2.67  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** 25.79  
**2007 Fac PE RVU** 1.32 **2017 Fac PE RVU:** 1.49  
**Result:** Decrease

**43250** Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2015**  
**RUC Meeting:** January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 4,772

**RUC Recommendation:** 3.07

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 3.20 **2017 Work RVU:** 2.97  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** 7.85  
**2007 Fac PE RVU** 1.4 **2017 Fac PE RVU:** 1.57  
**Result:** Decrease

**43251** Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 11 **Specialty Developing** AGA, ASGE, **First** **2015**  
**RUC Meeting:** April 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 28,832

**RUC Recommendation:** 3.57

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 3.69 **2017 Work RVU:** 3.47  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** 8.57  
**2007 Fac PE RVU** 1.6 **2017 Fac PE RVU:** 1.83  
**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**43253** Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 11

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:**

**2015 Medicare Utilization:** 1,411

**2007 Work RVU:**

**2017 Work RVU:** 4.73

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.41

**Result:** Decrease

**RUC Recommendation:** 5.39

**Referred to CPT** February 2013

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

**43254** Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:**

**2015 Medicare Utilization:** 3,601

**2007 Work RVU:**

**2017 Work RVU:** 4.87

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.46

**Result:** Decrease

**RUC Recommendation:** 5.25

**Referred to CPT** October 2012

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

**43255** Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 56,198

**2007 Work RVU:** 4.81

**2017 Work RVU:** 3.56

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** 14.84

**2007 Fac PE RVU** 2.05

**2017 Fac PE RVU:**1.89

**Result:** Decrease

**RUC Recommendation:** 4.20

**Referred to CPT** October 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

**43256** Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 4.34

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 1.85

**Result:** Deleted from CPT

**2017 Work RVU:**

**2017 NF PE RVU:**

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**43257** Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease

**Global:** 000

**Issue:** EGD

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 283

**2007 Work RVU:** 5.50

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 2.16

**Result:** Decrease

**2017 Work RVU:** 4.15

**2017 NF PE RVU:** NA

**2017 Fac PE RVU:** 2.09

**RUC Recommendation:** 4.25

**Referred to CPT** October 2012

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

**43258** Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

**Global:** 000

**Issue:** EGD

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 4.54

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 1.94

**Result:** Deleted from CPT

**2017 Work RVU:**

**2017 NF PE RVU:**

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43259</b>	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 35,362	<b>2007 Work RVU:</b> 5.19 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.17 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.74			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2009	<b>2017 Work RVU:</b> 4.04 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.10
<b>43260</b>	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 7,002	<b>2007 Work RVU:</b> 5.95 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.49 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 5.95			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 5.85 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.90
<b>43261</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 7,679	<b>2007 Work RVU:</b> 6.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.61 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.25			<b>Referred to CPT</b> January 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 6.15 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.04

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43262</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy			<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 33,549	<b>2007 Work RVU:</b> 7.38 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.03 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 6.50 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.19
<b>RUC Recommendation:</b> 6.60				<b>Referred to CPT</b> January 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>43263</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi			<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 262	<b>2007 Work RVU:</b> 7.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.02 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 6.50 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.19
<b>RUC Recommendation:</b> 7.28				<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>43264</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)			<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, SAGES	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 48,042	<b>2007 Work RVU:</b> 8.89 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.61 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 6.63 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.25
<b>RUC Recommendation:</b> 6.73				<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

**43265** Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy) **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011 **2015 Medicare Utilization:** 2,672

**2007 Work RVU:** 10.00  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.03  
**Result:** Decrease

**2017 Work RVU:** 7.93  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 3.82

**RUC Recommendation:** 8.03

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43266** Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab 08 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** **2015 Medicare Utilization:** 4,783

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU:**  
**Result:** Decrease

**2017 Work RVU:** 3.92  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 1.94

**RUC Recommendation:** 4.40

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43267** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011 **2015 Medicare Utilization:**

**2007 Work RVU:** 7.38  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU:** 3.01  
**Result:** Deleted from CPT

**2017 Work RVU:**  
**2017 NF PE RVU:**  
**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**43268** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct **Global:** 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 12

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** April 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 7.38

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.15

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**43269** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent

**Global:** 000

**Issue:** ERCP

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 12

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 8.20

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.35

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**43270** Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

**Global:** 000

**Issue:** EGD

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:**

**2015 Medicare Utilization:** 17,999

**2007 Work RVU:**

**2017 Work RVU:** 4.01

**2007 NF PE RVU:**

**2017 NF PE RVU:** 14.39

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 2.08

**Result:** Decrease

**RUC Recommendation:** 4.39

**Referred to CPT** October 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

**43271** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 7.38

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 3.03

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**43272** Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

**Global:** 000 **Issue:** ERCP

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 7.38

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 3.05

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**43273** Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)

**Global:** ZZZ **Issue:** ERCP

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 5,935

**2007 Work RVU:**

**2017 Work RVU:** 2.24

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.99

**Result:** Maintain

**RUC Recommendation:** 2.24

**Referred to CPT** February 2013

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43274</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent**  
**RUC Meeting:** April 2013

**Tab** 12

**Specialty Developing**  
**Recommendation:**

AGA, ASGE,  
SAGES

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:** 38,845

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 8.48  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**4.07

**RUC Recommendation:** 8.74

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>43275</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent**  
**RUC Meeting:** April 2013

**Tab** 12

**Specialty Developing**  
**Recommendation:**

AGA, ASGE,  
SAGES

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:** 12,128

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 6.86  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**3.35

**RUC Recommendation:** 6.96

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>43276</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent**  
**RUC Meeting:** April 2013

**Tab** 12

**Specialty Developing**  
**Recommendation:**

AGA, ASGE,  
SAGES

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:** 12,214

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 8.84  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**4.23

**RUC Recommendation:** 9.10

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**43277** Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 6,156

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 6.90  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 3.37

**RUC Recommendation:** 7.11

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43278** Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 461

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 7.92  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 3.82

**RUC Recommendation:** 8.08

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43450** Dilation of esophagus, by unguided sound or bougie, single or multiple passes **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab 17 Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS

**First Identified:** September 2011

**2015 Medicare Utilization:** 69,072

**2007 Work RVU:** 1.38  
**2007 NF PE RVU:** 2.64  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 1.28  
**2017 NF PE RVU:** 3.01  
**2017 Fac PE RVU:** 0.88

**RUC Recommendation:** 1.30

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

**43453** Dilation of esophagus, over guide wire **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab 17 Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS

**First Identified:** September 2011

**2015 Medicare Utilization:** 2,321

**2007 Work RVU:** 1.51  
**2007 NF PE RVU:** 6.12  
**2007 Fac PE RVU Result:** Maintain

**2017 Work RVU:** 1.41  
**2017 NF PE RVU:** 24.18  
**2017 Fac PE RVU:** 0.93

**RUC Recommendation:** 1.51

**Referred to CPT** May 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43456</b>	<b>Dilation of esophagus, by balloon or dilator, retrograde</b>	<b>Global:</b> 000	<b>Issue:</b> Dilation of Esophagus	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2012	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES, AAO-HNS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.57 <b>2007 NF PE RVU:</b> 13.55 <b>2007 Fac PE RVU:</b> 1.2 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

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<b>43458</b>	<b>Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia</b>	<b>Global:</b> 000	<b>Issue:</b> Dilation of Esophagus	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2012	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES, AAO-HNS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.06 <b>2007 NF PE RVU:</b> 6.72 <b>2007 Fac PE RVU:</b> 1.37 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

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<b>43760</b>	<b>Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance</b>	<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> No
<b>Most Recent</b> <b>RUC Meeting:</b>	<b>Tab</b> <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b>	<b>2017 Work RVU:</b> 0.90 <b>2017 NF PE RVU:</b> 12.87 <b>2017 Fac PE RVU:</b> 0.33
<b>RUC Recommendation:</b>		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

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<b>44143</b>	<b>Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2016	<b>Tab</b> 54 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 10,915	<b>2007 Work RVU:</b> 27.63 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.6 <b>Result:</b> Remove from screen	<b>2017 Work RVU:</b> 27.79 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 14.18
<b>RUC Recommendation:</b> 99214 visit appropriate. Remove from screen.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

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# Status Report: CMS Requests and Relativity Assessment Issues

**44205** Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2015 Medicare Utilization:** 10,733 **2007 Work RVU:** 22.86 **2017 Work RVU:** 22.95 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 8.6 **2017 Fac PE RVU:** 11.05 **Result:** Remove from Screen

**RUC Recommendation:** Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44207** Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2015 Medicare Utilization:** 8,411 **2007 Work RVU:** 31.79 **2017 Work RVU:** 31.92 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 11.17 **2017 Fac PE RVU:** 14.49 **Result:** Remove from Screen

**RUC Recommendation:** Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44380** Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:** 2,483 **2007 Work RVU:** 1.05 **2017 Work RVU:** 0.87 **2007 NF PE RVU:** NA **2017 NF PE RVU:** 3.79 **2007 Fac PE RVU:** 0.6 **2017 Fac PE RVU:** 0.67 **Result:** Decrease

**RUC Recommendation:** 0.97 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44381** Ileoscopy, through stoma; with transendoscopic balloon dilation **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 1.38 **2007 NF PE RVU:** **2017 NF PE RVU:** 24.96 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.92 **Result:** Decrease

**RUC Recommendation:** 1.48 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**44382** Ileoscopy, through stoma; with biopsy, single or multiple **Global:** 000 **Issue:** Ileoscopy  
Ileoscopy  
Ileoscopy  
Ileoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab** 04

**Specialty Developing** AGA, ASGE,  
**Recommendation:** ACG

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:** 1,507

**2007 Work RVU:** 1.27

**2017 Work RVU:** 1.17

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** 6.11

**2007 Fac PE RVU** 0.67

**2017 Fac PE RVU:**0.83

**Result:** Maintain

**RUC Recommendation:** 1.27

**Referred to CPT** May 2013

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

**44383** Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)

**Global:** 000

**Issue:** Ileoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab** 04

**Specialty Developing** AGA, ASGE,  
**Recommendation:** ACG

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 2.94

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.36

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

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

**44384** Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

**Global:** 000

**Issue:** Ileoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab** 04

**Specialty Developing** AGA, ASGE,  
**Recommendation:** ACG

**First**  
**Identified:** May 2013

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 2.85

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.30

**Result:** Decrease

**RUC Recommendation:** 3.11

**Referred to CPT** May 2013

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



## Status Report: CMS Requests and Relativity Assessment Issues

**44385** Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 05

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 1,367

**2007 Work RVU:** 1.82  
**2007 NF PE RVU:** 3.73  
**2007 Fac PE RVU:** 0.79

**2017 Work RVU:** 1.20  
**2017 NF PE RVU:** 4.05  
**2017 Fac PE RVU:** 0.74

**RUC Recommendation:** 1.30

**Referred to CPT** May 2013

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

**Result:** Decrease

**44386** Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple **Global:** 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 05

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 1,310

**2007 Work RVU:** 2.12  
**2007 NF PE RVU:** 6.66  
**2007 Fac PE RVU:** 0.93

**2017 Work RVU:** 1.50  
**2017 NF PE RVU:** 6.39  
**2017 Fac PE RVU:** 0.90

**RUC Recommendation:** 1.60

**Referred to CPT** May 2013

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

**Result:** Decrease

**44388** Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** September 2011

**2015 Medicare Utilization:** 5,136

**2007 Work RVU:** 2.82  
**2007 NF PE RVU:** 5.34  
**2007 Fac PE RVU:** 1.21

**2017 Work RVU:** 2.72  
**2017 NF PE RVU:** 5.06  
**2017 Fac PE RVU:** 1.44

**RUC Recommendation:** 2.82

**Referred to CPT** October 2013

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>44389</b>	Colonoscopy through stoma; with biopsy, single or multiple	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 2,343	<b>2007 Work RVU:</b> 3.13 <b>2007 NF PE RVU:</b> 6.73 <b>2007 Fac PE RVU:</b> 1.35	<b>2017 Work RVU:</b> 3.02 <b>2017 NF PE RVU:</b> 7.30 <b>2017 Fac PE RVU:</b> 1.59
<b>RUC Recommendation:</b> 3.12		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>44390</b>	Colonoscopy through stoma; with removal of foreign body(s)	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 33	<b>2007 Work RVU:</b> 3.82 <b>2007 NF PE RVU:</b> 7.32 <b>2007 Fac PE RVU:</b> 1.57	<b>2017 Work RVU:</b> 3.74 <b>2017 NF PE RVU:</b> 6.43 <b>2017 Fac PE RVU:</b> 1.98
<b>RUC Recommendation:</b> 3.82		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<b>44391</b>	Colonoscopy through stoma; with control of bleeding, any method	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 197	<b>2007 Work RVU:</b> 4.31 <b>2007 NF PE RVU:</b> 8.78 <b>2007 Fac PE RVU:</b> 1.83	<b>2017 Work RVU:</b> 4.12 <b>2017 NF PE RVU:</b> 14.99 <b>2017 Fac PE RVU:</b> 2.10
<b>RUC Recommendation:</b> 4.22		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

**44392** Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** September 2011

**2015 Medicare Utilization:** 521

**2007 Work RVU:** 3.81

**2017 Work RVU:** 3.53

**2007 NF PE RVU:** 6.78

**2017 NF PE RVU:** 5.90

**2007 Fac PE RVU** 1.55

**2017 Fac PE RVU:**1.76

**RUC Recommendation:** 3.63

**Referred to CPT** October 2013

**Result:** Decrease

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

**44393** Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

**Global:** 000

**Issue:** Colonoscopy through stoma

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 4.83

**2017 Work RVU:**

**2007 NF PE RVU:** 7.14

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.91

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**Result:** Deleted from CPT

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

**44394** Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

**Global:** 000

**Issue:** Colonoscopy through stoma

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** September 2011

**2015 Medicare Utilization:** 1,595

**2007 Work RVU:** 4.42

**2017 Work RVU:** 4.03

**2007 NF PE RVU:** 7.97

**2017 NF PE RVU:** 6.88

**2007 Fac PE RVU** 1.81

**2017 Fac PE RVU:**2.02

**RUC Recommendation:** 4.13

**Referred to CPT** October 2013

**Result:** Decrease

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

## Status Report: CMS Requests and Relativity Assessment Issues

**44397** Colonoscopy through stoma; with transendoscopic stent placement (includes predilation) **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 4.70

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 1.93

**2017 Work RVU:**

**2017 NF PE RVU:**

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**Result:** Deleted from CPT

**44401** Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)

**Global:** 000

**Issue:** Colonoscopy through stoma

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Work RVU:** 4.34

**2017 NF PE RVU:** 85.12

**2017 Fac PE RVU:**2.15

**RUC Recommendation:** 4.44

**Referred to CPT** October 2013

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

**Result:** Decrease

**44402** Colonoscopy through stoma; with endoscopic stent placement (including pre-and post-dilation and guide wire passage, when performed)

**Global:** 000

**Issue:** Colonoscopy through stoma

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** January 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Work RVU:** 4.70

**2017 NF PE RVU:** NA

**2017 Fac PE RVU:**2.32

**RUC Recommendation:** 4.96

**Referred to CPT** October 2013

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**44403** Colonoscopy through stoma; with endoscopic mucosal resection **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** January 2014

**2015 Medicare Utilization:**

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

**2017 Work RVU:** 5.50  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**2.69

**RUC Recommendation:** 5.81

**Referred to CPT** October 2013

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

**Result:** Decrease

**44404** Colonoscopy through stoma; with directed submucosal injection(s), any substance

**Global:** 000

**Issue:** Colonoscopy through stoma

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** January 2014

**2015 Medicare Utilization:**

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

**2017 Work RVU:** 3.02  
**2017 NF PE RVU:** 6.80  
**2017 Fac PE RVU:**1.62

**RUC Recommendation:** 3.13

**Referred to CPT** October 2013

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

**Result:** Decrease

**44405** Colonoscopy through stoma; with transendoscopic balloon dilation

**Global:** 000

**Issue:** Colonoscopy through stoma

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** January 2014

**2015 Medicare Utilization:**

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

**2017 Work RVU:** 3.23  
**2017 NF PE RVU:** 11.63  
**2017 Fac PE RVU:**1.71

**RUC Recommendation:** 3.33

**Referred to CPT** October 2013

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	Global: 000	Issue: Colonoscopy through stoma	Screen: MPC List	Complete? Yes	
Most Recent RUC Meeting: January 2014	Tab 08	Specialty Developing Recommendation: ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: January 2014	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 4.10 2017 NF PE RVU: NA 2017 Fac PE RVU:2.09
RUC Recommendation: 4.41			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Decrease		
<hr/>						
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	Global: 000	Issue: Colonoscopy through stoma	Screen: MPC List	Complete? Yes	
Most Recent RUC Meeting: January 2014	Tab 08	Specialty Developing Recommendation: ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: January 2014	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 4.96 2017 NF PE RVU: NA 2017 Fac PE RVU:2.46
RUC Recommendation: 5.06			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Decrease		
<hr/>						
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Global: 000	Issue: Colonoscopy through stoma	Screen: MPC List	Complete? Yes	
Most Recent RUC Meeting: January 2014	Tab 08	Specialty Developing Recommendation: ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: January 2014	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 4.14 2017 NF PE RVU: NA 2017 Fac PE RVU:2.11
RUC Recommendation: 4.24			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Decrease		

# Status Report: CMS Requests and Relativity Assessment Issues

**44901** Incision and drainage of appendiceal abscess; percutaneous **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab** 04 **Specialty Developing Recommendation:**

**RUC Meeting:** January 2013

**First Identified:** January 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 3.37

**2017 Work RVU:**

**2007 NF PE RVU:** 25.61

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.07

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**44970** Laparoscopy, surgical, appendectomy

**Global:** 090

**Issue:** Laproscopic Procedures

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing Recommendation:** ACS

**RUC Meeting:** October 2008

**First Identified:** October 2008

**2015 Medicare Utilization:** 20,589

**2007 Work RVU:** 9.35

**2017 Work RVU:** 9.45

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 4.11

**2017 Fac PE RVU:** 5.72

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**45170** Deleted from CPT

**Global:** 090

**Issue:** Rectal Tumor Excision

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent** **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

**RUC Meeting:** February 2009

**First Identified:** September 2007

**2015 Medicare Utilization:**

**2007 Work RVU:** 12.48

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 5.28

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**45171** Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) **Global:** 090 **Issue:** Rectal Tumor Excision

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent** **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

**RUC Meeting:** February 2009

**First Identified:** September 2007

**2015 Medicare Utilization:** 2,712

**2007 Work RVU:**

**2017 Work RVU:** 8.13

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 7.63

**Result:** Decrease

**RUC Recommendation:** 8.00

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**45172** Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 11

**Specialty Developing Recommendation:** ACS, ASCRS, ASGS

**First Identified:** September 2007

**2015 Medicare Utilization:** 1,957

**2007 Work RVU:**

**2017 Work RVU:** 12.13

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 9.07

**Result:** Decrease

**RUC Recommendation:** 12.00

**Referred to CPT**

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

**45300** Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

**Global:** 000

**Issue:**

**Screen:** CMS 000-Day Global Typically Reported with an E/M

**Complete?** No

**Most Recent RUC Meeting:**

**Tab**

**Specialty Developing Recommendation:**

**First Identified:** July 2016

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.80

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.58

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.64

**Result:**

**RUC Recommendation:**

**Referred to CPT**

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

**45330** Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

**Global:** 000

**Issue:** Flexible Sigmoidoscopy

**Screen:** Harvard Valued - Utilization over 30,000 / MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 06

**Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** April 2011

**2015 Medicare Utilization:** 57,851

**2007 Work RVU:** 0.96

**2017 Work RVU:** 0.84

**2007 NF PE RVU:** 2.33

**2017 NF PE RVU:** 3.78

**2007 Fac PE RVU** 0.53

**2017 Fac PE RVU:** 0.68

**Result:** Decrease

**RUC Recommendation:** 0.84

**Referred to CPT** May 2013

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



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45331</b>	<b>Sigmoidoscopy, flexible; with biopsy, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 36,907	<b>2007 Work RVU:</b> 1.15 <b>2007 NF PE RVU:</b> 3.11 <b>2007 Fac PE RVU:</b> 0.64 <b>2017 Work RVU:</b> 1.14 <b>2017 NF PE RVU:</b> 5.98 <b>2017 Fac PE RVU:</b> 0.82
<b>RUC Recommendation:</b> 1.14			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>45332</b>	<b>Sigmoidoscopy, flexible; with removal of foreign body(s)</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 320	<b>2007 Work RVU:</b> 1.79 <b>2007 NF PE RVU:</b> 5.15 <b>2007 Fac PE RVU:</b> 0.86 <b>2017 Work RVU:</b> 1.76 <b>2017 NF PE RVU:</b> 5.11 <b>2017 Fac PE RVU:</b> 1.07
<b>RUC Recommendation:</b> 1.85			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>45333</b>	<b>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 1,233	<b>2007 Work RVU:</b> 1.79 <b>2007 NF PE RVU:</b> 5.06 <b>2007 Fac PE RVU:</b> 0.85 <b>2017 Work RVU:</b> 1.55 <b>2017 NF PE RVU:</b> 6.54 <b>2017 Fac PE RVU:</b> 0.97
<b>RUC Recommendation:</b> 1.65			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45334</b>	<b>Sigmoidoscopy, flexible; with control of bleeding, any method</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 06 Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 3,237	<b>2007 Work RVU:</b> 2.73 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.24	<b>2017 Work RVU:</b> 2.00 <b>2017 NF PE RVU:</b> 13.36 <b>2017 Fac PE RVU:</b> 1.20
<b>RUC Recommendation:</b> 2.10	<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		

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<b>45335</b>	<b>Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 06 Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 3,184	<b>2007 Work RVU:</b> 1.46 <b>2007 NF PE RVU:</b> 3.74 <b>2007 Fac PE RVU:</b> 0.75	<b>2017 Work RVU:</b> 1.04 <b>2017 NF PE RVU:</b> 5.44 <b>2017 Fac PE RVU:</b> 0.76
<b>RUC Recommendation:</b> 1.15	<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		

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<b>45337</b>	<b>Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 06 Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 1,332	<b>2007 Work RVU:</b> 2.36 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.06	<b>2017 Work RVU:</b> 2.10 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 0.98
<b>RUC Recommendation:</b> 2.20	<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		

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## Status Report: CMS Requests and Relativity Assessment Issues

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**45338** Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 06

**Specialty Developing Recommendation:**

ACG, ACS,  
AGA, ASGE,  
ASCRS,  
SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 5,047

**2007 Work RVU:** 2.34

**2017 Work RVU:** 2.05

**2007 NF PE RVU:** 5.37

**2017 NF PE RVU:** 5.29

**2007 Fac PE RVU** 1.07

**2017 Fac PE RVU:**1.20

**RUC Recommendation:** 2.15

**Referred to CPT** May 2013

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

**Result:** Decrease

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**45339** Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 06

**Specialty Developing Recommendation:**

ACG, ACS,  
AGA, ASGE,  
ASCRS,  
SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 3.14

**2017 Work RVU:**

**2007 NF PE RVU:** 4.03

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.38

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

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

**Result:** Deleted from CPT

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**45340** Sigmoidoscopy, flexible; with transendoscopic balloon dilation **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 06

**Specialty Developing Recommendation:**

ACG, ACS,  
AGA, ASGE,  
ASCRS,  
SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 1,364

**2007 Work RVU:** 1.89

**2017 Work RVU:** 1.25

**2007 NF PE RVU:** 7.18

**2017 NF PE RVU:** 10.80

**2007 Fac PE RVU** 0.89

**2017 Fac PE RVU:**0.85

**RUC Recommendation:** 1.35

**Referred to CPT** May 2013

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**45341** Sigmoidoscopy, flexible; with endoscopic ultrasound examination **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 09 **Specialty Developing** AGA, ASGE, **First** **2015** **2007 Work RVU:** 2.60 **2017 Work RVU:** 2.12  
**RUC Meeting:** January 2014 **Recommendation:** ACG, ASGE, **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
 ASCRS, **Utilization:** 3,360 **2007 Fac PE RVU** 1.17 **2017 Fac PE RVU:**1.25  
 SAGES, ACS

**RUC Recommendation:** 2.43

**Referred to CPT** October 2013

**Result:** Increase

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

**45342** Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes  
 transmural fine needle aspiration/biopsy(s)

**Most Recent** **Tab** 09 **Specialty Developing** AGA, ASGE, **First** **2015** **2007 Work RVU:** 4.05 **2017 Work RVU:** 2.98  
**RUC Meeting:** January 2014 **Recommendation:** ACG, ASGE, **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
 ASCRS, **Utilization:** 421 **2007 Fac PE RVU** 1.71 **2017 Fac PE RVU:**1.63  
 SAGES, ACS

**RUC Recommendation:** 3.08

**Referred to CPT** October 2013

**Result:** Decrease

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

**45345** Sigmoidoscopy, flexible; with transendoscopic stent placement (includes **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes  
 predilation)

**Most Recent** **Tab** 06 **Specialty Developing** ACG, ACS, **First** **2015** **2007 Work RVU:** 2.92 **2017 Work RVU:**  
**RUC Meeting:** October 2013 **Recommendation:** AGA, ASGE, **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** NA **2017 NF PE RVU:**  
 ASCRS, **Utilization:** **2007 Fac PE RVU** 1.26 **2017 Fac PE RVU:**  
 SAGES

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

**Result:** Deleted from CPT

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

## Status Report: CMS Requests and Relativity Assessment Issues

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**45346** Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2015 Medicare Utilization:** 1

**2007 Work RVU:** **2017 Work RVU:** 2.81  
**2007 NF PE RVU:** **2017 NF PE RVU:** 83.35  
**2007 Fac PE RVU:** **2017 Fac PE RVU:** 1.53

**RUC Recommendation:** 2.97 **Referred to CPT** May 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**45347** Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2015 Medicare Utilization:** 1

**2007 Work RVU:** **2017 Work RVU:** 2.72  
**2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2017 Fac PE RVU:** 1.46

**RUC Recommendation:** 2.98 **Referred to CPT** May 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**45349** Sigmoidoscopy, flexible; with endoscopic mucosal resection **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2015 Medicare Utilization:**

**2007 Work RVU:** **2017 Work RVU:** 3.52  
**2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2017 Fac PE RVU:** 1.84

**RUC Recommendation:** 3.83 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>45350 Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)</b>		<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, SAGES, ACS	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> 1.68 <b>2017 NF PE RVU:</b> 12.96 <b>2017 Fac PE RVU:</b> 1.05
<b>RUC Recommendation:</b> 1.78		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b> <b>Result:</b> Decrease		

<b>45355</b>	<b>Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy via stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, SAGES, ACS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.51 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 1.43 <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)			Global: 000	Issue: Colonoscopy	Screen: CMS High Expenditure Procedural Codes1 / MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 10	Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: September 2011	2015 Medicare Utilization: 461,645	2007 Work RVU: 3.69	2017 Work RVU: 3.26	
					2007 NF PE RVU: 6.2	2017 NF PE RVU: 5.26	
					2007 Fac PE RVU 1.57	2017 Fac PE RVU:1.71	
RUC Recommendation: 3.36			Referred to CPT October 2013		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>45379</b>	<b>Colonoscopy, flexible; with removal of foreign body(s)</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 932	<b>2007 Work RVU:</b> 4.68 <b>2007 NF PE RVU:</b> 7.78 <b>2007 Fac PE RVU:</b> 1.92 <b>2017 Work RVU:</b> 4.28 <b>2017 NF PE RVU:</b> 6.72 <b>2017 Fac PE RVU:</b> 2.15
<b>RUC Recommendation:</b> 4.37			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

<b>45380</b>	<b>Colonoscopy, flexible; with biopsy, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 963,491	<b>2007 Work RVU:</b> 4.43 <b>2007 NF PE RVU:</b> 7.33 <b>2007 Fac PE RVU:</b> 1.87 <b>2017 Work RVU:</b> 3.56 <b>2017 NF PE RVU:</b> 7.46 <b>2017 Fac PE RVU:</b> 1.86
<b>RUC Recommendation:</b> 3.66			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

<b>45381</b>	<b>Colonoscopy, flexible; with directed submucosal injection(s), any substance</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> CMS Fastest Growing / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 76,334	<b>2007 Work RVU:</b> 4.19 <b>2007 NF PE RVU:</b> 7.26 <b>2007 Fac PE RVU:</b> 1.79 <b>2017 Work RVU:</b> 3.56 <b>2017 NF PE RVU:</b> 6.96 <b>2017 Fac PE RVU:</b> 1.87
<b>RUC Recommendation:</b> 3.67			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jun 2010	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>45382</b>	<b>Colonoscopy, flexible; with control of bleeding, any method</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 23,810	<b>2007 Work RVU:</b> 5.68 <b>2007 NF PE RVU:</b> 10.04 <b>2007 Fac PE RVU:</b> 2.37	<b>2017 Work RVU:</b> 4.66 <b>2017 NF PE RVU:</b> 15.19 <b>2017 Fac PE RVU:</b> 2.36
<b>RUC Recommendation:</b> 4.76	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease			

<b>45383</b>	<b>Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 5.86 <b>2007 NF PE RVU:</b> 8.08 <b>2007 Fac PE RVU:</b> 2.34	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT			

<b>45384</b>	<b>Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 121,535	<b>2007 Work RVU:</b> 4.69 <b>2007 NF PE RVU:</b> 6.9 <b>2007 Fac PE RVU:</b> 1.93	<b>2017 Work RVU:</b> 4.07 <b>2017 NF PE RVU:</b> 8.07 <b>2017 Fac PE RVU:</b> 2.02
<b>RUC Recommendation:</b> 4.17	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease			



## Status Report: CMS Requests and Relativity Assessment Issues

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**45385** Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique      **Global:** 000      **Issue:** Colonoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE,  
ACG,  
ASCRS,  
ACS, SAGES

**First Identified:** October 2010

**2015 Medicare Utilization:** 781,487

**2007 Work RVU:** 5.30

**2017 Work RVU:** 4.57

**2007 NF PE RVU:** 7.94

**2017 NF PE RVU:** 6.91

**2007 Fac PE RVU** 2.18

**2017 Fac PE RVU:**2.30

**RUC Recommendation:** 4.67

**Referred to CPT**      October 2013

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

**Result:** Decrease

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**45386** Colonoscopy, flexible; with transendoscopic balloon dilation

**Global:** 000

**Issue:** Colonoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE,  
ACG,  
ASCRS,  
ACS, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 2,264

**2007 Work RVU:** 4.57

**2017 Work RVU:** 3.77

**2007 NF PE RVU:** 12.37

**2017 NF PE RVU:** 12.30

**2007 Fac PE RVU** 1.89

**2017 Fac PE RVU:**1.93

**RUC Recommendation:** 3.87

**Referred to CPT**      October 2013

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

**Result:** Decrease

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**45387** Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)

**Global:** 000

**Issue:** Colonoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE,  
ACG,  
ASCRS,  
ACS, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 5.90

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.49

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2013

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45388</b>	<b>Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)</b> (includes pre- and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2017 Work RVU:</b> 4.88 <b>2017 NF PE RVU:</b> 85.39 <b>2017 Fac PE RVU:</b> 2.39
<b>RUC Recommendation:</b> 4.98			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>45389</b>	<b>Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2017 Work RVU:</b> 5.24 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.58
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>45390</b>	<b>Colonoscopy, flexible; with endoscopic mucosal resection</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2017 Work RVU:</b> 6.04 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.93
<b>RUC Recommendation:</b> 6.35			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>45391</b>	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 884	<b>2007 Work RVU:</b> 5.09 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.13 <b>2017 Work RVU:</b> 4.64 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.35
<b>RUC Recommendation:</b> 4.95			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>45392</b>	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 123	<b>2007 Work RVU:</b> 6.54 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.65 <b>2017 Work RVU:</b> 5.50 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.73
<b>RUC Recommendation:</b> 5.60			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>45393</b>	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2017 Work RVU:</b> 4.68 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.08
<b>RUC Recommendation:</b> 4.78			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)			Global: 000	Issue: Colonoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting:	Tab 10	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified:	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 4.20 2017 NF PE RVU: 14.32 2017 Fac PE RVU:2.13
RUC Recommendation: 4.30				Referred to CPT	October 2013	Result: Decrease	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

46200 Fissurectomy, including sphincterotomy, when performed			Global: 090	Issue: Fissurectomy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation: ACS	First Identified: September 2007	2015 Medicare Utilization: 1,188	2007 Work RVU: 3.48 2007 NF PE RVU: 4.46 2007 Fac PE RVU 3.08	2017 Work RVU: 3.59 2017 NF PE RVU: 8.50 2017 Fac PE RVU:5.12
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT		Result: PE Only	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

46500 Injection of sclerosing solution, hemorrhoids				Global: 010	Issue: Hemorrhoid Injection	Screen: 010-Day Global Post-Operative Visits	Complete? Yes			
Most Recent RUC Meeting: September 2014	Tab 13	Specialty Developing Recommendation: ACS, ASCRS (colon)	First Identified: January 2014	2015 Medicare Utilization: 12,303	2007 Work RVU: 1.64	2007 NF PE RVU: 2.48	2007 Fac PE RVU: 1.18	2017 Work RVU: 1.42	2017 NF PE RVU: 3.71	2017 Fac PE RVU: 1.90
RUC Recommendation: 1.69			Referred to CPT		Result: Maintain					
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:					

## Status Report: CMS Requests and Relativity Assessment Issues

**47011** Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages      **Global:** 000      **Issue:** Drainage of Abscess      **Screen:** Codes Reported Together 75% or More-Part2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 3.69

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.17

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2012

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

**47135** Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age      **Global:** 090      **Issue:** Liver Allotransplantation      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab** 14

**Specialty Developing Recommendation:** ACS, ASTS

**First Identified:** January 2014

**2015 Medicare Utilization:** 1,323

**2007 Work RVU:** 83.29

**2017 Work RVU:** 90.00

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 30.59

**2017 Fac PE RVU:** 44.36

**Result:** Increase

**RUC Recommendation:** 91.78

**Referred to CPT**

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

**47136** Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age      **Global:** 090      **Issue:** RAW      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 52

**Specialty Developing Recommendation:** ACS, ASTS

**First Identified:** April 2014

**2015 Medicare Utilization:** 1

**2007 Work RVU:** 70.39

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 26.2

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>47382</b>	<b>Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency</b>	<b>Global:</b> 010	<b>Issue:</b> Interventional Radiology Procedures	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 2,344	<b>2007 Work RVU:</b> 15.19 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 5.83 <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 14.97 <b>2017 NF PE RVU:</b> 120.89 <b>2017 Fac PE RVU:</b> 5.55
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

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<b>47490</b>	<b>Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation</b>	<b>Global:</b> 010	<b>Issue:</b> Cholecystostomy	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 10,182	<b>2007 Work RVU:</b> 8.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 5.32 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 4.76 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.39
<b>RUC Recommendation:</b> 4.76		<b>Referred to CPT</b> June 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

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<b>47500</b>	<b>Injection procedure for percutaneous transhepatic cholangiography</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 4,210	<b>2007 Work RVU:</b> 1.96 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 0.62 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>47505</b>	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 15,146	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.24 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>47510</b>	Introduction of percutaneous transhepatic catheter for biliary drainage	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 2,026	<b>2007 Work RVU:</b> 7.94 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.76 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>47511</b>	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 4,855	<b>2007 Work RVU:</b> 10.74 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.87 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>47525</b>	<b>Change of percutaneous biliary drainage catheter</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 12,834	<b>2007 Work RVU:</b> 5.55 <b>2007 NF PE RVU:</b> 14.8 <b>2007 Fac PE RVU:</b> 2.67 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>47530</b>	<b>Revision and/or reinsertion of transhepatic tube</b>	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b> 192	<b>2007 Work RVU:</b> 5.96 <b>2007 NF PE RVU:</b> 32.56 <b>2007 Fac PE RVU:</b> 3.53 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>47531</b>	<b>Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.30 <b>2017 NF PE RVU:</b> 7.46 <b>2017 Fac PE RVU:</b> 0.64
<b>RUC Recommendation:</b> 1.30		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>47532</b> Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 4.25 <b>2017 NF PE RVU:</b> 18.10 <b>2017 Fac PE RVU:</b> 1.56
<b>RUC Recommendation:</b> 4.50	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47533</b> Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 5.38 <b>2017 NF PE RVU:</b> 29.23 <b>2017 Fac PE RVU:</b> 1.93
<b>RUC Recommendation:</b> 5.63	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47534</b> Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 7.60 <b>2017 NF PE RVU:</b> 33.55 <b>2017 Fac PE RVU:</b> 2.62
<b>RUC Recommendation:</b> 7.85	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47535</b>	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 3.95
<b>RUC Recommendation:</b> 4.20		<b>Referred to CPT</b> February 2015		<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 24.55
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 1.50
				<b>Result:</b> Increase	
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<b>47536</b>	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 2.61
<b>RUC Recommendation:</b> 2.86		<b>Referred to CPT</b> February 2015		<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 16.74
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 1.04
				<b>Result:</b> Increase	
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<b>47537</b>	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 1.84
<b>RUC Recommendation:</b> 1.85		<b>Referred to CPT</b> February 2015		<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 8.40
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 0.82
				<b>Result:</b> Increase	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47538</b> Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 4.75 <b>2017 NF PE RVU:</b> 117.20 <b>2017 Fac PE RVU:</b> 1.73
<b>RUC Recommendation:</b> 5.00	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47539</b> Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 8.75 <b>2017 NF PE RVU:</b> 125.91 <b>2017 Fac PE RVU:</b> 2.99
<b>RUC Recommendation:</b> 9.00	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47540</b> Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 9.03 <b>2017 NF PE RVU:</b> 128.96 <b>2017 Fac PE RVU:</b> 3.11
<b>RUC Recommendation:</b> 9.28	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47541</b> Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 6.75 <b>2017 NF PE RVU:</b> 25.91 <b>2017 Fac PE RVU:</b> 2.36
<b>RUC Recommendation:</b> 7.00	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47542</b> Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 2.85 <b>2017 NF PE RVU:</b> 10.00 <b>2017 Fac PE RVU:</b> 0.87
<b>RUC Recommendation:</b> 2.85	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47543</b> Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 3.00 <b>2017 NF PE RVU:</b> 12.79 <b>2017 Fac PE RVU:</b> 1.07
<b>RUC Recommendation:</b> 3.00	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47544</b> Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2017 Work RVU:</b> 3.28 <b>2017 NF PE RVU:</b> 27.21 <b>2017 Fac PE RVU:</b> 1.06
<b>RUC Recommendation:</b> 3.28	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47560</b> Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 45	<b>2007 Work RVU:</b> 4.88 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47562</b> Laparoscopy, surgical; cholecystectomy	<b>Global:</b> 090	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 108,772	<b>2007 Work RVU:</b> 11.63 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 10.47 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 6.10
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 3.	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**47563** Laparoscopy, surgical; cholecystectomy with cholangiography

**Global:** 090

**Issue:** RAW review

**Screen:** CMS High Expenditure  
Procedural Codes1 /  
CMS Request - Final  
Rule for 2014

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing  
Recommendation:**

**First  
Identified:** September 2011

**2015  
Medicare  
Utilization:** 46,546

**2007 Work RVU:** 12.03

**2017 Work RVU:** 11.47

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 5.24

**2017 Fac PE RVU:**6.49

**Result:** Maintain

**RUC Recommendation:** No further action. 12.11

**Referred to CPT**

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

**47600** Cholecystectomy;

**Global:** 090

**Issue:** Cholecystectomy

**Screen:** CMS Request - Final  
Rule for 2012

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 36

**Specialty Developing  
Recommendation:** ACS, SAGES

**First  
Identified:** September 2011

**2015  
Medicare  
Utilization:** 10,771

**2007 Work RVU:** 17.35

**2017 Work RVU:** 17.48

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 6.4

**2017 Fac PE RVU:**9.34

**Result:** Increase

**RUC Recommendation:** 20.00

**Referred to CPT**

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

**47605** Cholecystectomy; with cholangiography

**Global:** 090

**Issue:** Cholecystectomy

**Screen:** CMS Request - Final  
Rule for 2012

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 36

**Specialty Developing  
Recommendation:** ACS, SAGES

**First  
Identified:** September 2011

**2015  
Medicare  
Utilization:** 2,236

**2007 Work RVU:** 15.90

**2017 Work RVU:** 18.48

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 6.47

**2017 Fac PE RVU:**9.70

**Result:** Increase

**RUC Recommendation:** 21.00

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

### 48102 Biopsy of pancreas, percutaneous needle

Global: 010

Issue: Percutaneous Needle Biopsy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: SIR

First Identified: September 2007

2015 Medicare Utilization: 1,338

2007 Work RVU: 4.68

2017 Work RVU: 4.70

2007 NF PE RVU: 8.21

2017 NF PE RVU: 10.05

2007 Fac PE RVU 1.85

2017 Fac PE RVU:1.89

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

### 48511 External drainage, pseudocyst of pancreas; percutaneous

Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 04

Specialty Developing Recommendation:

First Identified: January 2012

2015 Medicare Utilization:

2007 Work RVU: 3.99

2017 Work RVU:

2007 NF PE RVU: 20.43

2017 NF PE RVU:

2007 Fac PE RVU 1.27

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐ Published in CPT Asst:

### 49021 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous

Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 04

Specialty Developing Recommendation: ACR, SIR

First Identified: January 2012

2015 Medicare Utilization:

2007 Work RVU: 3.37

2017 Work RVU:

2007 NF PE RVU: 20.43

2017 NF PE RVU:

2007 Fac PE RVU 1.07

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>49041</b>	<b>Drainage of subdiaphragmatic or subphrenic abscess; percutaneous</b>	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	ACR, SIR
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<b>First Identified:</b> January 2012
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<b>2015 Medicare Utilization:</b>
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<b>2007 Work RVU:</b> 3.99
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<b>2017 Work RVU:</b>
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<b>2007 NF PE RVU:</b> 19.33
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<b>2017 NF PE RVU:</b>
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<b>2007 Fac PE RVU</b> 1.27
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<b>2017 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> October 2012
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>49061</b>	<b>Drainage of retroperitoneal abscess; percutaneous</b>
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<b>Global:</b> 000
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<b>Issue:</b> Drainage of Abscess
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<b>Screen:</b> Codes Reported Together 75% or More-Part2
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	ACR, SIR
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<b>First Identified:</b> January 2012
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<b>2015 Medicare Utilization:</b>
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<b>2007 Work RVU:</b> 3.69
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<b>2017 Work RVU:</b>
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<b>2007 NF PE RVU:</b> 19.38
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<b>2017 NF PE RVU:</b>
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<b>2007 Fac PE RVU</b> 1.17
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<b>2017 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> October 2012
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>49080</b>	<b>Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial</b>
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<b>Global:</b> 000
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<b>Issue:</b> Peritoneocentesis
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<b>Screen:</b> Harvard Valued - Utilization over 100,000
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 5	<b>Specialty Developing Recommendation:</b>	ACR, AGA, ASGE, AUR, SIR
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<b>First Identified:</b> October 2009
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<b>2015 Medicare Utilization:</b>
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<b>2007 Work RVU:</b> 1.35
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<b>2017 Work RVU:</b>
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<b>2007 NF PE RVU:</b> 3.63
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<b>2017 NF PE RVU:</b>
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<b>2007 Fac PE RVU</b> 0.45
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<b>2017 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> June 2010
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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# Status Report: CMS Requests and Relativity Assessment Issues

**49081** Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2015 Medicare Utilization:** **2007 Work RVU:** 1.26 **2017 Work RVU:** **2007 NF PE RVU:** 2.65 **2017 NF PE RVU:** **2007 Fac PE RVU:** 0.43 **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**49082** Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2015 Medicare Utilization:** 12,362 **2007 Work RVU:** **2017 Work RVU:** 1.24 **2007 NF PE RVU:** **2017 NF PE RVU:** 4.08 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.75 **RUC Recommendation:** 1.35 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**49083** Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2015 Medicare Utilization:** 214,704 **2007 Work RVU:** **2017 Work RVU:** 2.00 **2007 NF PE RVU:** **2017 NF PE RVU:** 6.18 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.97 **RUC Recommendation:** 2.00 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**49084** Peritoneal lavage, including imaging guidance, when performed **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2015 Medicare Utilization:** 2,177 **2007 Work RVU:** **2017 Work RVU:** 2.00 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.72 **RUC Recommendation:** 2.50 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

<b>49405</b>	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 6,046	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 4.00 <b>2017 NF PE RVU:</b> 18.56 <b>2017 Fac PE RVU:</b> 1.42
<b>RUC Recommendation:</b> 4.25		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>49406</b>	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 30,464	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 4.00 <b>2017 NF PE RVU:</b> 18.57 <b>2017 Fac PE RVU:</b> 1.42
<b>RUC Recommendation:</b> 4.25		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>49407</b>	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 294	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 4.25 <b>2017 NF PE RVU:</b> 13.96 <b>2017 Fac PE RVU:</b> 1.49
<b>RUC Recommendation:</b> 4.50		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**49418** Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous **Global:** 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 11

**Specialty Developing Recommendation:** ACS, ACR, SIR

**First Identified:**

**2015 Medicare Utilization:** 5,207

**2007 Work RVU:**

**2017 Work RVU:** 3.96

**2007 NF PE RVU:**

**2017 NF PE RVU:** 34.33

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.58

**RUC Recommendation:** 4.21

**Referred to CPT** February 2010

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

**Result:** Decrease

**49420** Deleted from CPT

**Global:** 000

**Issue:** Insertion of Intraperitoneal Cannula or Catheter

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 40

**Specialty Developing Recommendation:** ACS

**First Identified:** April 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 2.22

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.11

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

**49421** Insertion of tunneled intraperitoneal catheter for dialysis, open

**Global:** 000

**Issue:** Intraperitoneal Catheter Codes

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 11

**Specialty Developing Recommendation:** ACS, ACR, SIR

**First Identified:** September 2007

**2015 Medicare Utilization:** 2,738

**2007 Work RVU:** 5.87

**2017 Work RVU:** 4.21

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 3.15

**2017 Fac PE RVU:**1.52

**RUC Recommendation:** 4.21

**Referred to CPT** February 2010

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>49422</b>	Removal of tunneled intraperitoneal catheter		<b>Global:</b> 010	<b>Issue:</b>	<b>Screen:</b> Site of Service Anomaly - 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2016	<b>2015 Medicare Utilization:</b> 10,937	<b>2007 Work RVU:</b> 6.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.82	<b>2017 Work RVU:</b> 6.29 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.30
<b>RUC Recommendation:</b> Survey			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>	

<b>49505</b>	Repair initial inguinal hernia, age 5 years or older; reducible		<b>Global:</b> 090	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 67,070	<b>2007 Work RVU:</b> 7.88 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.78	<b>2017 Work RVU:</b> 7.96 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 5.21
<b>RUC Recommendation:</b> Reaffirmed			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

<b>49507</b>	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated		<b>Global:</b> 090	<b>Issue:</b> Hernia Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 11,826	<b>2007 Work RVU:</b> 9.97 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.46	<b>2017 Work RVU:</b> 9.09 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 5.69
<b>RUC Recommendation:</b> 10.05			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

<b>49521</b>	Repair recurrent inguinal hernia, any age; incarcerated or strangulated		<b>Global:</b> 090	<b>Issue:</b> Hernia Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,302	<b>2007 Work RVU:</b> 12.36 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.18	<b>2017 Work RVU:</b> 11.48 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 6.54
<b>RUC Recommendation:</b> 12.44			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

**49587** Repair umbilical hernia, age 5 years or older; incarcerated or strangulated **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

<b>Most Recent</b> <b>RUC Meeting:</b> February 2011	<b>Tab</b> 29	<b>Specialty Developing</b> <b>Recommendation:</b> ACS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 9,057	<b>2007 Work RVU:</b> 7.96 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.77 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 7.08 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.98
<b>RUC Recommendation:</b> 8.04			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**49652** Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

<b>Most Recent</b> <b>RUC Meeting:</b> February 2011	<b>Tab</b> 30	<b>Specialty Developing</b> <b>Recommendation:</b> ACS	<b>First Identified:</b> June 2010	<b>2015 Medicare Utilization:</b> 7,822	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 11.92 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 6.81
<b>RUC Recommendation:</b> 12.88			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**49653** Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

<b>Most Recent</b> <b>RUC Meeting:</b> February 2011	<b>Tab</b> 30	<b>Specialty Developing</b> <b>Recommendation:</b> ACS	<b>First Identified:</b> June 2010	<b>2015 Medicare Utilization:</b> 4,340	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 14.94 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 8.40
<b>RUC Recommendation:</b> 16.21			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**49654** Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

<b>Most Recent</b> <b>RUC Meeting:</b> February 2011	<b>Tab</b> 30	<b>Specialty Developing</b> <b>Recommendation:</b> ACS	<b>First Identified:</b> June 2010	<b>2015 Medicare Utilization:</b> 6,580	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 13.76 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 7.49
<b>RUC Recommendation:</b> 15.03			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**49655** Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 30 **Specialty Developing** ACS  
**RUC Meeting:** February 2011 **Recommendation:**

**First Identified:** June 2010

**2015 Medicare Utilization:** 3,848

**2007 Work RVU:**

**2017 Work RVU:** 16.84

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**9.08

**Result:** Maintain

**RUC Recommendation:** 18.11

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**50021** Drainage of perirenal or renal abscess; percutaneous

**Global:** 000

**Issue:** Drainage of Abscess

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent** **Tab** 04 **Specialty Developing**  
**RUC Meeting:** January 2013 **Recommendation:**

**First Identified:** January 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 3.37

**2017 Work RVU:**

**2007 NF PE RVU:** 21.23

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.07

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**50200** Renal biopsy; percutaneous, by trocar or needle

**Global:** 000

**Issue:** Interventional Radiology Procedures

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent** **Tab** 13 **Specialty Developing** ACR, SIR  
**RUC Meeting:** October 2008 **Recommendation:**

**First Identified:** NA

**2015 Medicare Utilization:** 34,145

**2007 Work RVU:** 2.63

**2017 Work RVU:** 2.38

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** 12.59

**2007 Fac PE RVU** 1.24

**2017 Fac PE RVU:**1.13

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**50360** Renal allotransplantation, implantation of graft; without recipient nephrectomy **Global:** 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 21** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:**

**2015 Medicare Utilization:** 10,650

**2007 Work RVU:** 40.45

**2017 Work RVU:** 39.88

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 16.32

**2017 Fac PE RVU:**21.04

**Result:** Maintain

**RUC Recommendation:** 40.90

**Referred to CPT**

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

**50387** Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation

**Global:** 000

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 09** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015 Medicare Utilization:** 5,909

**2007 Work RVU:** 2.00

**2017 Work RVU:** 1.75

**2007 NF PE RVU:** 16.66

**2017 NF PE RVU:** 12.02

**2007 Fac PE RVU** 0.65

**2017 Fac PE RVU:**0.56

**Result:** Maintain

**RUC Recommendation:** 2.00

**Referred to CPT** October 2014

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

**50392** Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous

**Global:** 000

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 09** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015 Medicare Utilization:** 23,081

**2007 Work RVU:** 3.37

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.46

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50393</b>	<b>Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous</b>	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 12,894	<b>2007 Work RVU:</b> 4.15 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.71 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>50394</b>	<b>Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter</b>	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 19,699	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 2.45 <b>2007 Fac PE RVU:</b> 0.63 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>50395</b>	<b>Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous</b>	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b> 3,722	<b>2007 Work RVU:</b> 3.37 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.47 <b>Result:</b>
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 3.37 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.47



## Status Report: CMS Requests and Relativity Assessment Issues

**50398** Change of nephrostomy or pyelostomy tube

**Global:** 000

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 09

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015 Medicare Utilization:** 36,124

**2007 Work RVU:** 1.46

**2017 Work RVU:**

**2007 NF PE RVU:** 15.06

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.51

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**50430** Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access

**Global:** 000

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 09

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 2.90

**2007 NF PE RVU:**

**2017 NF PE RVU:** 9.82

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 1.31

**Result:** Increase

**RUC Recommendation:** 3.15

**Referred to CPT** October 2014

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

**50431** Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access

**Global:** 000

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 09

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 1.10

**2007 NF PE RVU:**

**2017 NF PE RVU:** 3.43

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.72

**Result:** Increase

**RUC Recommendation:** 1.42

**Referred to CPT** October 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50432</b>	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09</b> <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 4.00
<b>RUC Recommendation:</b> 5.75		<b>Referred to CPT</b> October 2014		<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 17.58
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 1.67
				<b>Result:</b> Increase	
<b>50434</b>	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09</b> <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 3.75
<b>RUC Recommendation:</b> 4.20		<b>Referred to CPT</b> October 2014		<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 19.46
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 1.59
				<b>Result:</b> Increase	
<b>50435</b>	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09</b> <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 1.82
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> October 2014		<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 11.41
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 0.95
				<b>Result:</b> Increase	

# Status Report: CMS Requests and Relativity Assessment Issues

**50542** Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** AUA  
**RUC Meeting:** October 2008 **Recommendation:**

**First Identified:** October 2008

**2015 Medicare Utilization:** 336

**2007 Work RVU:** 21.18 **2017 Work RVU:** 21.36  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 8.93 **2017 Fac PE RVU:** 9.96  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**50548** Laparoscopy, surgical; nephrectomy with total ureterectomy

**Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** AUA  
**RUC Meeting:** October 2008 **Recommendation:**

**First Identified:** October 2008

**2015 Medicare Utilization:** 2,024

**2007 Work RVU:** 25.26 **2017 Work RVU:** 25.36  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.99 **2017 Fac PE RVU:** 10.75  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**50590** Lithotripsy, extracorporeal shock wave

**Global:** 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent** **Tab** 42 **Specialty Developing** AUA  
**RUC Meeting:** April 2012 **Recommendation:**

**First Identified:** September 2011

**2015 Medicare Utilization:** 59,870

**2007 Work RVU:** 9.64 **2017 Work RVU:** 9.77  
**2007 NF PE RVU:** 13.6 **2017 NF PE RVU:** 9.80  
**2007 Fac PE RVU:** 4.65 **2017 Fac PE RVU:** 5.54  
**Result:** Maintain

**RUC Recommendation:** 9.77

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

**50605** Ureterotomy for insertion of indwelling stent, all types

**Global:** 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

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

**First Identified:** October 2008

**2015 Medicare Utilization:** 2,913

**2007 Work RVU:** 16.66 **2017 Work RVU:** 16.79  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.06 **2017 Fac PE RVU:** 8.52  
**Result:** Maintain

**RUC Recommendation:** Review action plan at the RAW Oct 2015. CPT Assistant article published.

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2009

## Status Report: CMS Requests and Relativity Assessment Issues

50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting:	April 2015	Tab 08	Specialty Developing Recommendation:	ACR, SIR	First Identified: October 2014	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2017 Work RVU: 3.16 2017 NF PE RVU: 16.50 2017 Fac PE RVU:1.06
RUC Recommendation:	3.16				Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract			Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting:	January 2015	Tab 09	Specialty Developing Recommendation:	ACR, SIR	First Identified: October 2014	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2017 Work RVU: 3.96 2017 NF PE RVU: 23.72 2017 Fac PE RVU:1.65
RUC Recommendation:	4.60				Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter			Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting:	January 2015	Tab 09	Specialty Developing Recommendation:	ACR, SIR	First Identified: October 2014	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2017 Work RVU: 5.25 2017 NF PE RVU: 25.05 2017 Fac PE RVU:2.08
RUC Recommendation:	6.00				Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50695</b>	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2017 Work RVU:</b> 6.80 <b>2017 NF PE RVU:</b> 30.38 <b>2017 Fac PE RVU:</b> 2.60
<b>RUC Recommendation:</b> 7.55		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>50705</b>	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2017 Work RVU:</b> 4.03 <b>2017 NF PE RVU:</b> 50.50 <b>2017 Fac PE RVU:</b> 1.35
<b>RUC Recommendation:</b> 4.03		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>50706</b>	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2017 Work RVU:</b> 3.80 <b>2017 NF PE RVU:</b> 24.14 <b>2017 Fac PE RVU:</b> 1.27
<b>RUC Recommendation:</b> 3.80		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

## 51040 Cystostomy, cystostomy with drainage

Global: 090

Issue: Cystostomy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent Tab 16 Specialty Developing AUA  
RUC Meeting: September 2007 Recommendation:

First Identified: September 2007

2015 Medicare Utilization: 5,595

2007 Work RVU: 4.43

2017 Work RVU: 4.49

2007 NF PE RVU: NA

2017 NF PE RVU: NA

2007 Fac PE RVU 3.01

2017 Fac PE RVU:3.35

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 51102 Aspiration of bladder; with insertion of suprapubic catheter

Global: 000

Issue: Urological Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent Tab 45 Specialty Developing AUA  
RUC Meeting: April 2008 Recommendation:

First Identified: September 2007

2015 Medicare Utilization: 13,821

2007 Work RVU:

2017 Work RVU: 2.70

2007 NF PE RVU:

2017 NF PE RVU: 3.49

2007 Fac PE RVU

2017 Fac PE RVU:1.19

Result: Decrease

RUC Recommendation: 2.70

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 51700 Bladder irrigation, simple, lavage and/or instillation

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent Tab 32 Specialty Developing AUA  
RUC Meeting: January 2016 Recommendation:

First Identified: July 2015

2015 Medicare Utilization: 177,889

2007 Work RVU: 0.88

2017 Work RVU: 0.60

2007 NF PE RVU: 1.58

2017 NF PE RVU: 1.41

2007 Fac PE RVU 0.3

2017 Fac PE RVU:0.38

Result: Decrease

RUC Recommendation: 0.60

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent Tab 32 Specialty Developing AUA  
RUC Meeting: January 2016 Recommendation:

First Identified: July 2015

2015 Medicare Utilization: 171,226

2007 Work RVU: 0.50

2017 Work RVU: 0.50

2007 NF PE RVU: 1.45

2017 NF PE RVU: 0.79

2007 Fac PE RVU 0.21

2017 Fac PE RVU:0.18

Result: Maintain

RUC Recommendation: 0.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**51702** Insertion of temporary indwelling bladder catheter; simple (eg, Foley) **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 32** **Specialty Developing Recommendation:** AUA

**First Identified:** July 2015

**2015 Medicare Utilization:** 222,465

**2007 Work RVU:** 0.50

**2017 Work RVU:** 0.50

**2007 NF PE RVU:** 1.94

**2017 NF PE RVU:** 1.23

**2007 Fac PE RVU** 0.27

**2017 Fac PE RVU:**0.18

**Result:** Maintain

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**51703** Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)

**Global:** 000

**Issue:** Bladder Catheter

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 32** **Specialty Developing Recommendation:** AUA

**First Identified:** July 2015

**2015 Medicare Utilization:** 56,115

**2007 Work RVU:** 1.47

**2017 Work RVU:** 1.47

**2007 NF PE RVU:** 2.62

**2017 NF PE RVU:** 1.93

**2007 Fac PE RVU** 0.63

**2017 Fac PE RVU:**0.59

**Result:** Maintain

**RUC Recommendation:** 1.47

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**51720** Bladder instillation of anticarcinogenic agent (including retention time)

**Global:** 000

**Issue:** Treatment of Bladder Lesion

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 33** **Specialty Developing Recommendation:** AUA

**First Identified:** July 2015

**2015 Medicare Utilization:** 173,761

**2007 Work RVU:** 1.50

**2017 Work RVU:** 0.87

**2007 NF PE RVU:** 1.72

**2017 NF PE RVU:** 1.55

**2007 Fac PE RVU** 0.71

**2017 Fac PE RVU:**0.90

**Result:** Decrease

**RUC Recommendation:** 0.87

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**51726** Complex cystometrogram (ie, calibrated electronic equipment);

**Global:** 000

**Issue:** Urodynamic Studies

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab 16** **Specialty Developing Recommendation:** AUA, ACOG

**First Identified:** February 2008

**2015 Medicare Utilization:** 8,619

**2007 Work RVU:** 1.71

**2017 Work RVU:** 1.71

**2007 NF PE RVU:** 7.41

**2017 NF PE RVU:** 5.62

**2007 Fac PE RVU** 7.41

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.71

**Referred to CPT** February 2009

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**51727** Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab 16 Specialty Developing Recommendation:** AUA, ACOG

**First Identified:**

**2015 Medicare Utilization:** 2,624

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 2.11  
**2017 NF PE RVU:** 6.54  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 2.11

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

**51728** Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab 16 Specialty Developing Recommendation:** AUA, ACOG

**First Identified:** February 2009

**2015 Medicare Utilization:** 67,068

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 2.11  
**2017 NF PE RVU:** 6.65  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 2.11

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

**51729** Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab 16 Specialty Developing Recommendation:** AUA, ACOG

**First Identified:**

**2015 Medicare Utilization:** 76,093

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 2.51  
**2017 NF PE RVU:** 6.93  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 2.51

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



# Status Report: CMS Requests and Relativity Assessment Issues

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<b>51736</b>	<b>Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)</b>	<b>Global:</b> XXX	<b>Issue:</b> Uroflowmetry	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 11,455	<b>2007 Work RVU:</b> 0.61
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b>		<b>2017 Work RVU:</b> 0.17
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> 0.67
					<b>2017 NF PE RVU:</b> 0.25
					<b>2007 Fac PE RVU</b> 0.67
					<b>2017 Fac PE RVU:</b> NA
					<b>Result:</b> Decrease

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<b>51741</b>	<b>Complex uroflowmetry (eg, calibrated electronic equipment)</b>	<b>Global:</b> XXX	<b>Issue:</b> Uroflowmetry	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 509,626	<b>2007 Work RVU:</b> 1.14
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b>		<b>2017 Work RVU:</b> 0.17
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> 0.91
					<b>2017 NF PE RVU:</b> 0.26
					<b>2007 Fac PE RVU</b> 0.91
					<b>2017 Fac PE RVU:</b> NA
					<b>Result:</b> Decrease

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<b>51772</b>	<b>Deleted from CPT</b>	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.61
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2009		<b>2017 Work RVU:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> 5.44
					<b>2017 NF PE RVU:</b>
					<b>2007 Fac PE RVU</b> 5.44
					<b>2017 Fac PE RVU:</b>
					<b>Result:</b> Deleted from CPT

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## Status Report: CMS Requests and Relativity Assessment Issues

**51784** Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique **Global:** 000 **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 34 **Specialty Developing Recommendation:** AUA

**First Identified:** October 2012

**2015 Medicare Utilization:** 154,735

**2007 Work RVU:** 1.53

**2017 Work RVU:** 0.75

**2007 NF PE RVU:** 3.95

**2017 NF PE RVU:** 1.15

**2007 Fac PE RVU:** 3.95

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.75

**Referred to CPT** February 2014

**Result:** Decrease

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Feb 2014

**51792** Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time) **Global:** 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** **Specialty Developing Recommendation:** AUA

**First Identified:** October 2012

**2015 Medicare Utilization:** 12,774

**2007 Work RVU:** 1.10

**2017 Work RVU:** 1.10

**2007 NF PE RVU:** 5.74

**2017 NF PE RVU:** 4.80

**2007 Fac PE RVU:** 5.74

**2017 Fac PE RVU:** NA

**RUC Recommendation:** CPT edits and CPT Assistant article complete.

**Referred to CPT** February 2014

**Result:** Maintain

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Feb 2014

**51795** Deleted from CPT **Global:** 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** S **Specialty Developing Recommendation:**

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.53

**2017 Work RVU:**

**2007 NF PE RVU:** 7.15

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 7.15

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

**Result:** Deleted from CPT

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

## Status Report: CMS Requests and Relativity Assessment Issues

**51797** Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal)  
(List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2008

**Tab** S

**Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** February 2008

**2015**  
**Medicare**  
**Utilization:** 128,931

**2007 Work RVU:** 1.60

**2017 Work RVU:** 0.80

**2007 NF PE RVU:** 5.55

**2017 NF PE RVU:** 2.31

**2007 Fac PE RVU** 5.55

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.80

**Referred to CPT** February 2009

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

**51798** Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging **Global:** XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab** 25

**Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** July 2015

**2015**  
**Medicare**  
**Utilization:** 2,054,676

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.4

**2017 NF PE RVU:** 0.53

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** PE Only

**Referred to CPT**

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

**52000** Cystourethroscopy (separate procedure) **Global:** 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016

**Tab** 35

**Specialty Developing** AUA, ACOG  
**Recommendation:**

**First**  
**Identified:** October 2010

**2015**  
**Medicare**  
**Utilization:** 902,230

**2007 Work RVU:** 2.23

**2017 Work RVU:** 1.53

**2007 NF PE RVU:** 3.4

**2017 NF PE RVU:** 2.98

**2007 Fac PE RVU** 0.91

**2017 Fac PE RVU:**1.24

**Result:** Decrease

**RUC Recommendation:** 1.75

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**52214** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands **Global:** 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 21 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** June 2008

**2015**  
**Medicare**  
**Utilization:** 20,000

**2007 Work RVU:** 3.70

**2017 Work RVU:** 3.50

**2007 NF PE RVU:** 33.55

**2017 NF PE RVU:** 14.88

**2007 Fac PE RVU** 1.47

**2017 Fac PE RVU:**1.22

**Result:** Decrease

**RUC Recommendation:** Refer to CPT Assistant. 3.50.

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Aug 2009 and May 2016

**52224** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy **Global:** 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 21 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** February 2008

**2015**  
**Medicare**  
**Utilization:** 44,970

**2007 Work RVU:** 3.14

**2017 Work RVU:** 4.05

**2007 NF PE RVU:** 32.11

**2017 NF PE RVU:** 15.16

**2007 Fac PE RVU** 1.28

**2017 Fac PE RVU:**1.41

**Result:** Increase

**RUC Recommendation:** Refer to CPT Assistant. 4.05.

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Aug 2009 and May 2016

**52234** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm) **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 21 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:** 26,897

**2007 Work RVU:** 4.62

**2017 Work RVU:** 4.62

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 1.83

**2017 Fac PE RVU:**1.99

**Result:** Maintain

**RUC Recommendation:** Refer to CPT Assistant. 4.62

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** May 2016

## Status Report: CMS Requests and Relativity Assessment Issues

**52235** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; **MEDIUM** bladder tumor(s) (2.0 to 5.0 cm) **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 21 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** April 2011

**2015**  
**Medicare**  
**Utilization:** 31,935

**2007 Work RVU:** 5.44  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 2.13

**2017 Work RVU:** 5.44  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**2.31

**RUC Recommendation:** Refer to CPT Assistant. 5.44

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** May 2016

**Result:** Maintain

**52240** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; **LARGE** bladder tumor(s)

**Global:** 000

**Issue:** Cystourethroscopy and Ureteroscopy

**Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 21 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:** 22,524

**2007 Work RVU:** 9.71  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 3.6

**2017 Work RVU:** 7.50  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**3.02

**RUC Recommendation:** Refer to CPT Assistant. 8.75

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** May 2016

**Result:** Decrease

**52281** Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female

**Global:** 000

**Issue:** Cystourethroscopy

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab** 38 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** October 2009

**2015**  
**Medicare**  
**Utilization:** 82,484

**2007 Work RVU:** 2.80  
**2007 NF PE RVU:** 6.65  
**2007 Fac PE RVU** 1.21

**2017 Work RVU:** 2.75  
**2017 NF PE RVU:** 4.72  
**2017 Fac PE RVU:**1.35

**RUC Recommendation:** 2.80

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>52332</b>	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 140,156	<b>2007 Work RVU:</b> 2.83 <b>2007 NF PE RVU:</b> 7.42 <b>2007 Fac PE RVU</b> 1.19 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 2.82 <b>2017 NF PE RVU:</b> 10.78 <b>2017 Fac PE RVU:</b> 1.37
<b>RUC Recommendation:</b> 2.82		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52341</b>	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	<b>Global:</b> 000	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 65 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2008	<b>2015 Medicare Utilization:</b> 2,542	<b>2007 Work RVU:</b> 6.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 2.44 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 5.35 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.28
<b>RUC Recommendation:</b> 5.35		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>52342</b>	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	<b>Global:</b> 000	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 65 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2008	<b>2015 Medicare Utilization:</b> 254	<b>2007 Work RVU:</b> 6.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 2.59 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 5.85 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.45
<b>RUC Recommendation:</b> 5.85		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**52343** Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2015**  
**Medicare**  
**Utilization:** 23

**2007 Work RVU:** 7.31

**2017 Work RVU:** 6.55

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.84

**2017 Fac PE RVU:**2.69

**Result:** Decrease

**RUC Recommendation:** 6.55

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**52344** Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 3,214

**2007 Work RVU:** 7.81

**2017 Work RVU:** 7.05

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 3.09

**2017 Fac PE RVU:**2.87

**Result:** Decrease

**RUC Recommendation:** 7.05

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**52345** Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2015**  
**Medicare**  
**Utilization:** 496

**2007 Work RVU:** 8.31

**2017 Work RVU:** 7.55

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 3.27

**2017 Fac PE RVU:**3.04

**Result:** Decrease

**RUC Recommendation:** 7.55

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**52346** Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2015**  
**Medicare**  
**Utilization:** 253

**2007 Work RVU:** 9.34

**2017 Work RVU:** 8.58

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 3.62

**2017 Fac PE RVU:**3.40

**Result:** Decrease

**RUC Recommendation:** 8.58

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>52351</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 21,317	<b>2007 Work RVU:</b> 5.85 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.36 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 5.75 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.38
<b>RUC Recommendation:</b> 5.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>52352</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 23,086	<b>2007 Work RVU:</b> 6.87 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.77 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 6.75 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.76
<b>RUC Recommendation:</b> 6.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>52353</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 12,262	<b>2007 Work RVU:</b> 7.96 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.14 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 7.50 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.02
<b>RUC Recommendation:</b> 7.50		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

**52354** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab 23 Specialty Developing Recommendation:** AUA

**First Identified:** September 2011

**2015 Medicare Utilization:** 8,128

**2007 Work RVU:** 7.33

**2017 Work RVU:** 8.00

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 2.94

**2017 Fac PE RVU:** 3.20

**Result:** Increase

**RUC Recommendation:** 8.58

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**52355** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor

**Global:** 000

**Issue:** Cystourethroscopy and Ureteroscopy

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab 23 Specialty Developing Recommendation:** AUA

**First Identified:** September 2011

**2015 Medicare Utilization:** 916

**2007 Work RVU:** 8.81

**2017 Work RVU:** 9.00

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.44

**2017 Fac PE RVU:** 3.54

**Result:** Increase

**RUC Recommendation:** 10.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**52356** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

**Global:** 000

**Issue:** Cystourethroscopy

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 13 Specialty Developing Recommendation:** AUA

**First Identified:** January 2013

**2015 Medicare Utilization:** 50,333

**2007 Work RVU:**

**2017 Work RVU:** 8.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2017 Fac PE RVU:** 3.16

**Result:** Decrease

**RUC Recommendation:** 8.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**52400** Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2015 Medicare Utilization:** 262 **2007 Work RVU:** 10.06 **2017 Work RVU:** 8.69 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 4.18 **2017 Fac PE RVU:** 4.17 **Result:** Decrease

**RUC Recommendation:** 8.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**52500** Transurethral resection of bladder neck (separate procedure) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2015 Medicare Utilization:** 3,921 **2007 Work RVU:** 9.39 **2017 Work RVU:** 8.14 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 4.52 **2017 Fac PE RVU:** 5.04 **Result:** Decrease

**RUC Recommendation:** 8.14 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**52601** Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) **Global:** 090 **Issue:** Transurethral Electrosurgical Resection of Prostate (TURP) **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2015 **2015 Medicare Utilization:** 46,743 **2007 Work RVU:** 15.13 **2017 Work RVU:** 15.26 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 5.99 **2017 Fac PE RVU:** 7.48 **Result:** Decrease

**RUC Recommendation:** 13.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**52640** Transurethral resection; of postoperative bladder neck contracture **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2015 Medicare Utilization:** 1,648 **2007 Work RVU:** 6.89 **2017 Work RVU:** 4.79 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 3.35 **2017 Fac PE RVU:** 3.77 **Result:** Decrease

**RUC Recommendation:** 4.79 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**52648** Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethrosomy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) **Global:** 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008 **Tab** 57 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** February 2008

**2015**  
**Medicare**  
**Utilization:** 23,881

**2007 Work RVU:** 12.00 **2017 Work RVU:** 12.15  
**2007 NF PE RVU:** 66.1 **2017 NF PE RVU:** 38.67  
**2007 Fac PE RVU** 5.44 **2017 Fac PE RVU:**6.43  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**53445** Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2011 **Tab** 31 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 1,746

**2007 Work RVU:** 15.21 **2017 Work RVU:** 13.00  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 7.55 **2017 Fac PE RVU:**7.30  
**Result:** Decrease

**RUC Recommendation:** 13.00

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

**53850** Transurethral destruction of prostate tissue; by microwave thermotherapy **Global:** 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012 **Tab** 43 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** September 2011

**2015**  
**Medicare**  
**Utilization:** 7,711

**2007 Work RVU:** 9.98 **2017 Work RVU:** 10.08  
**2007 NF PE RVU:** 82.87 **2017 NF PE RVU:** 47.76  
**2007 Fac PE RVU** 4.46 **2017 Fac PE RVU:**6.32  
**Result:** Maintain

**RUC Recommendation:** 10.08

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

# Status Report: CMS Requests and Relativity Assessment Issues

**54405** Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 45 **Specialty Developing** AUA  
**RUC Meeting:** April 2008 **Recommendation:**

**First Identified:** September 2007 **2015 Medicare Utilization:** 4,884

**2007 Work RVU:** 14.39 **2017 Work RVU:** 14.52  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.51 **2017 Fac PE RVU:** 7.23  
**Result:** Maintain

**RUC Recommendation:** 14.39

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

**54410** Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing** AUA  
**RUC Meeting:** February 2011 **Recommendation:**

**First Identified:** September 2007 **2015 Medicare Utilization:** 1,292

**2007 Work RVU:** 16.48 **2017 Work RVU:** 15.18  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.35 **2017 Fac PE RVU:** 7.96  
**Result:** Decrease

**RUC Recommendation:** 15.18

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

**54520** Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach **Global:** 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** AUA  
**RUC Meeting:** September 2007 **Recommendation:**

**First Identified:** September 2007 **2015 Medicare Utilization:** 2,923

**2007 Work RVU:** 5.25 **2017 Work RVU:** 5.30  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 3.03 **2017 Fac PE RVU:** 3.46  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**54530** Orchiectomy, radical, for tumor; inguinal approach **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First Identified:** September 2007 **2015 Medicare Utilization:** 1,217

**2007 Work RVU:** 9.31 **2017 Work RVU:** 8.46  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.72 **2017 Fac PE RVU:** 5.16  
**Result:** Decrease

**RUC Recommendation:** 8.46

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

# Status Report: CMS Requests and Relativity Assessment Issues

**55700** Biopsy, prostate; needle or punch, single or multiple, any approach **Global:** 000 **Issue:** Biopsy of Prostate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 36 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2015 Medicare Utilization:** 136,244

**RUC Recommendation:** 2.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 2.58 **2017 Work RVU:** 2.50  
**2007 NF PE RVU:** 4.08 **2017 NF PE RVU:** 4.28  
**2007 Fac PE RVU** 0.82 **2017 Fac PE RVU:**1.01  
**Result:** Decrease

**55706** Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 52 **Specialty Developing Recommendation:** AUA **First Identified:** January 2014 **2015 Medicare Utilization:** 1,218

**RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 6.28 **2017 Work RVU:** 6.28  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 3.79 **2017 Fac PE RVU:**3.79  
**Result:** Maintain

**55840** Prostatectomy, retropubic radical, with or without nerve sparing; **Global:** 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2015 Medicare Utilization:** 1,733

**RUC Recommendation:** 21.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 24.45 **2017 Work RVU:** 21.36  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 10.19 **2017 Fac PE RVU:**10.13  
**Result:** Decrease

**55842** Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy) **Global:** 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2015 Medicare Utilization:** 229

**RUC Recommendation:** 24.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 26.31 **2017 Work RVU:** 21.36  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 10.83 **2017 Fac PE RVU:**10.12  
**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>55845</b>	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 1,670	<b>2007 Work RVU:</b> 30.52 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.01 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 25.18 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 11.44
<b>RUC Recommendation:</b> 29.07		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>55866</b>	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	<b>Global:</b> 090	<b>Issue:</b> Laparoscopic Radical Prostatectomy	<b>Screen:</b> New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 27 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 14,824	<b>2007 Work RVU:</b> 32.25 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.87 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 26.80 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 11.99
<b>RUC Recommendation:</b> 26.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>55873</b>	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	<b>Global:</b> 090	<b>Issue:</b> Cryoablation of Prostate	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,649	<b>2007 Work RVU:</b> 20.25 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.59 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 13.60 <b>2017 NF PE RVU:</b> 185.41 <b>2017 Fac PE RVU:</b> 6.96
<b>RUC Recommendation:</b> 13.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**55875** Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy **Global:** 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2015 Medicare Utilization:** 5,481 **2007 Work RVU:** 13.31 **2017 Work RVU:** 13.46 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 6.38 **2017 Fac PE RVU:** 7.17 **Result:** Not Part of RAW

**RUC Recommendation:** Review data at RAW **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**56515** Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) **Global:** 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2015 Medicare Utilization:** 1,706 **2007 Work RVU:** 3.03 **2017 Work RVU:** 3.08 **2007 NF PE RVU:** 2.5 **2017 NF PE RVU:** 2.93 **2007 Fac PE RVU:** 1.79 **2017 Fac PE RVU:** 2.23 **Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**56620** Vulvectomy simple; partial **Global:** 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2015 Medicare Utilization:** 2,826 **2007 Work RVU:** 8.44 **2017 Work RVU:** 7.53 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 4.7 **2017 Fac PE RVU:** 6.02 **Result:** Decrease

**RUC Recommendation:** 7.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57150** Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease **Global:** 000 **Issue:** **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2016 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 0.55 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.67 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.22 **Result:**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**57155** Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2015 Medicare Utilization:** 3,307 **2007 Work RVU:** 6.79 **2017 Work RVU:** 5.15 **2007 NF PE RVU:** NA **2017 NF PE RVU:** 4.77 **2007 Fac PE RVU:** 4.3 **2017 Fac PE RVU:** 2.37 **RUC Recommendation:** 5.40 **Result:** Decrease

**Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57156** Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2015 Medicare Utilization:** 12,111 **2007 Work RVU:** 2.69 **2017 Work RVU:** 2.69 **2007 NF PE RVU:** 2.76 **2017 NF PE RVU:** 2.76 **2007 Fac PE RVU:** 1.32 **2017 Fac PE RVU:** 1.32 **RUC Recommendation:** 2.69 **Result:** Decrease

**Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57160** Fitting and insertion of pessary or other intravaginal support device **Global:** 000 **Issue:** **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2016 **2015 Medicare Utilization:** **2007 Work RVU:** 0.89 **2017 Work RVU:** 0.89 **2007 NF PE RVU:** 1.18 **2017 NF PE RVU:** 1.18 **2007 Fac PE RVU:** 0.35 **2017 Fac PE RVU:** 0.35 **RUC Recommendation:** **Result:**

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



# Status Report: CMS Requests and Relativity Assessment Issues

**57240** Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2015 Medicare Utilization:** 10,121 **2007 Work RVU:** 11.42 **2017 Work RVU:** 11.50 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 4.22 **2017 Fac PE RVU:** 6.27 **Result:** Decrease

**RUC Recommendation:** 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57250** Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2015 Medicare Utilization:** 7,573 **2007 Work RVU:** 11.42 **2017 Work RVU:** 11.50 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 3.93 **2017 Fac PE RVU:** 6.36 **Result:** Decrease

**RUC Recommendation:** 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57260** Combined anteroposterior colporrhaphy; **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2015 Medicare Utilization:** 7,590 **2007 Work RVU:** 14.36 **2017 Work RVU:** 14.44 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 5.08 **2017 Fac PE RVU:** 7.53 **Result:** Decrease

**RUC Recommendation:** 13.25 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57265** Combined anteroposterior colporrhaphy; with enterocele repair **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2015 Medicare Utilization:** 4,418 **2007 Work RVU:** 15.86 **2017 Work RVU:** 15.94 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 6.1 **2017 Fac PE RVU:** 8.11 **Result:** Decrease

**RUC Recommendation:** 15.00 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**57287** Removal or revision of sling for stress incontinence (eg, fascia or synthetic) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** C **Specialty Developing** AUA **First** **2015**  
**RUC Meeting:** February 2008 **Recommendation:** **Identified:** September 2007 **Medicare**  
**Utilization:** 2,709

**RUC Recommendation:** 10.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 11.49 **2017 Work RVU:** 11.15  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.73 **2017 Fac PE RVU:** 7.02  
**Result:** Decrease

**57288** Sling operation for stress incontinence (eg, fascia or synthetic) **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

**Most Recent** **Tab** O **Specialty Developing** ACOG, AUA **First** **2015**  
**RUC Meeting:** February 2008 **Recommendation:** **Identified:** September 2007 **Medicare**  
**Utilization:** 23,596

**RUC Recommendation:** 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 14.01 **2017 Work RVU:** 12.13  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.21 **2017 Fac PE RVU:** 6.91  
**Result:** Decrease

**58100** Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) **Global:** 000 **Issue:** **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** No

**Most Recent** **Tab** **Specialty Developing** **First** **2015**  
**RUC Meeting:** **Recommendation:** **Identified:** July 2016 **Medicare**  
**Utilization:**

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

**2007 Work RVU:** **2017 Work RVU:** 1.53  
**2007 NF PE RVU:** **2017 NF PE RVU:** 1.38  
**2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.78  
**Result:**

**58555** Hysteroscopy, diagnostic (separate procedure) **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab** 37 **Specialty Developing** ACOG **First** **2015**  
**RUC Meeting:** January 2016 **Recommendation:** **Identified:** NA **Medicare**  
**Utilization:** 1,662

**RUC Recommendation:** 3.07 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 3.33 **2017 Work RVU:** 2.65  
**2007 NF PE RVU:** 2.32 **2017 NF PE RVU:** 4.63  
**2007 Fac PE RVU:** 1.47 **2017 Fac PE RVU:** 1.43  
**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**58558** Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C

**Global:** 000

**Issue:** Hysteroscopy

**Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 37 Specialty Developing Recommendation:** ACOG

**First Identified:** NA

**2015 Medicare Utilization:** 40,941

**2007 Work RVU:** 4.74

**2017 Work RVU:** 4.17

**2007 NF PE RVU:** 2.52

**2017 NF PE RVU:** 33.82

**2007 Fac PE RVU** 2.05

**2017 Fac PE RVU:**2.03

**Result:** Decrease

**RUC Recommendation:** 4.37

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**58559** Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)

**Global:** 000

**Issue:** Hysteroscopy

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 37 Specialty Developing Recommendation:** ACOG

**First Identified:** July 2015

**2015 Medicare Utilization:** 166

**2007 Work RVU:** 6.16

**2017 Work RVU:** 5.20

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.56

**2017 Fac PE RVU:**2.44

**Result:** Decrease

**RUC Recommendation:** 5.54

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**58560** Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)

**Global:** 000

**Issue:** Hysteroscopy

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 37 Specialty Developing Recommendation:** ACOG

**First Identified:** July 2015

**2015 Medicare Utilization:** 53

**2007 Work RVU:** 6.99

**2017 Work RVU:** 5.75

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.88

**2017 Fac PE RVU:**2.65

**Result:** Decrease

**RUC Recommendation:** 6.15

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>58561</b>	<b>Hysteroscopy, surgical; with removal of leiomyomata</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 2,293	<b>2007 Work RVU:</b> 9.99 <b>2017 Work RVU:</b> 6.60 <b>2007 NF PE RVU:</b> NA <b>2017 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4 <b>2017 Fac PE RVU:</b> 5.14 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 7.00			<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>58562</b>	<b>Hysteroscopy, surgical; with removal of impacted foreign body</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 239	<b>2007 Work RVU:</b> 5.20 <b>2017 Work RVU:</b> 4.00 <b>2007 NF PE RVU:</b> 2.63 <b>2017 NF PE RVU:</b> 5.15 <b>2007 Fac PE RVU</b> 2.21 <b>2017 Fac PE RVU:</b> 2.15 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.17			<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>58563</b>	<b>Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 4,003	<b>2007 Work RVU:</b> 6.16 <b>2017 Work RVU:</b> 4.47 <b>2007 NF PE RVU:</b> 51.38 <b>2017 NF PE RVU:</b> 39.97 <b>2007 Fac PE RVU</b> 2.58 <b>2017 Fac PE RVU:</b> 2.82 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.62			<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

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**58660** Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure) **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** AUA, ACOG **First** **2015**  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare**  
**Utilization:** 1,251

**2007 Work RVU:** 11.54 **2017 Work RVU:** 11.59  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 5.07 **2017 Fac PE RVU:**6.00  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

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**58661** Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) **Global:** 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** ACOG **First** **2015**  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare**  
**Utilization:** 11,281

**2007 Work RVU:** 11.30 **2017 Work RVU:** 11.35  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 4.84 **2017 Fac PE RVU:**5.55  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

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**58823** Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic) **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab** 04 **Specialty Developing** **First** **2015**  
**RUC Meeting:** January 2013 **Recommendation:** **Identified:** January 2012 **Medicare**  
**Utilization:**

**2007 Work RVU:** 3.37 **2017 Work RVU:**  
**2007 NF PE RVU:** 20.75 **2017 NF PE RVU:**  
**2007 Fac PE RVU** 1.08 **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**59400** Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2015 Medicare Utilization:** 3,871

**RUC Recommendation:** 32.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 26.80 **2017 Work RVU:** 32.16  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 15.06 **2017 Fac PE RVU:**20.43  
**Result:** Increase

**59409** Vaginal delivery only (with or without episiotomy and/or forceps); **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2015 Medicare Utilization:** 1,953

**RUC Recommendation:** 14.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 13.48 **2017 Work RVU:** 14.37  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 4.91 **2017 Fac PE RVU:**5.81  
**Result:** Increase

**59410** Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2015 Medicare Utilization:** 1,259

**RUC Recommendation:** 18.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 15.29 **2017 Work RVU:** 18.01  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 5.96 **2017 Fac PE RVU:**7.78  
**Result:** Increase

**59412** External cephalic version, with or without tocolysis **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 38

**RUC Recommendation:** 1.71 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 1.71 **2017 Work RVU:** 1.71  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 0.77 **2017 Fac PE RVU:**0.86  
**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

## 59414 Delivery of placenta (separate procedure)

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2015  
Medicare  
Utilization: 58

2007 Work RVU: 1.61  
2007 NF PE RVU: NA  
2007 Fac PE RVU 0.59  
Result: Maintain

2017 Work RVU: 1.61  
2017 NF PE RVU: NA  
2017 Fac PE RVU:0.64

RUC Recommendation: 1.61

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

## 59425 Antepartum care only; 4-6 visits

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2015  
Medicare  
Utilization: 977

2007 Work RVU: 6.22  
2007 NF PE RVU: 4.21  
2007 Fac PE RVU 1.81  
Result: Decrease

2017 Work RVU: 6.31  
2017 NF PE RVU: 5.29  
2017 Fac PE RVU:2.52

RUC Recommendation: 6.31

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

## 59426 Antepartum care only; 7 or more visits

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2015  
Medicare  
Utilization: 870

2007 Work RVU: 11.04  
2007 NF PE RVU: 7.6  
2007 Fac PE RVU 3.17  
Result: Decrease

2017 Work RVU: 11.16  
2017 NF PE RVU: 9.72  
2017 Fac PE RVU:4.50

RUC Recommendation: 11.16

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

## 59430 Postpartum care only (separate procedure)

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2015  
Medicare  
Utilization: 1,405

2007 Work RVU: 2.13  
2007 NF PE RVU: 1.19  
2007 Fac PE RVU 0.88  
Result: Increase

2017 Work RVU: 2.47  
2017 NF PE RVU: 2.27  
2017 Fac PE RVU:0.99

RUC Recommendation: 2.47

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

# Status Report: CMS Requests and Relativity Assessment Issues

**59510** Routine obstetric care including antepartum care, cesarean delivery, and postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2015 Medicare Utilization:** 3,142

**RUC Recommendation:** 36.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 30.34 **2017 Work RVU:** 35.64  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 16.92 **2017 Fac PE RVU:**22.23  
**Result:** Increase

**59514** Cesarean delivery only; **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** **2015 Medicare Utilization:** 1,466

**RUC Recommendation:** 16.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 15.95 **2017 Work RVU:** 16.13  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 5.78 **2017 Fac PE RVU:**6.48  
**Result:** Increase

**59515** Cesarean delivery only; including postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 1,166

**RUC Recommendation:** 22.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 18.26 **2017 Work RVU:** 21.47  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 7.43 **2017 Fac PE RVU:**9.70  
**Result:** Increase

**59610** Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 120

**RUC Recommendation:** 34.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 28.21 **2017 Work RVU:** 33.87  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 15.52 **2017 Fac PE RVU:**20.89  
**Result:** Increase



# Status Report: CMS Requests and Relativity Assessment Issues

**59612** Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 48 **2007 Work RVU:** 15.04 **2017 Work RVU:** 16.09 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 5.6 **2017 Fac PE RVU:** 6.39 **Result:** Increase

**RUC Recommendation:** 16.09 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**59614** Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 40 **2007 Work RVU:** 16.59 **2017 Work RVU:** 19.73 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 6.49 **2017 Fac PE RVU:** 8.30 **Result:** Increase

**RUC Recommendation:** 20.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**59618** Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 23 **2007 Work RVU:** 31.78 **2017 Work RVU:** 36.16 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 17.74 **2017 Fac PE RVU:** 22.38 **Result:** Increase

**RUC Recommendation:** 36.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**59620** Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 10 **2007 Work RVU:** 17.50 **2017 Work RVU:** 16.66 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 6.27 **2017 Fac PE RVU:** 6.58 **Result:** Decrease

**RUC Recommendation:** 16.66 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>59622</b>	<b>Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care</b>	<b>Global:</b> MMM	<b>Issue:</b> Obstetrical Care	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACOG, AAFP	<b>First Identified:</b> April 2008	<b>2015 Medicare Utilization:</b> 13	<b>2007 Work RVU:</b> 19.70 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.14 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 22.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 9.94
<b>RUC Recommendation:</b> 22.53	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

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<b>60220</b>	<b>Total thyroid lobectomy, unilateral; with or without isthmusectomy</b>	<b>Global:</b> 090	<b>Issue:</b> Total Thyroid Lobectomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 46 <b>Specialty Developing Recommendation:</b> ACS, AAO-HNS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 7,720	<b>2007 Work RVU:</b> 12.29 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.96 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 11.19 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 7.08
<b>RUC Recommendation:</b> 12.29	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

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<b>60225</b>	<b>Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy</b>	<b>Global:</b> 090	<b>Issue:</b> Total Thyroid Lobectomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 46 <b>Specialty Developing Recommendation:</b> ACS, AAO-HNS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 488	<b>2007 Work RVU:</b> 14.67 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.22 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 14.79 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 9.18
<b>RUC Recommendation:</b> 14.67	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>60520</b>	Thymectomy, partial or total; transcervical approach (separate procedure)	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes		
<b>Most Recent RUC Meeting:</b>	January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2011	<b>2015 Medicare Utilization:</b> 355	<b>2007 Work RVU:</b> 17.07	<b>2017 Work RVU:</b> 17.16
<b>2007 NF PE RVU:</b>	NA	<b>2017 NF PE RVU:</b>	NA	<b>2007 Fac PE RVU</b>	7.95	<b>2017 Fac PE RVU:</b>	9.07
<b>RUC Recommendation:</b>	No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.			<b>Referred to CPT</b>		<b>Result:</b>	Remove from Screen
<b>Referred to CPT Asst</b>	<input type="checkbox"/>			<b>Published in CPT Asst:</b>			

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<b>60521</b>	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes		
<b>Most Recent RUC Meeting:</b>	January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2011	<b>2015 Medicare Utilization:</b> 334	<b>2007 Work RVU:</b> 19.11	<b>2017 Work RVU:</b> 19.18
<b>2007 NF PE RVU:</b>	NA	<b>2017 NF PE RVU:</b>	NA	<b>2007 Fac PE RVU</b>	9.22	<b>2017 Fac PE RVU:</b>	8.93
<b>RUC Recommendation:</b>	No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.			<b>Referred to CPT</b>		<b>Result:</b>	Remove from Screen
<b>Referred to CPT Asst</b>	<input type="checkbox"/>			<b>Published in CPT Asst:</b>			

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>60522</b>	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2011	<b>2015 Medicare Utilization:</b> 118	<b>2007 Work RVU:</b> 23.37 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.89 <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 23.48 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 10.59
<b>RUC Recommendation:</b> No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>61055</b>	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 440	<b>2007 Work RVU:</b> 2.10 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.37 <b>Result:</b> Remove from screen	<b>2017 Work RVU:</b> 2.10 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.05
<b>RUC Recommendation:</b> Editorial change		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>61781</b>	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Stereotactic Computer-Assisted Volumetric Navigational Procedures	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> NASS, AANS/CNS	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 12,308	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 3.75 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.74
<b>RUC Recommendation:</b> 3.75		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**61782** Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** October 2009 **2015 Medicare Utilization:** 10,460 **2007 Work RVU:** **2017 Work RVU:** 3.18 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU** **2017 Fac PE RVU:** 1.40 **RUC Recommendation:** 3.18 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 Fac PE RVU Result:** Decrease

**61783** Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2015 Medicare Utilization:** 7,007 **2007 Work RVU:** **2017 Work RVU:** 3.75 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU** **2017 Fac PE RVU:** 1.77 **RUC Recommendation:** 3.75 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 Fac PE RVU Result:** Decrease

**61793** Deleted from CPT **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2015 Medicare Utilization:** **2007 Work RVU:** 17.75 **2017 Work RVU:** **2007 NF PE RVU:** NA **2017 NF PE RVU:** **2007 Fac PE RVU** 10.08 **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 Fac PE RVU Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**61795 Deleted from CPT** **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 38 **Specialty Developing** NASS, AAO- **First** **2015** **2007 Work RVU:** 4.03 **2017 Work RVU:**  
**RUC Meeting:** February 2009 **Recommendation:** HNS, AANS **Identified:** October 2008 **Medicare** **2007 NF PE RVU:** NA **2017 NF PE RVU:**  
**Utilization:** **2007 Fac PE RVU** 1.87 **2017 Fac PE RVU:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**61796 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 **Complete?** Yes  
**simple cranial lesion** **Final Rule**

**Most Recent** **Tab** 38 **Specialty Developing** **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 13.93  
**RUC Meeting:** February 2009 **Recommendation:** **Identified:** NA **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**Utilization:** 6,009 **2007 Fac PE RVU** **2017 Fac PE RVU:**10.23  
**RUC Recommendation:** 15.50 **Referred to CPT** **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**61797 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator);** **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 **Complete?** Yes  
**each additional cranial lesion, simple (List separately in addition to code for** **Final Rule**  
**primary procedure)**

**Most Recent** **Tab** 38 **Specialty Developing** **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 3.48  
**RUC Meeting:** February 2009 **Recommendation:** **Identified:** NA **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**Utilization:** 6,171 **2007 Fac PE RVU** **2017 Fac PE RVU:**1.61  
**RUC Recommendation:** 3.48 **Referred to CPT** **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**61798 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 **Complete?** Yes  
**complex cranial lesion** **Final Rule**

**Most Recent** **Tab** 38 **Specialty Developing** **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 19.85  
**RUC Meeting:** February 2009 **Recommendation:** **Identified:** NA **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**Utilization:** 3,694 **2007 Fac PE RVU** **2017 Fac PE RVU:**12.86  
**RUC Recommendation:** 19.75 **Referred to CPT** **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**61799** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab 38** **Specialty Developing Recommendation:**

**First Identified:** NA

**2015 Medicare Utilization:** 880

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 4.81  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 2.24

**RUC Recommendation:** 4.81

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

**61800** Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab 16** **Specialty Developing Recommendation:**

**First Identified:**

**2015 Medicare Utilization:** 5,967

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 2.25  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 1.39

**RUC Recommendation:** 2.25

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

**61885** Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array **Global:** 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab 14** **Specialty Developing Recommendation:** AANS/CNS

**First Identified:** September 2007

**2015 Medicare Utilization:** 6,015

**2007 Work RVU:** 7.37  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 6.05  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:** 6.69

**RUC Recommendation:** 6.44

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>62263</b>	<b>Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days</b>	<b>Global:</b> 010	<b>Issue:</b> Epidural Lysis	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 66	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, NASS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 363	<b>2007 Work RVU:</b> 6.41 <b>2007 NF PE RVU:</b> 11.78 <b>2007 Fac PE RVU</b> 3.11 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 6.54			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>62281</b>	<b>Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic</b>	<b>Global:</b> 010	<b>Issue:</b> Injection of Neurolytic Agent	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 575	<b>2007 Work RVU:</b> 2.66 <b>2007 NF PE RVU:</b> 5.16 <b>2007 Fac PE RVU</b> 0.89 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Remove 99238			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Q&A May 2010
<b>62284</b>	<b>Injection procedure for myelography and/or computed tomography, lumbar</b>	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 13,684	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 4.62 <b>2007 Fac PE RVU</b> 0.67 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.54			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>



# Status Report: CMS Requests and Relativity Assessment Issues

**62287** Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar **Global:** 090 **Issue:** Percutaneous Discectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** ASA **First** **2015** **2007 Work RVU:** 8.88 **2017 Work RVU:** 9.03  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**Utilization:** 204 **2007 Fac PE RVU** 5.18 **2017 Fac PE RVU:**6.33  
**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**62290** Injection procedure for discography, each level; lumbar **Global:** 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent** **Tab** 45 **Specialty Developing** ASA, AAPM, **First** **2015** **2007 Work RVU:** 3.00 **2017 Work RVU:** 3.00  
**RUC Meeting:** April 2010 **Recommendation:** AAMPR, **Identified:** October 2009 **Medicare** **2007 NF PE RVU:** 6.43 **2017 NF PE RVU:** 6.09  
 AUR, NASS, **Utilization:** 11,438 **2007 Fac PE RVU** 1.31 **2017 Fac PE RVU:**1.64  
 ACR, ASNR, **RUC Recommendation:** 3.00, CPT Assistant article published. **Referred to CPT** **Result:** Maintain  
 ISIS, AANS **Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2011

**62302** Myelography via lumbar injection, including radiological supervision and interpretation; cervical **Global:** 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab** 17 **Specialty Developing** ACR, ASNR **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 2.29  
**RUC Meeting:** April 2014 **Recommendation:** **Identified:** October 2012 **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** 4.40  
**Utilization:** 5,719 **2007 Fac PE RVU** **2017 Fac PE RVU:**1.05  
**RUC Recommendation:** 2.29 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**62303** Myelography via lumbar injection, including radiological supervision and interpretation; thoracic **Global:** 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 17 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2015 Medicare Utilization:** 456

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 2.29  
**2017 NF PE RVU:** 4.61  
**2017 Fac PE RVU:** 1.08

**RUC Recommendation:** 2.29

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**62304** Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral

**Global:** 000 **Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 17 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2015 Medicare Utilization:** 24,630

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 2.25  
**2017 NF PE RVU:** 4.36  
**2017 Fac PE RVU:** 1.03

**RUC Recommendation:** 2.25

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**62305** Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)

**Global:** 000 **Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 17 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2015 Medicare Utilization:** 7,523

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 2.35  
**2017 NF PE RVU:** 4.85  
**2017 Fac PE RVU:** 1.08

**RUC Recommendation:** 2.35

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**62310** Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

**Global:** 000

**Issue:** Epidural Injections

**Screen:** CMS High Expenditure  
Procedural Codes1 /  
Final Rule for 2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing  
Recommendation:**

AAPM,  
AAPMR,  
ASA, ISIS,  
NASS,  
ASNR, ASIPP

**First  
Identified:** January 2012

**2015  
Medicare  
Utilization:** 215,869

**2007 Work RVU:** 1.91

**2017 Work RVU:**

**2007 NF PE RVU:** 4.35

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.63

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

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

**Result:** Deleted from CPT

**62311** Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

**Global:** 000

**Issue:** Epidural Injections

**Screen:** CMS High Expenditure  
Procedural Codes1 /  
Final Rule for 2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing  
Recommendation:**

AAPM,  
AAPMR,  
ASA, ISIS,  
NASS,  
ASNR, ASIPP

**First  
Identified:** September 2011

**2015  
Medicare  
Utilization:** 820,248

**2007 Work RVU:** 1.54

**2017 Work RVU:**

**2007 NF PE RVU:** 4.35

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.58

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**62318** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic **Global:** 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP

**First Identified:** January 2012

**2015 Medicare Utilization:** 32,361

**2007 Work RVU:** 2.04  
**2007 NF PE RVU:** 5.09  
**2007 Fac PE RVU** 0.61

**2017 Work RVU:**  
**2017 NF PE RVU:**  
**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

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

**Result:** Deleted from CPT

**62319** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) **Global:** 000 **Issue:** Epidural Injections

**Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP

**First Identified:** January 2012

**2015 Medicare Utilization:** 15,313

**2007 Work RVU:** 1.87  
**2007 NF PE RVU:** 4.45  
**2007 Fac PE RVU** 0.58

**2017 Work RVU:**  
**2017 NF PE RVU:**  
**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**62320** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** May 2015

**2015 Medicare Utilization:**

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

**2017 Work RVU:** 1.80  
**2017 NF PE RVU:** 2.73  
**2017 Fac PE RVU:** 0.92

**RUC Recommendation:** 1.80

**Referred to CPT** May 2015

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

**Result:** Decrease

**62321** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** May 2015

**2015 Medicare Utilization:**

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

**2017 Work RVU:** 1.95  
**2017 NF PE RVU:** 4.87  
**2017 Fac PE RVU:** 0.98

**RUC Recommendation:** 1.95

**Referred to CPT** May 2015

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**62322** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

Global: 000

Issue: Epidural Injections

Screen: Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 10

Specialty Developing  
Recommendation:

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

First  
Identified: May 2015

2015  
Medicare  
Utilization:

2007 Work RVU:  
2007 NF PE RVU:  
2007 Fac PE RVU

2017 Work RVU: 1.55  
2017 NF PE RVU: 2.70  
2017 Fac PE RVU: 0.80

RUC Recommendation: 1.55

Referred to CPT May 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

**62323** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

Global: 000

Issue: Epidural Injections

Screen: Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 10

Specialty Developing  
Recommendation:

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

First  
Identified: May 2015

2015  
Medicare  
Utilization:

2007 Work RVU:  
2007 NF PE RVU:  
2007 Fac PE RVU

2017 Work RVU: 1.80  
2017 NF PE RVU: 4.93  
2017 Fac PE RVU: 0.89

RUC Recommendation: 1.80

Referred to CPT May 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**62324** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

**Global:** 000    **Issue:** Epidural Injections    **Screen:** Final Rule for 2015    **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** May 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 1.89

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.02

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.55

**RUC Recommendation:** 1.89

**Referred to CPT** May 2015

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

**Result:** Decrease

**62325** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)

**Global:** 000    **Issue:** Epidural Injections    **Screen:** Final Rule for 2015    **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** May 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 2.20

**2007 NF PE RVU:**

**2017 NF PE RVU:** 3.78

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.60

**RUC Recommendation:** 2.20

**Referred to CPT** May 2015

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**62326** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

**Global:** 000

**Issue:** Epidural Injections

**Screen:** Final Rule for 2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing  
Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First  
Identified:** May 2015

**2015  
Medicare  
Utilization:**

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

**2017 Work RVU:** 1.78  
**2017 NF PE RVU:** 2.37  
**2017 Fac PE RVU:** 0.64

**RUC Recommendation:** 1.78

**Referred to CPT** May 2015

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

**Result:** Decrease

**62327** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

**Global:** 000

**Issue:** Epidural Injections

**Screen:** Final Rule for 2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing  
Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First  
Identified:** May 2015

**2015  
Medicare  
Utilization:**

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

**2017 Work RVU:** 1.90  
**2017 NF PE RVU:** 4.25  
**2017 Fac PE RVU:** 0.67

**RUC Recommendation:** 1.90

**Referred to CPT** May 2015

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

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**62350** Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 67 Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007

**2015 Medicare Utilization:** 5,607

**2007 Work RVU:** 8.04

**2017 Work RVU:** 6.05

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 4

**2017 Fac PE RVU:**4.34

**RUC Recommendation:** 6.05

**Referred to CPT**

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

**Result:** Decrease

**62355** Removal of previously implanted intrathecal or epidural catheter

**Global:** 010

**Issue:** Intrathecal Epidural Catheters & Pumps

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 67 Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007

**2015 Medicare Utilization:** 1,202

**2007 Work RVU:** 6.60

**2017 Work RVU:** 3.55

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 3.27

**2017 Fac PE RVU:**3.43

**RUC Recommendation:** 4.35

**Referred to CPT**

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

**Result:** Decrease

**62360** Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir

**Global:** 010

**Issue:** Intrathecal Epidural Catheters & Pumps

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 67 Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS

**First Identified:** April 2008

**2015 Medicare Utilization:** 415

**2007 Work RVU:** 3.68

**2017 Work RVU:** 4.33

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.87

**2017 Fac PE RVU:**3.67

**RUC Recommendation:** 4.33

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>62361</b>	<b>Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump</b>	<b>Global:</b> 010	<b>Issue:</b> Intrathecal Epidural Catheters & Pumps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 67	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, ISIS, NASS	<b>First Identified:</b> April 2008	<b>2015 Medicare Utilization:</b> 56	<b>2007 Work RVU:</b> 6.59 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 3.94
<b>RUC Recommendation:</b> 5.65			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 5.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 5.29
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Result:</b> Decrease
<hr/>					
<b>62362</b>	<b>Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming</b>	<b>Global:</b> 010	<b>Issue:</b> Intrathecal Epidural Catheters & Pumps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 67	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, ISIS, NASS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 7,382	<b>2007 Work RVU:</b> 8.58 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4.46
<b>RUC Recommendation:</b> 6.10			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 5.60 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.31
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Result:</b> Decrease
<hr/>					
<b>62365</b>	<b>Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion</b>	<b>Global:</b> 010	<b>Issue:</b> Intrathecal Epidural Catheters & Pumps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 67	<b>Specialty Developing Recommendation:</b> AAPMR, ASA, NASS, AAPM, AANS/CNS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,170	<b>2007 Work RVU:</b> 6.57 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 3.65
<b>RUC Recommendation:</b> 4.65			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 3.93 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.73
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**62367** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 07

**Specialty Developing Recommendation:**

ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS

**First Identified:** October 2009

**2015 Medicare Utilization:** 8,215

**2007 Work RVU:** 0.48

**2017 Work RVU:** 0.48

**2007 NF PE RVU:** 0.56

**2017 NF PE RVU:** 0.64

**2007 Fac PE RVU** 0.1

**2017 Fac PE RVU:**0.20

**RUC Recommendation:** 0.48

**Referred to CPT** October 2010

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

**Result:** Maintain

**62368** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 07

**Specialty Developing Recommendation:**

ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS

**First Identified:** October 2009

**2015 Medicare Utilization:** 46,634

**2007 Work RVU:** 0.75

**2017 Work RVU:** 0.67

**2007 NF PE RVU:** 0.67

**2017 NF PE RVU:** 0.86

**2007 Fac PE RVU** 0.17

**2017 Fac PE RVU:**0.27

**RUC Recommendation:** 0.67

**Referred to CPT** October 2010

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

**Result:** Decrease

**62369** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 07

**Specialty Developing Recommendation:**

ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS

**First Identified:**

**2015 Medicare Utilization:** 39,655

**2007 Work RVU:**

**2017 Work RVU:** 0.67

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.62

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.28

**RUC Recommendation:** 0.67

**Referred to CPT** October 2010

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	Global: XXX	Issue: Electronic Analysis Implanted Pump	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 07	Specialty Developing Recommendation: ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS	First Identified:	2015 Medicare Utilization: 94,044	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2017 Work RVU: 0.90 2017 NF PE RVU: 2.57 2017 Fac PE RVU:0.35
RUC Recommendation: 1.10			Referred to CPT October 2010	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: Result: Decrease
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Global: 090	Issue: RAW	Screen: Pre-Time Analysis	Complete? Yes
Most Recent RUC Meeting: September 2014	Tab 21	Specialty Developing Recommendation: AANS, AAOS, NASS	First Identified: January 2014	2015 Medicare Utilization: 35,993	2007 Work RVU: 13.03 2007 NF PE RVU: NA 2007 Fac PE RVU 8.5 2017 Work RVU: 13.18 2017 NF PE RVU: NA 2017 Fac PE RVU:10.95
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: Result: Maintain
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Global: 090	Issue: RAW	Screen: Pre-Time Analysis	Complete? Yes
Most Recent RUC Meeting: September 2014	Tab 21	Specialty Developing Recommendation: AANS, AAOS, NASS	First Identified: January 2014	2015 Medicare Utilization: 15,890	2007 Work RVU: 18.61 2007 NF PE RVU: NA 2007 Fac PE RVU 11.2 2017 Work RVU: 18.76 2017 NF PE RVU: NA 2017 Fac PE RVU:13.56
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: Result: Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>63045</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2013	<b>2015 Medicare Utilization:</b> 9,168	<b>2007 Work RVU:</b> 17.82 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.4 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 17.95 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 13.41
<b>RUC Recommendation:</b> 17.95		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>63046</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2013	<b>2015 Medicare Utilization:</b> 3,244	<b>2007 Work RVU:</b> 17.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.13 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 17.25 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 12.93
<b>RUC Recommendation:</b> 17.25		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>63047</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 24 <b>Specialty Developing Recommendation:</b> NASS, AANS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 101,456	<b>2007 Work RVU:</b> 15.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.79 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 15.37 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 11.99
<b>RUC Recommendation:</b> 15.37		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>63048</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> NASS, AANS	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 134,208	<b>2007 Work RVU:</b> 3.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.58 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 3.47			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 3.47 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 1.67
<b>63056</b>	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> NASS, AANS	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 7,856	<b>2007 Work RVU:</b> 21.73 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.31 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Review action plan at RAW Oct 2015. Maintain			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Oct 2009	<b>2017 Work RVU:</b> 21.86 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 14.63
<b>63075</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	<b>Global:</b> 090	<b>Issue:</b> Arthrodesis Including Discectomy	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 5	<b>Specialty Developing Recommendation:</b> NASS, AANS/CNS	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 833	<b>2007 Work RVU:</b> 19.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.87 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 19.60			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 19.60 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 13.72

## Status Report: CMS Requests and Relativity Assessment Issues

**63076** Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, each additional interspace (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 5

**Specialty Developing Recommendation:** NASS, AANS/CNS

**First Identified:**

**2015 Medicare Utilization:** 548

**2007 Work RVU:** 4.04

**2017 Work RVU:** 4.04

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 1.93

**2017 Fac PE RVU:**1.94

**Result:** Maintain

**RUC Recommendation:** 4.04

**Referred to CPT** October 2009

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

**63090** Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment

**Global:** 090

**Issue:** Vertebral Corpectomy with Arthrodesis

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** No

**Most Recent RUC Meeting:** January 2017

**Tab** 30

**Specialty Developing Recommendation:** AAOS, AANS

**First Identified:** January 2015

**2015 Medicare Utilization:** 1,033

**2007 Work RVU:** 30.78

**2017 Work RVU:** 30.93

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 15.58

**2017 Fac PE RVU:**18.46

**Result:**

**RUC Recommendation:** Review action plan and additional data

**Referred to CPT** September 2016

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

**63620** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion

**Global:** 090

**Issue:** Stereotactic Radiosurgery

**Screen:** CMS Request - 2009 Final Rule

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 38

**Specialty Developing Recommendation:**

**First Identified:** NA

**2015 Medicare Utilization:** 425

**2007 Work RVU:**

**2017 Work RVU:** 15.60

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**11.00

**Result:** Decrease

**RUC Recommendation:** 15.50

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Stereotactic Radiosurgery	Screen: CMS Request - 2009 Final Rule	Complete? Yes
Most Recent RUC Meeting:	February 2009	Tab 38	Specialty Developing Recommendation:	First Identified: NA	2015 Medicare Utilization: 77	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2017 Work RVU: 4.00 2017 NF PE RVU: NA 2017 Fac PE RVU:1.88
RUC Recommendation: 4.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
63650	Percutaneous implantation of neurostimulator electrode array, epidural			Global: 010	Issue: Percutaneous implantation of neurostimulator	Screen: Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting:	April 2013	Tab 22	Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, ISIS, NASS	First Identified: September 2007	2015 Medicare Utilization: 48,831	2007 Work RVU: 7.57 2007 NF PE RVU: NA 2007 Fac PE RVU 3.11	2017 Work RVU: 7.15 2017 NF PE RVU: 29.41 2017 Fac PE RVU:3.99
RUC Recommendation: 7.20. New PE Inputs				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural			Global: 090	Issue: Neurostimulator (Spinal)	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	April 2009	Tab 17	Specialty Developing Recommendation: NASS, AANS	First Identified: October 2008	2015 Medicare Utilization: 5,720	2007 Work RVU: 11.43 2007 NF PE RVU: NA 2007 Fac PE RVU 7.15	2017 Work RVU: 10.92 2017 NF PE RVU: NA 2017 Fac PE RVU:9.54
RUC Recommendation: 11.43				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	



# Status Report: CMS Requests and Relativity Assessment Issues

**63660 Deleted from CPT**

**Global:** 090

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly / CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 17

**Specialty Developing Recommendation:**

AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007

**2015 Medicare Utilization:**

**2007 Work RVU:** 6.87

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 3.54

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**Result:** Deleted from CPT

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

**63661 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

**Global:** 010

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly / CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 17

**Specialty Developing Recommendation:**

ISIS, NASS, AANS/CNS, ASA, AAPM

**First Identified:**

**2015 Medicare Utilization:** 3,058

**2007 Work RVU:**

**2017 Work RVU:** 5.08

**2007 NF PE RVU:**

**2017 NF PE RVU:** 10.69

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 3.42

**RUC Recommendation:** 5.03

**Referred to CPT**

**Result:** Decrease

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

**63662 Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

**Global:** 090

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly / CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 17

**Specialty Developing Recommendation:**

ISIS, NASS, AANS/CNS, ASA, AAPM

**First Identified:**

**2015 Medicare Utilization:** 1,824

**2007 Work RVU:**

**2017 Work RVU:** 11.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 9.66

**RUC Recommendation:** 10.87

**Referred to CPT**

**Result:** Decrease

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>63663</b>	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	<b>Global:</b> 010	<b>Issue:</b> Neurostimulator (Spinal)	<b>Screen:</b> Site of Service Anomaly / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ISIS, NASS, AANS/CNS, ASA, AAPM	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 993	<b>2007 Work RVU:</b> 7.75 <b>2017 Work RVU:</b> 7.75 <b>2007 NF PE RVU:</b> 13.61 <b>2017 NF PE RVU:</b> 13.61 <b>2007 Fac PE RVU:</b> 4.23 <b>2017 Fac PE RVU:</b> 4.23 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 70			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>63664</b>	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	<b>Global:</b> 090	<b>Issue:</b> Neurostimulator (Spinal)	<b>Screen:</b> Site of Service Anomaly / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ISIS, NASS, AANS/CNS, ASA, AAPM	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 574	<b>2007 Work RVU:</b> 11.52 <b>2017 Work RVU:</b> 11.52 <b>2007 NF PE RVU:</b> NA <b>2017 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.79 <b>2017 Fac PE RVU:</b> 9.79 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 11.39			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>63685</b>	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	<b>Global:</b> 010	<b>Issue:</b> Neurostimulators	<b>Screen:</b> Site of Service Anomaly / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 68	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, ISIS, NASS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 15,580	<b>2007 Work RVU:</b> 7.87 <b>2017 Work RVU:</b> 5.19 <b>2007 NF PE RVU:</b> NA <b>2017 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.03 <b>2017 Fac PE RVU:</b> 4.23 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.05			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**63688** Revision or removal of implanted spinal neurostimulator pulse generator or receiver **Global:** 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2015 Medicare Utilization:** 6,448 **2007 Work RVU:** 6.10 **2017 Work RVU:** 5.30 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 3.56 **2017 Fac PE RVU:** 4.26 **RUC Recommendation:** 5.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**64405** Injection, anesthetic agent; greater occipital nerve **Global:** 000 **Issue:** **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2016 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 0.94 **2007 NF PE RVU:** **2017 NF PE RVU:** 1.73 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.68 **RUC Recommendation:** **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

**64412** Injection, anesthetic agent; spinal accessory nerve **Global:** 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2015 Medicare Utilization:** 4,250 **2007 Work RVU:** 1.18 **2017 Work RVU:** **2007 NF PE RVU:** 2.5 **2017 NF PE RVU:** **2007 Fac PE RVU:** 0.46 **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☒ **Published in CPT Asst:** FAQ Sept 2015 **Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64415</b>	Injection, anesthetic agent; brachial plexus, single			<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> No
<b>Most Recent</b>	<b>Tab</b> 21	<b>Specialty Developing</b>	AAPM, ASA	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 153,445	<b>2007 Work RVU:</b> 1.48	<b>2017 Work RVU:</b> 1.48
<b>RUC Meeting:</b>	September 2014	<b>Recommendation:</b>				<b>2007 NF PE RVU:</b> 2.47	<b>2017 NF PE RVU:</b> 1.72
						<b>2007 Fac PE RVU</b> 0.43	<b>2017 Fac PE RVU:</b> 0.26
<b>RUC Recommendation:</b>	1.48, Review in October 2017			<b>Referred to CPT</b>		<b>Result:</b>	
				<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b>	Dec 2011 & Apr 2012	

<b>64416</b>	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)			<b>Global:</b> 000	<b>Issue:</b> Anesthetic Agent Nerve Injection	<b>Screen:</b> Site of Service Anomaly / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 18	<b>Specialty Developing</b>	ASA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 18,731	<b>2007 Work RVU:</b> 3.85	<b>2017 Work RVU:</b> 1.81
<b>RUC Meeting:</b>	October 2013	<b>Recommendation:</b>				<b>2007 NF PE RVU:</b> NA	<b>2017 NF PE RVU:</b> NA
						<b>2007 Fac PE RVU</b> 0.74	<b>2017 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b>	Remove from screen. 1.81			<b>Referred to CPT</b> February 2008		<b>Result:</b> Decrease	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>64418</b>	Injection, anesthetic agent; suprascapular nerve			<b>Global:</b> 000	<b>Issue:</b> Injection, Anesthetic Agent	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 28	<b>Specialty Developing</b>	AAPM, AAPMR, ASA	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 31,454	<b>2007 Work RVU:</b> 1.32	<b>2017 Work RVU:</b> 1.32
<b>RUC Meeting:</b>	April 2016	<b>Recommendation:</b>				<b>2007 NF PE RVU:</b> 2.43	<b>2017 NF PE RVU:</b> 2.66
						<b>2007 Fac PE RVU</b> 0.46	<b>2017 Fac PE RVU:</b> 0.73
<b>RUC Recommendation:</b>	1.10			<b>Referred to CPT</b>		<b>Result:</b> Decrease	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>64445</b>	Injection, anesthetic agent; sciatic nerve, single			<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> No
<b>Most Recent</b>	<b>Tab</b> 21	<b>Specialty Developing</b>	AAPM, ASA	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 108,959	<b>2007 Work RVU:</b> 1.48	<b>2017 Work RVU:</b> 1.48
<b>RUC Meeting:</b>	September 2014	<b>Recommendation:</b>				<b>2007 NF PE RVU:</b> 2.42	<b>2017 NF PE RVU:</b> 2.21
						<b>2007 Fac PE RVU</b> 0.51	<b>2017 Fac PE RVU:</b> 0.44
<b>RUC Recommendation:</b>	1.48, Review in October 2017			<b>Referred to CPT</b>		<b>Result:</b>	
				<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b>	Dec 2011 & Apr 2012	

## Status Report: CMS Requests and Relativity Assessment Issues

**64446** Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement) **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

**Most Recent** **Tab** 19 **Specialty Developing** ASA  
**RUC Meeting:** April 2008 **Recommendation:**

**First Identified:** February 2008

**2015 Medicare Utilization:** 5,949

**2007 Work RVU:** 3.61 **2017 Work RVU:** 1.81  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 0.9 **2017 Fac PE RVU:**0.31  
**Result:** Decrease

**RUC Recommendation:** 1.81

**Referred to CPT** February 2008  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**64447** Injection, anesthetic agent; femoral nerve, single **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

**Most Recent** **Tab** 21 **Specialty Developing** AAPM, ASA  
**RUC Meeting:** September 2014 **Recommendation:**

**First Identified:** October 2008

**2015 Medicare Utilization:** 157,469

**2007 Work RVU:** 1.50 **2017 Work RVU:** 1.50  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** 1.76  
**2007 Fac PE RVU** 0.38 **2017 Fac PE RVU:**0.28  
**Result:**

**RUC Recommendation:** 1.50, Review in October 2017

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & Apr 2012

**64448** Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab** 18 **Specialty Developing** ASA  
**RUC Meeting:** October 2013 **Recommendation:**

**First Identified:** February 2008

**2015 Medicare Utilization:** 39,296

**2007 Work RVU:** 3.36 **2017 Work RVU:** 1.63  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 0.73 **2017 Fac PE RVU:**0.28  
**Result:** Decrease

**RUC Recommendation:** Remove from screen. 1.63

**Referred to CPT** February 2008  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64449</b>	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	<b>Global:</b> 000	<b>Issue:</b> Anesthetic Agent Nerve Injection	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 3,303	<b>2007 Work RVU:</b> 3.24 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.84 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.81 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 0.42
<b>RUC Recommendation:</b> 1.81		<b>Referred to CPT</b> February 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>64450</b>	Injection, anesthetic agent; other peripheral nerve or branch	<b>Global:</b> 000	<b>Issue:</b> Injection - Anesthetic Agent	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ASA, AAPM, APMA, ASIPP	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 542,035	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 1.25 <b>2007 Fac PE RVU:</b> 0.49 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.75 <b>2017 NF PE RVU:</b> 1.45 <b>2017 Fac PE RVU:</b> 0.48
<b>RUC Recommendation:</b> 0.75 and review action plan		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2013		
<hr/>					
<b>64455</b>	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2016	<b>2015 Medicare Utilization:</b> 65,979	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b>	<b>2017 Work RVU:</b> 0.75 <b>2017 NF PE RVU:</b> 0.55 <b>2017 Fac PE RVU:</b> 0.19
<b>RUC Recommendation:</b> Survey April 2017		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64461</b>	<b>Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Paravertebral Block Injection	<b>Screen:</b> New code for CPT 2016.	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 1.75
				<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 2.29
				<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 0.58
<b>RUC Recommendation:</b> CPT Assistant article published Jan 2016		<b>Referred to CPT</b>		<b>Result:</b> Not Part of RAW	
		<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2016		
<hr/>					
<b>64462</b>	<b>Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Paravertebral Block Injection	<b>Screen:</b> New code for CPT 2016.	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 1.10
				<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 1.18
				<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 0.36
<b>RUC Recommendation:</b> CPT Assistant article published Jan 2016		<b>Referred to CPT</b>		<b>Result:</b> Not Part of RAW	
		<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2016		
<hr/>					
<b>64463</b>	<b>Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Paravertebral Block Injection	<b>Screen:</b> New code for CPT 2016.	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 1.90
				<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 2.63
				<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 0.48
<b>RUC Recommendation:</b> CPT Assistant article published Jan 2016		<b>Referred to CPT</b>		<b>Result:</b> Not Part of RAW	
		<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2016		
<hr/>					
<b>64470</b>	<b>Deleted from CPT</b>	<b>Global:</b> 000	<b>Issue:</b> Injection Anesthetic Agent	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57 <b>Specialty Developing Recommendation:</b> ASA, NASS, AAPM	<b>First Identified:</b> April 2008	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.85	<b>2017 Work RVU:</b>
				<b>2007 NF PE RVU:</b> 6.37	<b>2017 NF PE RVU:</b>
				<b>2007 Fac PE RVU</b> 0.71	<b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2009		<b>Result:</b> Deleted from CPT	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**64472 Deleted from CPT**

**Global:** ZZZ

**Issue:** Injection Anesthetic Agent

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 57

**Specialty Developing Recommendation:**

ASA, NASS, AAPM

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.29

**2007 NF PE RVU:** 2.05

**2007 Fac PE RVU** 0.34

**Result:** Deleted from CPT

**2017 Work RVU:**

**2017 NF PE RVU:**

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**64475 Deleted from CPT**

**Global:** 000

**Issue:** Injection Anesthetic Agent

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 57

**Specialty Developing Recommendation:**

ASA, NASS, AAPM

**First Identified:** April 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.41

**2007 NF PE RVU:** 6.07

**2007 Fac PE RVU** 0.62

**Result:** Deleted from CPT

**2017 Work RVU:**

**2017 NF PE RVU:**

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**64476 Deleted from CPT**

**Global:** ZZZ

**Issue:** Injection Anesthetic Agent

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 57

**Specialty Developing Recommendation:**

ASA, NASS, AAPM

**First Identified:** April 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.98

**2007 NF PE RVU:** 1.86

**2007 Fac PE RVU** 0.24

**Result:** Deleted from CPT

**2017 Work RVU:**

**2017 NF PE RVU:**

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**64479 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level**

**Global:** 000

**Issue:** Injection Anesthetic Agent

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 05

**Specialty Developing Recommendation:**

AAPM, ISIS, ASA, NASS, AAPMR

**First Identified:** October 2008

**2015 Medicare Utilization:** 44,931

**2007 Work RVU:** 2.20

**2007 NF PE RVU:** 6.55

**2007 Fac PE RVU** 0.87

**Result:** Increase

**2017 Work RVU:** 2.29

**2017 NF PE RVU:** 4.16

**2017 Fac PE RVU:** 1.30

**RUC Recommendation:** 2.29

**Referred to CPT** June 2009

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



## Status Report: CMS Requests and Relativity Assessment Issues

**64480** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 05

**Specialty Developing Recommendation:**

AAPM, ISIS, ASA, NASS, AAPMR

**First Identified:** October 2008

**2015 Medicare Utilization:** 24,514

**2007 Work RVU:** 1.54

**2017 Work RVU:** 1.20

**2007 NF PE RVU:** 2.5

**2017 NF PE RVU:** 1.87

**2007 Fac PE RVU** 0.45

**2017 Fac PE RVU:**0.50

**Result:** Decrease

**RUC Recommendation:** 1.20

**Referred to CPT** June 2009

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

**64483** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 05

**Specialty Developing Recommendation:**

AAPM, ISIS, ASA, NASS, AAPMR

**First Identified:** October 2008

**2015 Medicare Utilization:** 991,128

**2007 Work RVU:** 1.90

**2017 Work RVU:** 1.90

**2007 NF PE RVU:** 6.86

**2017 NF PE RVU:** 4.12

**2007 Fac PE RVU** 0.81

**2017 Fac PE RVU:**1.16

**Result:** Decrease

**RUC Recommendation:** 1.90

**Referred to CPT** June 2009

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

**64484** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 05

**Specialty Developing Recommendation:**

AAPM, ISIS, ASA, NASS, AAPMR

**First Identified:** October 2008

**2015 Medicare Utilization:** 467,888

**2007 Work RVU:** 1.33

**2017 Work RVU:** 1.00

**2007 NF PE RVU:** 2.86

**2017 NF PE RVU:** 1.40

**2007 Fac PE RVU** 0.36

**2017 Fac PE RVU:**0.41

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** June 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**64490** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level **Global:** 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 222,602 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 1.82 **2017 NF PE RVU:** 3.37 **2017 Fac PE RVU:**1.07

**RUC Recommendation:** 1.82

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

**Result:** Decrease

**64491** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 196,757 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 1.16 **2017 NF PE RVU:** 1.39 **2017 Fac PE RVU:**0.47

**RUC Recommendation:** 1.16

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

**Result:** Decrease

**64492** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 136,094 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 1.16 **2017 NF PE RVU:** 1.40 **2017 Fac PE RVU:**0.49

**RUC Recommendation:** 1.16

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**64493** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level **Global:** 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 783,917 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 1.52 **2017 NF PE RVU:** 3.20 **2017 Fac PE RVU:** 0.95

**RUC Recommendation:** 1.52

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

**Result:** Decrease

**64494** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 699,106 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 1.00 **2017 NF PE RVU:** 1.35 **2017 Fac PE RVU:** 0.40

**RUC Recommendation:** 1.00

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

**Result:** Decrease

**64495** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 433,136 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 1.00 **2017 NF PE RVU:** 1.36 **2017 Fac PE RVU:** 0.42

**RUC Recommendation:** 1.00

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**64510** Injection, anesthetic agent; stellate ganglion (cervical sympathetic) **Global:** 000 **Issue:** Fluoroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2015 Medicare Utilization:** 7,011

**2007 Work RVU:** 1.22 **2017 Work RVU:** 1.22  
**2007 NF PE RVU:** 3.06 **2017 NF PE RVU:** 2.27  
**2007 Fac PE RVU:** 0.49 **2017 Fac PE RVU:** 0.78  
**Result:** PE Only

**RUC Recommendation:** New PE inputs

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

**64520** Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) **Global:** 000 **Issue:** Fluoroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2015 Medicare Utilization:** 20,333

**2007 Work RVU:** 1.35 **2017 Work RVU:** 1.35  
**2007 NF PE RVU:** 4.5 **2017 NF PE RVU:** 3.78  
**2007 Fac PE RVU:** 0.54 **2017 Fac PE RVU:** 0.85  
**Result:** PE Only

**RUC Recommendation:** PE Review - no change

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

**64550** Application of surface (transcutaneous) neurostimulator **Global:** 000 **Issue:** Percutaneous Neurostimulator Placement **Screen:** Final Rule for 2015 **Complete?** No

**Most Recent RUC Meeting:** January 2017 **Tab** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2015 Medicare Utilization:** 15,824

**2007 Work RVU:** 0.18 **2017 Work RVU:** 0.18  
**2007 NF PE RVU:** 0.26 **2017 NF PE RVU:** 0.26  
**2007 Fac PE RVU:** 0.05 **2017 Fac PE RVU:** 0.06  
**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**64553** Percutaneous implantation of neurostimulator electrode array; cranial nerve **Global:** 010 **Issue:** Percutaneous Neurostimulator Placement **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2015 Medicare Utilization:** 240

**2007 Work RVU:** 2.33 **2017 Work RVU:** 2.36  
**2007 NF PE RVU:** 2.75 **2017 NF PE RVU:** 3.20  
**2007 Fac PE RVU:** 1.73 **2017 Fac PE RVU:** 1.78  
**Result:** Increase

**RUC Recommendation:** 6.13

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64555</b>	<b>Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous NeurostimulatorPlacement	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> AANS, CNS, ASA	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 8,200	<b>2007 Work RVU:</b> 2.29 <b>2007 NF PE RVU:</b> 2.96 <b>2007 Fac PE RVU</b> 1.23 <b>2017 Work RVU:</b> 2.32 <b>2017 NF PE RVU:</b> 3.43 <b>2017 Fac PE RVU:</b> 1.82
<b>RUC Recommendation:</b> 5.76. Develop CPT Assistant article.Review September 2017.			<b>Referred to CPT</b> September 2016	<b>Result:</b> Increase	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2016	
<b>64561</b>	<b>Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous NeurostimulatorPlacement	<b>Screen:</b> CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> AANS, CNS	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 13,993	<b>2007 Work RVU:</b> 7.07 <b>2007 NF PE RVU:</b> 27.51 <b>2007 Fac PE RVU</b> 3.05 <b>2017 Work RVU:</b> 5.44 <b>2017 NF PE RVU:</b> 17.36 <b>2017 Fac PE RVU:</b> 2.68
<b>RUC Recommendation:</b> 5.44. 99214 visit appropriate. Remove from screen.			<b>Referred to CPT</b> September 2016	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>64565</b>	<b>Percutaneous implantation of neurostimulator electrode array; neuromuscular</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous NeurostimulatorPlacement	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> AANS, CNS	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 1,260	<b>2007 Work RVU:</b> 1.78 <b>2007 NF PE RVU:</b> 3.08 <b>2007 Fac PE RVU</b> 1.27 <b>2017 Work RVU:</b> 1.81 <b>2017 NF PE RVU:</b> 3.45 <b>2017 Fac PE RVU:</b> 1.80
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2016	<b>Result:</b> Deleted from CPT	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64566</b>	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	<b>Global:</b> 000	<b>Issue:</b> Posterior Tibial Neurostimulation	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> ACOG, AUA	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 136,614	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 0.60 <b>2017 NF PE RVU:</b> 2.95 <b>2017 Fac PE RVU:</b> 0.21
<b>RUC Recommendation:</b> 0.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>64568</b>	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	<b>Global:</b> 090	<b>Issue:</b> Vagus Nerve Stimulator	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AANS/CNS	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 689	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 9.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 7.06
<b>RUC Recommendation:</b> 11.19			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>64573</b>	Deleted from CPT	<b>Global:</b> 090	<b>Issue:</b> Neurosurgical Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AANS/CNS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.15 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Deleted from CPT <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>64581</b>	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	<b>Global:</b> 090	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly / High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 10,139	<b>2007 Work RVU:</b> 14.15 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 12.20 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 5.51
<b>RUC Recommendation:</b> 12.20. 99214 visit appropriate. Remove from screen.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**64590** Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling **Global:** 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 27

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2015 Medicare Utilization:** 10,552

**2007 Work RVU:** 2.42

**2017 Work RVU:** 2.45

**2007 NF PE RVU:** 6.95

**2017 NF PE RVU:** 4.80

**2007 Fac PE RVU:** 2.33

**2017 Fac PE RVU:** 1.87

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**64622** Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level

**Global:** 010

**Issue:** Fluroscopy

**Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 27

**Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R

**First Identified:** April 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 3.02

**2017 Work RVU:**

**2007 NF PE RVU:** 6.82

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 1.34

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** PE Review - no change

**Referred to CPT** June 2008 and Feb 2011

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

**64623** Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Destruction by Neurolytic Agent

**Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 57

**Specialty Developing Recommendation:** ASA, NASS, AAPM

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.99

**2017 Work RVU:**

**2007 NF PE RVU:** 2.62

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 0.22

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2008 and Feb 2011

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64626</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level</b>	<b>Global:</b> 010	<b>Issue:</b> Fluoroscopy	<b>Screen:</b> CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> ASA, ISIS, AAPM, APM&R	<b>First Identified:</b> April 2008	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.82 <b>2007 NF PE RVU:</b> 6.99 <b>2007 Fac PE RVU:</b> 1.93 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> PE Review - no change			<b>Referred to CPT</b> June 2008 and Feb 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<hr/>					
<b>64627</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Destruction by Neurolytic Agent	<b>Screen:</b> High Volume Growth1/ CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab 57</b>	<b>Specialty Developing Recommendation:</b> ASA, NASS, AAPM	<b>First Identified:</b> April 2008	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.16 <b>2007 NF PE RVU:</b> 3.98 <b>2007 Fac PE RVU:</b> 0.26 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2008 and Feb 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<hr/>					
<b>64633</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint</b>	<b>Global:</b> 010	<b>Issue:</b> Destruction by Neurolytic Agent	<b>Screen:</b> Work Neutrality Review	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 41</b>	<b>Specialty Developing Recommendation:</b> ASA, AAPM, AAPMR, ISIS, NASS	<b>First Identified:</b> September 2014	<b>2015 Medicare Utilization:</b> 57,061	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>
<b>RUC Recommendation:</b> RAW review additional data			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> February 2015	<b>Result:</b>	<b>2017 Work RVU:</b> 3.84 <b>2017 NF PE RVU:</b> 7.72 <b>2017 Fac PE RVU:</b> 2.32



## Status Report: CMS Requests and Relativity Assessment Issues

**64634** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** April 2015

**Tab** 41

**Specialty Developing Recommendation:**

ASA, AAPM, AAPMR, ISIS, NASS

**First Identified:** September 2014

**2015 Medicare Utilization:** 95,431

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**Result:**

**2017 Work RVU:** 1.32

**2017 NF PE RVU:** 3.89

**2017 Fac PE RVU:**0.53

**RUC Recommendation:** RAW review additional data

**Referred to CPT** May 2015

**Referred to CPT Asst** ☒

**Published in CPT Asst:** February 2015

**64635** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint **Global:** 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** April 2015

**Tab** 41

**Specialty Developing Recommendation:**

ASA, AAPM, AAPMR, ISIS, NASS

**First Identified:** September 2014

**2015 Medicare Utilization:** 243,236

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**Result:**

**2017 Work RVU:** 3.78

**2017 NF PE RVU:** 7.66

**2017 Fac PE RVU:**2.30

**RUC Recommendation:** RAW review additional data

**Referred to CPT** May 2015

**Referred to CPT Asst** ☒

**Published in CPT Asst:** February 2015

**64636** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** April 2015

**Tab** 41

**Specialty Developing Recommendation:**

ASA, AAPM, AAPMR, ISIS, NASS

**First Identified:** September 2014

**2015 Medicare Utilization:** 394,015

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**Result:**

**2017 Work RVU:** 1.16

**2017 NF PE RVU:** 3.59

**2017 Fac PE RVU:**0.46

**RUC Recommendation:** RAW review additional data

**Referred to CPT** May 2015

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Feb 2015

# Status Report: CMS Requests and Relativity Assessment Issues

**64640** Destruction by neurolytic agent; other peripheral nerve or branch **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM, AAPM, APMA, ASIPP **First Identified:** September 2007 **2015 Medicare Utilization:** 97,678 **2007 Work RVU:** 2.78 **2017 Work RVU:** 1.23 **2007 NF PE RVU:** 3.75 **2017 NF PE RVU:** 2.42 **2007 Fac PE RVU:** 1.75 **2017 Fac PE RVU:** 1.33

**RUC Recommendation:** 1.23. Remove 99238.

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

**2007 Work RVU:** 2.78 **2017 Work RVU:** 1.23  
**2007 NF PE RVU:** 3.75 **2017 NF PE RVU:** 2.42  
**2007 Fac PE RVU:** 1.75 **2017 Fac PE RVU:** 1.33  
**Result:** Decrease

**64708** Neuroplasty, major peripheral nerve, arm or leg, open; other than specified **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2015 Medicare Utilization:** 3,611 **2007 Work RVU:** 6.22 **2017 Work RVU:** 6.36 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 4.73 **2017 Fac PE RVU:** 6.75

**RUC Recommendation:** 6.36

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

**2007 Work RVU:** 6.22 **2017 Work RVU:** 6.36  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.73 **2017 Fac PE RVU:** 6.75  
**Result:** Maintain

**64712** Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2015 Medicare Utilization:** 671 **2007 Work RVU:** 7.98 **2017 Work RVU:** 8.07 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 4.86 **2017 Fac PE RVU:** 7.04

**RUC Recommendation:** Remove from screen

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 7.98 **2017 Work RVU:** 8.07  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.86 **2017 Fac PE RVU:** 7.04  
**Result:** Remove from Screen

**64831** Suture of digital nerve, hand or foot; 1 nerve **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2015 Medicare Utilization:** 968 **2007 Work RVU:** 10.23 **2017 Work RVU:** 9.16 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU:** 7 **2017 Fac PE RVU:** 8.93

**RUC Recommendation:** 9.16

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

**2007 Work RVU:** 10.23 **2017 Work RVU:** 9.16  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7 **2017 Fac PE RVU:** 8.93  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**65105** Enucleation of eye; with implant, muscles attached to implant

**Global:** 090

**Issue:** Ophthalmologic Procedures

**Screen:** Site of Service Anomaly  
(99238-Only)

**Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** AAO  
**RUC Meeting:** September 2007 **Recommendation:**

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 894

**2007 Work RVU:** 9.70

**2017 Work RVU:** 9.93

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 10.13

**2017 Fac PE RVU:**13.37

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**65205** Removal of foreign body, external eye; conjunctival superficial

**Global:** 000

**Issue:**

**Screen:** CMS 000-Day Global  
Typically Reported with  
an E/M

**Complete?** No

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

**First**  
**Identified:** July 2016

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.71

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.84

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.50

**Result:**

**RUC Recommendation:**

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**65210** Removal of foreign body, external eye; conjunctival embedded (includes  
concretions), subconjunctival, or scleral nonperforating

**Global:** 000

**Issue:**

**Screen:** CMS 000-Day Global  
Typically Reported with  
an E/M

**Complete?** No

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

**First**  
**Identified:** July 2016

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.84

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.05

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.62

**Result:**

**RUC Recommendation:**

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>65222</b>	<b>Removal of foreign body, external eye; corneal, with slit lamp</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Foreign Body	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 28,000	<b>2007 Work RVU:</b> 0.93 <b>2007 NF PE RVU:</b> 0.87 <b>2007 Fac PE RVU:</b> 0.4 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.93			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.84 <b>2017 NF PE RVU:</b> 1.00 <b>2017 Fac PE RVU:</b> 0.59
<hr/>					
<b>65285</b>	<b>Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue</b>	<b>Global:</b> 090	<b>Issue:</b> Repair of Eye Wound	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 8	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 850	<b>2007 Work RVU:</b> 14.43 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.12 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 16.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 15.36 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 14.96
<hr/>					
<b>65780</b>	<b>Ocular surface reconstruction; amniotic membrane transplantation, multiple layers</b>	<b>Global:</b> 090	<b>Issue:</b> Ocular Reconstruction Transplant	<b>Screen:</b> CMS Fastest Growing / 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 2,094	<b>2007 Work RVU:</b> 10.43 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.04 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 8.80			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jun 2009	<b>2017 Work RVU:</b> 7.81 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 10.51

# Status Report: CMS Requests and Relativity Assessment Issues

**65800** Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous **Global:** 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab** 21 **Specialty Developing** AAO  
**RUC Meeting:** April 2012 **Recommendation:**

**First** **2015**  
**Identified:** September 2011 **Medicare**  
**Utilization:** 37,625

**2007 Work RVU:** 1.91 **2017 Work RVU:** 1.53  
**2007 NF PE RVU:** 1.71 **2017 NF PE RVU:** 1.73  
**2007 Fac PE RVU:** 1.16 **2017 Fac PE RVU:** 0.96  
**Result:** Decrease

**RUC Recommendation:** 1.53

**Referred to CPT** October 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**65805** Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous **Global:** 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab** 21 **Specialty Developing** AAO  
**RUC Meeting:** April 2012 **Recommendation:**

**First** **2015**  
**Identified:** April 2011 **Medicare**  
**Utilization:**

**2007 Work RVU:** 1.91 **2017 Work RVU:**  
**2007 NF PE RVU:** 2.07 **2017 NF PE RVU:**  
**2007 Fac PE RVU:** 1.16 **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**65855** Trabeculoplasty by laser surgery **Global:** 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab** 11 **Specialty Developing** AAO  
**RUC Meeting:** April 2015 **Recommendation:**

**First** **2015**  
**Identified:** January 2014 **Medicare**  
**Utilization:** 152,326

**2007 Work RVU:** 3.90 **2017 Work RVU:** 3.00  
**2007 NF PE RVU:** 4.14 **2017 NF PE RVU:** 3.70  
**2007 Fac PE RVU:** 3.01 **2017 Fac PE RVU:** 2.68  
**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT** February 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**66170** Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery **Global:** 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab** 32 **Specialty Developing** AAO  
**RUC Meeting:** April 2015 **Recommendation:**

**First** **2015**  
**Identified:** January 2014 **Medicare**  
**Utilization:** 11,527

**2007 Work RVU:** 14.57 **2017 Work RVU:** 13.94  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU:** 12.17 **2017 Fac PE RVU:** 16.06  
**Result:** Decrease

**RUC Recommendation:** 13.94

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>66172</b>	<b>Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)</b>	<b>Global:</b> 090	<b>Issue:</b> Glaucoma Surgery	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 32 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 5,207	<b>2007 Work RVU:</b> 18.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 15.21 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 14.84 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 17.83
<b>RUC Recommendation:</b> 14.81		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>66179</b>	<b>Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft</b>	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 373	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 14.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 15.53
<b>RUC Recommendation:</b> 14.00		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>66180</b>	<b>Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft</b>	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 12,667	<b>2007 Work RVU:</b> 16.02 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.62 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 15.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 16.15
<b>RUC Recommendation:</b> 15.00		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>66183</b>	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 4,798	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 13.20 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 15.03
<b>RUC Recommendation:</b> 13.20		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>66184</b>	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 376	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 9.58 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 11.97
<b>RUC Recommendation:</b> 9.58		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>66185</b>	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 1,805	<b>2007 Work RVU:</b> 9.35 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 7.37 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 10.58 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 12.58
<b>RUC Recommendation:</b> 10.58		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>66761</b>	<b>Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)</b>	<b>Global:</b> 010	<b>Issue:</b> Iridotomy	<b>Screen:</b> High IWPUT / 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 78,496	<b>2007 Work RVU:</b> 4.87 <b>2007 NF PE RVU:</b> 5.49 <b>2007 Fac PE RVU:</b> 4.32 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 3.00 <b>2017 NF PE RVU:</b> 5.15 <b>2017 Fac PE RVU:</b> 3.47
<b>RUC Recommendation:</b> 3.00		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>66821</b>	<b>Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)</b>	<b>Global:</b> 090	<b>Issue:</b>	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 41 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 637,240	<b>2007 Work RVU:</b> 3.32 <b>2007 NF PE RVU:</b> 4.05 <b>2007 Fac PE RVU:</b> 3.6 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 3.42 <b>2017 NF PE RVU:</b> 5.66 <b>2017 Fac PE RVU:</b> 5.14
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>66982</b>	<b>Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage</b>	<b>Global:</b> 090	<b>Issue:</b> Cataract Surgery	<b>Screen:</b> High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 170,991	<b>2007 Work RVU:</b> 14.83 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.75 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 11.08 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 10.67
<b>RUC Recommendation:</b> 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Sep 2009		



# Status Report: CMS Requests and Relativity Assessment Issues

**66984** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification) **Global:** 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2012 **Tab** 17 **Specialty Developing** AAO  
**Recommendation:**

**First**  
**Identified:** February 2008 **2015**  
**Medicare**  
**Utilization:** 1,641,657

**2007 Work RVU:** 10.36 **2017 Work RVU:** 8.52  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 7.24 **2017 Fac PE RVU:**9.01  
**Result:** Decrease

**RUC Recommendation:** 8.52

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

**67028** Intravitreal injection of a pharmacologic agent (separate procedure) **Global:** 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2016 **Tab** 54 **Specialty Developing** AAO  
**Recommendation:**

**First**  
**Identified:** February 2008 **2015**  
**Medicare**  
**Utilization:** 2,963,359

**2007 Work RVU:** 2.52 **2017 Work RVU:** 1.44  
**2007 NF PE RVU:** 2.59 **2017 NF PE RVU:** 1.34  
**2007 Fac PE RVU** 1.42 **2017 Fac PE RVU:**1.30  
**Result:** Decrease

**RUC Recommendation:** Review utilization at RAW Oct 2018. 1.44

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

**67036** Vitrectomy, mechanical, pars plana approach; **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013 **Tab** 11 **Specialty Developing** AAO  
**Recommendation:**

**First**  
**Identified:** October 2012 **2015**  
**Medicare**  
**Utilization:** 15,417

**2007 Work RVU:** 13.09 **2017 Work RVU:** 12.13  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 8.96 **2017 Fac PE RVU:**12.54  
**Result:** Decrease

**RUC Recommendation:** 12.13

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

## Status Report: CMS Requests and Relativity Assessment Issues

**67038 Deleted from CPT**

**Global:** 090

**Issue:** Ophthalmological Procedures

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing** AAO  
**Recommendation:**

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 23.30

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 15.16

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2007

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

**67039 Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

**Global:** 090

**Issue:** Vitrectomy

**Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab** 11

**Specialty Developing** AAO  
**Recommendation:**

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 2,555

**2007 Work RVU:** 16.39

**2017 Work RVU:** 13.20

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 11.94

**2017 Fac PE RVU:**13.21

**Result:** Decrease

**RUC Recommendation:** 13.20

**Referred to CPT**

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

**67040 Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

**Global:** 090

**Issue:** Vitrectomy

**Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab** 11

**Specialty Developing** AAO  
**Recommendation:**

**First**  
**Identified:** September 2007

**2015**  
**Medicare**  
**Utilization:** 9,734

**2007 Work RVU:** 19.23

**2017 Work RVU:** 14.50

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 13.41

**2017 Fac PE RVU:**14.04

**Result:** Decrease

**RUC Recommendation:** 14.50

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67041</b>	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 11</b> <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 14,297	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 16.33
<b>RUC Recommendation:</b> 16.33		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> NA
		<b>Published in CPT Asst:</b>		<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 15.15
				<b>Result:</b> Decrease	
<b>67042</b>	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 11</b> <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 24,510	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 16.33
<b>RUC Recommendation:</b> 16.33		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> NA
		<b>Published in CPT Asst:</b>		<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 15.18
				<b>Result:</b> Decrease	
<b>67043</b>	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 11</b> <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 742	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 17.40
<b>RUC Recommendation:</b> 17.40		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> NA
		<b>Published in CPT Asst:</b>		<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> 15.86
				<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67101</b>	<b>Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy</b>	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 11</b>	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b> 602	<b>2007 Work RVU:</b> 8.60 <b>2007 NF PE RVU:</b> 9.04 <b>2007 Fac PE RVU:</b> 6.51 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.50			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 3.50 <b>2017 NF PE RVU:</b> 5.53 <b>2017 Fac PE RVU:</b> 4.32
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<b>67105</b>	<b>Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation</b>	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 11</b>	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b> 5,763	<b>2007 Work RVU:</b> 8.35 <b>2007 NF PE RVU:</b> 7.99 <b>2007 Fac PE RVU:</b> 6.13 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.84			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 3.39 <b>2017 NF PE RVU:</b> 4.76 <b>2017 Fac PE RVU:</b> 4.16
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<b>67107</b>	<b>Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid</b>	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 12</b>	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 906	<b>2007 Work RVU:</b> 16.35 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.19 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 16.00. Reduce 99238 to 0.5			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 16.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 14.96
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>67108</b>	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 14,547	<b>2007 Work RVU:</b> 22.49 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 14.22 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 17.13 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 15.69
<b>RUC Recommendation:</b> 17.13		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67110</b>	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 2,755	<b>2007 Work RVU:</b> 10.02 <b>2007 NF PE RVU:</b> 9.99 <b>2007 Fac PE RVU:</b> 7.37 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 10.25 <b>2017 NF PE RVU:</b> 13.83 <b>2017 Fac PE RVU:</b> 12.05
<b>RUC Recommendation:</b> 10.25. Remove 99238		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67112</b>	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> April 2014	<b>2015 Medicare Utilization:</b> 409	<b>2007 Work RVU:</b> 18.45 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.71 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**67113** Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 12** **Specialty Developing Recommendation:** AAO

**First Identified:** January 2014

**2015 Medicare Utilization:** 12,078

**2007 Work RVU:**

**2017 Work RVU:** 19.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**17.63

**RUC Recommendation:** 19.00

**Referred to CPT** October 2014

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

**Result:** Decrease

**67210** Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation **Global:** 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 13** **Specialty Developing Recommendation:** AAO

**First Identified:** February 2008

**2015 Medicare Utilization:** 68,755

**2007 Work RVU:** 9.35

**2017 Work RVU:** 6.36

**2007 NF PE RVU:** 6.48

**2017 NF PE RVU:** 7.86

**2007 Fac PE RVU** 5.84

**2017 Fac PE RVU:**7.37

**RUC Recommendation:** 6.36

**Referred to CPT**

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

**Result:** Decrease

**67220** Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions **Global:** 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 13** **Specialty Developing Recommendation:** AAO

**First Identified:** February 2008

**2015 Medicare Utilization:** 4,470

**2007 Work RVU:** 14.19

**2017 Work RVU:** 6.36

**2007 NF PE RVU:** 10.23

**2017 NF PE RVU:** 8.30

**2007 Fac PE RVU** 8.9

**2017 Fac PE RVU:**7.37

**RUC Recommendation:** 6.36

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**67225** Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment) **Global:** ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

**Most Recent** **Tab** P **Specialty Developing** AAO  
**RUC Meeting:** February 2008 **Recommendation:**

**First Identified:** September 2007 **2015 Medicare Utilization:** 235  
**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 0.47 **2017 Work RVU:** 0.47  
**2007 NF PE RVU:** 0.25 **2017 NF PE RVU:** 0.34  
**2007 Fac PE RVU** 0.2 **2017 Fac PE RVU:**0.30  
**Result:** Maintain

**RUC Recommendation:** 0.47

**67228** Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation **Global:** 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

**Most Recent** **Tab** 40 **Specialty Developing** AAO  
**RUC Meeting:** October 2009 **Recommendation:**

**First Identified:** February 2008 **2015 Medicare Utilization:** 73,755  
**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 13.67 **2017 Work RVU:** 4.39  
**2007 NF PE RVU:** 11.2 **2017 NF PE RVU:** 4.94  
**2007 Fac PE RVU** 8.43 **2017 Fac PE RVU:**4.01  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**67255** Scleral reinforcement (separate procedure); with graft **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent** **Tab** 12 **Specialty Developing** AAO  
**RUC Meeting:** January 2014 **Recommendation:**

**First Identified:** January 2014 **2015 Medicare Utilization:** 2,026  
**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 9.97 **2017 Work RVU:** 8.38  
**2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**2007 Fac PE RVU** 9.61 **2017 Fac PE RVU:**10.38  
**Result:** Maintain

**RUC Recommendation:** 10.17

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67515</b>	Injection of medication or other substance into Tenon's capsule			<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> July 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 1.40
						<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 1.25
						<b>2007 Fac PE RVU Result:</b>	<b>2017 Fac PE RVU:</b> 1.04
<b>RUC Recommendation:</b>				<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>67820</b>	Correction of trichiasis; epilation, by forceps only			<b>Global:</b> 000	<b>Issue:</b> Correction of Trichiasis	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b>	AOA, AOA (optometry)	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 247,521	<b>2007 Work RVU:</b> 0.71	<b>2017 Work RVU:</b> 0.71
						<b>2007 NF PE RVU:</b> 0.57	<b>2017 NF PE RVU:</b> 0.67
						<b>2007 Fac PE RVU</b> 0.54	<b>2017 Fac PE RVU:</b> 0.76
<b>RUC Recommendation:</b> 0.32				<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>							
<b>67914</b>	Repair of ectropion; suture			<b>Global:</b> 090	<b>Issue:</b> Repair of Eyelid	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b>	AAO	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 1,922	<b>2007 Work RVU:</b> 3.70	<b>2017 Work RVU:</b> 3.75
						<b>2007 NF PE RVU:</b> 5.98	<b>2017 NF PE RVU:</b> 9.21
						<b>2007 Fac PE RVU</b> 2.99	<b>2017 Fac PE RVU:</b> 5.24
<b>RUC Recommendation:</b> 3.75				<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	



## Status Report: CMS Requests and Relativity Assessment Issues

**67915** Repair of ectropion; thermocauterization

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual  
Allowed Charges  
Greater than \$10 million

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2015  
Medicare  
Utilization:** 335

**2007 Work RVU:** 3.21

**2017 Work RVU:** 2.03

**2007 NF PE RVU:** 5.62

**2017 NF PE RVU:** 6.06

**2007 Fac PE RVU** 2.75

**2017 Fac PE RVU:**3.42

**Result:** Decrease

**RUC Recommendation:** 2.03

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**67916** Repair of ectropion; excision tarsal wedge

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual  
Allowed Charges  
Greater than \$10 million

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2015  
Medicare  
Utilization:** 2,198

**2007 Work RVU:** 5.37

**2017 Work RVU:** 5.48

**2007 NF PE RVU:** 7.68

**2017 NF PE RVU:** 10.81

**2007 Fac PE RVU** 4.65

**2017 Fac PE RVU:**6.32

**Result:** Maintain

**RUC Recommendation:** 5.48

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**67917** Repair of ectropion; extensive (eg, tarsal strip operations)

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual  
Allowed Charges  
Greater than \$10 million

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2015  
Medicare  
Utilization:** 26,076

**2007 Work RVU:** 6.08

**2017 Work RVU:** 5.93

**2007 NF PE RVU:** 8.08

**2017 NF PE RVU:** 10.64

**2007 Fac PE RVU** 4.95

**2017 Fac PE RVU:**6.61

**Result:** Decrease

**RUC Recommendation:** 5.93

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**67921** Repair of entropion; suture

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual  
Allowed Charges  
Greater than \$10 million

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2015  
Medicare  
Utilization:** 4,015

**2007 Work RVU:** 3.42

**2017 Work RVU:** 3.47

**2007 NF PE RVU:** 5.83

**2017 NF PE RVU:** 9.25

**2007 Fac PE RVU** 2.84

**2017 Fac PE RVU:**5.07

**Result:** Maintain

**RUC Recommendation:** 3.47

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**67922** Repair of entropion; thermocauterization

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual  
Allowed Charges  
Greater than \$10 million

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2015  
Medicare  
Utilization:** 120

**2007 Work RVU:** 3.09

**2017 Work RVU:** 2.03

**2007 NF PE RVU:** 5.55

**2017 NF PE RVU:** 5.99

**2007 Fac PE RVU** 2.7

**2017 Fac PE RVU:**3.42

**Result:** Decrease

**RUC Recommendation:** 2.03

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**67923** Repair of entropion; excision tarsal wedge

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual  
Allowed Charges  
Greater than \$10 million

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2015  
Medicare  
Utilization:** 1,735

**2007 Work RVU:** 5.94

**2017 Work RVU:** 5.48

**2007 NF PE RVU:** 7.76

**2017 NF PE RVU:** 10.81

**2007 Fac PE RVU** 4.86

**2017 Fac PE RVU:**6.33

**Result:** Decrease

**RUC Recommendation:** 5.48

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**67924** Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2015 Medicare Utilization:** 11,698

**2007 Work RVU:** 5.84

**2017 Work RVU:** 5.93

**2007 NF PE RVU:** 8.48

**2017 NF PE RVU:** 11.42

**2007 Fac PE RVU** 4.57

**2017 Fac PE RVU:**6.62

**Result:** Maintain

**RUC Recommendation:** 5.93

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**68040** Expression of conjunctival follicles (eg, for trachoma)

**Global:** 000

**Issue:** Treatment of Eyelid Lesions

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 51

**Specialty Developing Recommendation:** AAO

**First Identified:** February 2008

**2015 Medicare Utilization:** 5,087

**2007 Work RVU:** 0.85

**2017 Work RVU:** 0.85

**2007 NF PE RVU:** 0.69

**2017 NF PE RVU:** 0.85

**2007 Fac PE RVU** 0.42

**2017 Fac PE RVU:**0.53

**Result:** Maintain

**RUC Recommendation:** Revised parenthetical

**Referred to CPT** February 2013

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**68200** Subconjunctival injection

**Global:** 000

**Issue:** Subconjunctival Injection

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing Recommendation:** AAO

**First Identified:** April 2011

**2015 Medicare Utilization:** 18,452

**2007 Work RVU:** 0.49

**2017 Work RVU:** 0.49

**2007 NF PE RVU:** 0.52

**2017 NF PE RVU:** 0.64

**2007 Fac PE RVU** 0.32

**2017 Fac PE RVU:**0.46

**Result:** Maintain

**RUC Recommendation:** 0.49

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**68801** Dilation of lacrimal punctum, with or without irrigation

**Global:** 010

**Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct

**Screen:** 010-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 23

**Specialty Developing Recommendation:** AAO, AOA (optometry)

**First Identified:** January 2014

**2015 Medicare Utilization:** 41,845

**2007 Work RVU:** 0.96

**2017 Work RVU:** 0.82

**2007 NF PE RVU:** 1.91

**2017 NF PE RVU:** 1.63

**2007 Fac PE RVU** 1.48

**2017 Fac PE RVU:**1.37

**Result:** Maintain

**RUC Recommendation:** 1.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**68810** Probing of nasolacrimal duct, with or without irrigation;

**Global:** 010

**Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct

**Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 23

**Specialty Developing Recommendation:** AAO, AOA (optometry)

**First Identified:** September 2007

**2015 Medicare Utilization:** 30,576

**2007 Work RVU:** 2.63

**2017 Work RVU:** 1.54

**2007 NF PE RVU:** 3.62

**2017 NF PE RVU:** 2.80

**2007 Fac PE RVU** 2.7

**2017 Fac PE RVU:**1.97

**Result:** Decrease

**RUC Recommendation:** 1.54

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**68811** Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia

**Global:** 010

**Issue:**

**Screen:** 010-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 23

**Specialty Developing Recommendation:** AAO, AOA (optometry)

**First Identified:** September 2014

**2015 Medicare Utilization:** 560

**2007 Work RVU:** 2.39

**2017 Work RVU:** 1.74

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 2.36

**2017 Fac PE RVU:**1.99

**Result:** Decrease

**RUC Recommendation:** 2.03

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**68815** Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent **Global:** 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2015 Medicare Utilization:** 8,043 **2007 Work RVU:** 3.24 **2017 Work RVU:** 2.70 **2007 NF PE RVU:** 7.82 **2017 NF PE RVU:** 8.30 **2007 Fac PE RVU:** 2.74 **2017 Fac PE RVU:** 3.38 **RUC Recommendation:** 3.00 **Result:** Decrease

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

**68816** Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation **Global:** 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2015 Medicare Utilization:** 250 **2007 Work RVU:** **2017 Work RVU:** 2.10 **2007 NF PE RVU:** **2017 NF PE RVU:** 15.94 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 2.37 **RUC Recommendation:** 2.35 **Result:** Decrease

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

**69100** Biopsy external ear **Global:** 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2015 Medicare Utilization:** 132,335 **2007 Work RVU:** 0.81 **2017 Work RVU:** 0.81 **2007 NF PE RVU:** 1.75 **2017 NF PE RVU:** 1.94 **2007 Fac PE RVU:** 0.4 **2017 Fac PE RVU:** 0.49 **RUC Recommendation:** 0.81 **Result:** Maintain

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

**69200** Removal foreign body from external auditory canal; without general anesthesia **Global:** 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2015 Medicare Utilization:** 45,011 **2007 Work RVU:** 0.77 **2017 Work RVU:** 0.77 **2007 NF PE RVU:** 2.29 **2017 NF PE RVU:** 1.48 **2007 Fac PE RVU:** 0.56 **2017 Fac PE RVU:** 0.49 **RUC Recommendation:** 0.77 **Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**69210** Removal impacted cerumen requiring instrumentation, unilateral **Global:** 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 29

**Specialty Developing Recommendation:** AAFP, AAO-HNS

**First Identified:** September 2011

**2015 Medicare Utilization:** 1,538,900

**2007 Work RVU:** 0.61

**2017 Work RVU:** 0.61

**2007 NF PE RVU:** 0.61

**2017 NF PE RVU:** 0.71

**2007 Fac PE RVU** 0.21

**2017 Fac PE RVU:**0.26

**Result:** Decrease

**RUC Recommendation:** 0.58.

**Referred to CPT** October 2012

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

**69400** Eustachian tube inflation, transnasal; with catheterization

**Global:** 000

**Issue:** Eustachian Tube Procedures

**Screen:** High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** October 2013

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.83

**2017 Work RVU:**

**2007 NF PE RVU:** 2.27

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.66

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**69401** Eustachian tube inflation, transnasal; without catheterization

**Global:** 000

**Issue:** Eustachian Tube Procedures

**Screen:** High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** April 2013

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.63

**2017 Work RVU:**

**2007 NF PE RVU:** 1.3

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.63

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**69405** Eustachian tube catheterization, transtympanic

**Global:** 010

**Issue:** Eustachian Tube Procedures

**Screen:** High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** October 2013

**2015 Medicare Utilization:**

**2007 Work RVU:** 2.65

**2017 Work RVU:**

**2007 NF PE RVU:** 3.48

**2017 NF PE RVU:**

**2007 Fac PE RVU** 2.19

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>69433</b>	<b>Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia</b>	<b>Global:</b> 010	<b>Issue:</b> Tympanostomy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 47,911	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 3.09 <b>2007 Fac PE RVU:</b> 1.6 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.57			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.57 <b>2017 NF PE RVU:</b> 3.94 <b>2017 Fac PE RVU:</b> 1.98
<b>69801</b>	<b>Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal</b>	<b>Global:</b> 000	<b>Issue:</b> Labyrinthotomy	<b>Screen:</b> CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 18,145	<b>2007 Work RVU:</b> 8.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.31 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> Review action plan at RAW Oct 2015. 2.06			<b>Referred to CPT</b> Feb 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> May 2011	<b>2017 Work RVU:</b> 2.06 <b>2017 NF PE RVU:</b> 3.20 <b>2017 Fac PE RVU:</b> 1.26
<b>69802</b>	<b>Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy</b>	<b>Global:</b> 090	<b>Issue:</b> Labrynthotomy	<b>Screen:</b> CMS Fastest Growing / Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 13.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.91 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> Feburary 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**69930 Cochlear device implantation, with or without mastoidectomy**

**Global:** 090

**Issue:** Cochlear Device  
Implantation

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** M

**Specialty Developing  
Recommendation:** AAO-HNS

**First  
Identified:** September 2007

**2015  
Medicare  
Utilization:** 3,056

**2007 Work RVU:** 17.60

**2017 Work RVU:** 17.73

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 14.06

**2017 Fac PE RVU:**14.78

**Result:** Maintain

**RUC Recommendation:** 17.60

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70100 Radiologic examination, mandible; partial, less than 4 views**

**Global:** XXX

**Issue:** RAW

**Screen:** High Volume Growth2

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing  
Recommendation:**

**First  
Identified:** April 2013

**2015  
Medicare  
Utilization:** 21,675

**2007 Work RVU:** 0.18

**2017 Work RVU:** 0.18

**2007 NF PE RVU:** 0.59

**2017 NF PE RVU:** 0.73

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70310 Radiologic examination, teeth; partial examination, less than full mouth**

**Global:** XXX

**Issue:** RAW

**Screen:** High Volume Growth2

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing  
Recommendation:**

**First  
Identified:** April 2013

**2015  
Medicare  
Utilization:** 2,408

**2007 Work RVU:** 0.16

**2017 Work RVU:** 0.16

**2007 NF PE RVU:** 0.58

**2017 NF PE RVU:** 0.84

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**70371** Complex dynamic pharyngeal and speech evaluation by cine or video recording **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2015 Medicare Utilization:** 7,991 **2007 Work RVU:** 0.84 **2017 Work RVU:** 0.84 **2007 NF PE RVU:** 2.14 **2017 NF PE RVU:** 1.65 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published.

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** July 2014

**Result:** Maintain

**70373** Laryngography, contrast, radiological supervision and interpretation **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2015 Medicare Utilization:** 4,282 **2007 Work RVU:** 0.44 **2017 Work RVU:** **2007 NF PE RVU:** 1.83 **2017 NF PE RVU:** **2007 Fac PE RVU:** NA **2017 Fac PE RVU:**

**RUC Recommendation:** CPT Assistant article published.

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** July 2014

**Result:** Maintain

**70450** Computed tomography, head or brain; without contrast material **Global:** XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2015 Medicare Utilization:** 5,587,715 **2007 Work RVU:** 0.85 **2017 Work RVU:** 0.85 **2007 NF PE RVU:** 4.91 **2017 NF PE RVU:** 2.37 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.85

**Referred to CPT**

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>70460</b>	Computed tomography, head or brain; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 36,236	<b>2007 Work RVU:</b> 1.13 <b>2007 NF PE RVU:</b> 6.06 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.13			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.13 <b>2017 NF PE RVU:</b> 3.38 <b>2017 Fac PE RVU:</b> NA

<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 126,955	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 7.49 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.27 <b>2017 NF PE RVU:</b> 4.07 <b>2017 Fac PE RVU:</b> NA

<b>70486</b>	Computed tomography, maxillofacial area; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT – Maxillofacial	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 41	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 473,336	<b>2007 Work RVU:</b> 1.14 <b>2007 NF PE RVU:</b> 5.42 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.85			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.85 <b>2017 NF PE RVU:</b> 3.02 <b>2017 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

**70487** Computed tomography, maxillofacial area; with contrast material(s) **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 41 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** April 2014

**2015 Medicare Utilization:** 22,788

**2007 Work RVU:** 1.30

**2017 Work RVU:** 1.13

**2007 NF PE RVU:** 6.55

**2017 NF PE RVU:** 3.53

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.17

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70488** Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT – Maxillofacial

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 41 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** April 2014

**2015 Medicare Utilization:** 3,852

**2007 Work RVU:** 1.42

**2017 Work RVU:** 1.27

**2007 NF PE RVU:** 8.11

**2017 NF PE RVU:** 4.42

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.30

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70490** Computed tomography, soft tissue neck; without contrast material **Global:** XXX **Issue:** CT Soft Tissue Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 21 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2015 Medicare Utilization:** 68,017

**2007 Work RVU:** 1.28

**2017 Work RVU:** 1.28

**2007 NF PE RVU:** 5.39

**2017 NF PE RVU:** 4.09

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.28

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70491** Computed tomography, soft tissue neck; with contrast material(s) **Global:** XXX **Issue:** CT Soft Tissue Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 21 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2015 Medicare Utilization:** 238,355

**2007 Work RVU:** 1.38

**2017 Work RVU:** 1.38

**2007 NF PE RVU:** 6.48

**2017 NF PE RVU:** 5.18

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.38

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**70492** Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 21** **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2015 Medicare Utilization:** 24,779

**2007 Work RVU:** 1.45

**2017 Work RVU:** 1.45

**2007 NF PE RVU:** 8.04

**2017 NF PE RVU:** 6.30

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 1.62

**Referred to CPT**

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

**70496** Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 39** **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** February 2008

**2015 Medicare Utilization:** 234,736

**2007 Work RVU:** 1.75

**2017 Work RVU:** 1.75

**2007 NF PE RVU:** 12.43

**2017 NF PE RVU:** 6.41

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.75

**Referred to CPT**

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

**70498** Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 39** **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** February 2008

**2015 Medicare Utilization:** 257,968

**2007 Work RVU:** 1.75

**2017 Work RVU:** 1.75

**2007 NF PE RVU:** 12.45

**2017 NF PE RVU:** 6.39

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.75

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>70540</b>	<b>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)</b>		<b>Global:</b> XXX	<b>Issue:</b> MRI Face and Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 39	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 10,993	<b>2007 Work RVU:</b> 1.35 <b>2007 NF PE RVU:</b> 12.11 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.35 <b>2017 NF PE RVU:</b> 7.09 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.35			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>70542</b>	<b>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)</b>		<b>Global:</b> XXX	<b>Issue:</b> MRI Face and Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 39	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 1,291	<b>2007 Work RVU:</b> 1.62 <b>2007 NF PE RVU:</b> 14.09 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.62 <b>2017 NF PE RVU:</b> 7.85 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.62			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>70543</b>	<b>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences</b>		<b>Global:</b> XXX	<b>Issue:</b> MRI Face and Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 39	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 52,521	<b>2007 Work RVU:</b> 2.15 <b>2007 NF PE RVU:</b> 23.65 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 2.15 <b>2017 NF PE RVU:</b> 9.47 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.15			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>70544</b>	<b>Magnetic resonance angiography, head; without contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 277,566	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 12.46 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.20 <b>2017 NF PE RVU:</b> 9.78 <b>2017 Fac PE RVU:</b> NA
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<b>70545</b>	<b>Magnetic resonance angiography, head; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 3,334	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 12.44 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.20 <b>2017 NF PE RVU:</b> 9.67 <b>2017 Fac PE RVU:</b> NA
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<b>70546</b>	<b>Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 16,562	<b>2007 Work RVU:</b> 1.80 <b>2007 NF PE RVU:</b> 22.97 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.80 <b>2017 NF PE RVU:</b> 14.97 <b>2017 Fac PE RVU:</b> NA
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>70547</b>	<b>Magnetic resonance angiography, neck; without contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 81,973	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 12.45 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.20 <b>2017 NF PE RVU:</b> 9.83 <b>2017 Fac PE RVU:</b> NA
<b>70548</b>	<b>Magnetic resonance angiography, neck; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 26,436	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 12.65 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.20 <b>2017 NF PE RVU:</b> 10.37 <b>2017 Fac PE RVU:</b> NA
<b>70549</b>	<b>Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 73,929	<b>2007 Work RVU:</b> 1.80 <b>2007 NF PE RVU:</b> 22.96 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.80			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.80 <b>2017 NF PE RVU:</b> 15.07 <b>2017 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

<b>70551</b>	<b>Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI-Brain	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 26</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 1,011,623	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 12.2 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.48 <b>2017 NF PE RVU:</b> 4.95 <b>2017 Fac PE RVU:</b> NA
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<b>70552</b>	<b>Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI-Brain	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 26</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 25,220	<b>2007 Work RVU:</b> 1.78 <b>2007 NF PE RVU:</b> 14.22 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.78 <b>2017 NF PE RVU:</b> 7.14 <b>2017 Fac PE RVU:</b> NA
<hr/>					
<b>70553</b>	<b>Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI-Brain	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 26</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 960,232	<b>2007 Work RVU:</b> 2.36 <b>2007 NF PE RVU:</b> 23.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.36			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 2.29 <b>2017 NF PE RVU:</b> 8.22 <b>2017 Fac PE RVU:</b> NA
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## Status Report: CMS Requests and Relativity Assessment Issues

**71010** Radiologic examination, chest; single view, frontal

**Global:** XXX **Issue:** Chest X-Rays

**Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

**First Identified:** October 2010 **2015 Medicare Utilization:** 17,329,127

**2007 Work RVU:** 0.18 **2017 Work RVU:** 0.18  
**2007 NF PE RVU:** 0.5 **2017 NF PE RVU:** 0.44  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71015** Radiologic examination, chest; stereo, frontal

**Global:** XXX **Issue:** Chest X-Rays

**Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

**First Identified:** July 2015 **2015 Medicare Utilization:** 848

**2007 Work RVU:** 0.21 **2017 Work RVU:** 0.21  
**2007 NF PE RVU:** 0.58 **2017 NF PE RVU:** 0.55  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71020** Radiologic examination, chest, 2 views, frontal and lateral;

**Global:** XXX **Issue:** Chest X-Rays

**Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

**First Identified:** October 2010 **2015 Medicare Utilization:** 11,852,589

**2007 Work RVU:** 0.22 **2017 Work RVU:** 0.22  
**2007 NF PE RVU:** 0.66 **2017 NF PE RVU:** 0.55  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>71021</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 6,169	<b>2007 Work RVU:</b> 0.27 <b>2007 NF PE RVU:</b> 0.79 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>71022</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 11,853	<b>2007 Work RVU:</b> 0.31 <b>2007 NF PE RVU:</b> 0.84 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>71023</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Ray	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 2,912	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.06 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>71030</b>	<b>Radiologic examination, chest, complete, minimum of 4 views;</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 10,087	<b>2007 Work RVU:</b> 0.31 <b>2007 NF PE RVU:</b> 0.88 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**71034** Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

**First** **2015**  
**Identified:** July 2015 **Medicare**  
**Utilization:** 472

**2007 Work RVU:** 0.46 **2017 Work RVU:** 0.46  
**2007 NF PE RVU:** 1.69 **2017 NF PE RVU:** 1.83  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71035** Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies) **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

**First** **2015**  
**Identified:** July 2015 **Medicare**  
**Utilization:** 97,569

**2007 Work RVU:** 0.18 **2017 Work RVU:** 0.18  
**2007 NF PE RVU:** 0.62 **2017 NF PE RVU:** 0.72  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71090** Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation **Global:** XXX **Issue:** Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** April 2011 **Recommendation:**

**First** **2015**  
**Identified:** February 2010 **Medicare**  
**Utilization:**

**2007 Work RVU:** 0.00 **2017 Work RVU:**  
**2007 NF PE RVU:** NA **2017 NF PE RVU:**  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

710X1

Global:

Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 07

Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2015  
Medicare  
Utilization:

2007 Work RVU:  
2007 NF PE RVU:  
2007 Fac PE RVU  
Result: Decrease

2017 Work RVU:  
2017 NF PE RVU:  
2017 Fac PE RVU:

RUC Recommendation: 0.18

Referred to CPT February 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

710X2

Global:

Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 07

Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2015  
Medicare  
Utilization:

2007 Work RVU:  
2007 NF PE RVU:  
2007 Fac PE RVU  
Result: Decrease

2017 Work RVU:  
2017 NF PE RVU:  
2017 Fac PE RVU:

RUC Recommendation: 0.22

Referred to CPT February 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

710X3

Global:

Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 07

Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2015  
Medicare  
Utilization:

2007 Work RVU:  
2007 NF PE RVU:  
2007 Fac PE RVU  
Result: Decrease

2017 Work RVU:  
2017 NF PE RVU:  
2017 Fac PE RVU:

RUC Recommendation: 0.27

Referred to CPT February 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

710X4

Global:

Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 07

Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2015  
Medicare  
Utilization:

2007 Work RVU:  
2007 NF PE RVU:  
2007 Fac PE RVU  
Result: Decrease

2017 Work RVU:  
2017 NF PE RVU:  
2017 Fac PE RVU:

RUC Recommendation: 0.31

Referred to CPT February 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**71100** Radiologic examination, ribs, unilateral; 2 views

**Global:** XXX

**Issue:** X-Ray of Ribs

**Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 30 Specialty Developing Recommendation:** ACR

**First Identified:** April 2013

**2015 Medicare Utilization:** 222,064

**2007 Work RVU:** 0.22

**2017 Work RVU:** 0.22

**2007 NF PE RVU:** 0.63

**2017 NF PE RVU:** 0.69

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.22

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**71101** Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views

**Global:** XXX

**Issue:** X-Ray of Ribs

**Screen:** CMS-Other - Utilization over 250,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 30 Specialty Developing Recommendation:** ACR

**First Identified:** October 2015

**2015 Medicare Utilization:** 277,529

**2007 Work RVU:** 0.27

**2017 Work RVU:** 0.27

**2007 NF PE RVU:** 0.75

**2017 NF PE RVU:** 0.73

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.27

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**71110** Radiologic examination, ribs, bilateral; 3 views

**Global:** XXX

**Issue:** X-Ray of Ribs

**Screen:** CMS-Other - Utilization over 250,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 30 Specialty Developing Recommendation:** ACR

**First Identified:** October 2015

**2015 Medicare Utilization:** 29,856

**2007 Work RVU:** 0.27

**2017 Work RVU:** 0.27

**2007 NF PE RVU:** 0.84

**2017 NF PE RVU:** 0.77

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.29

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>71111</b>	<b>Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views</b>		<b>Global:</b> XXX	<b>Issue:</b> X-Ray of Ribs	<b>Screen:</b> CMS-Other - Utilization over 250,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 28,600	<b>2007 Work RVU:</b> 0.32 <b>2007 NF PE RVU:</b> 1 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.32				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.32 <b>2017 NF PE RVU:</b> 1.01 <b>2017 Fac PE RVU:</b> NA
<hr/>						
<b>71250</b>	<b>Computed tomography, thorax; without contrast material</b>		<b>Global:</b> XXX	<b>Issue:</b> CT Chest	<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 1,822,629	<b>2007 Work RVU:</b> 1.16 <b>2007 NF PE RVU:</b> 6.24 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.16				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.02 <b>2017 NF PE RVU:</b> 4.01 <b>2017 Fac PE RVU:</b> NA
<hr/>						
<b>71260</b>	<b>Computed tomography, thorax; with contrast material(s)</b>		<b>Global:</b> XXX	<b>Issue:</b> CT Chest	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 1,697,227	<b>2007 Work RVU:</b> 1.24 <b>2007 NF PE RVU:</b> 7.5 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.38				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.24 <b>2017 NF PE RVU:</b> 5.16 <b>2017 Fac PE RVU:</b> NA
<hr/>						

# Status Report: CMS Requests and Relativity Assessment Issues

<b>71270</b>	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Chest	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 90,753	<b>2007 Work RVU:</b> 1.38 <b>2007 NF PE RVU:</b> 9.36 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.38 <b>2017 NF PE RVU:</b> 6.29 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.24		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>71275</b>	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography-Chest	<b>Screen:</b> CMS Fastest Growing / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 27 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 939,327	<b>2007 Work RVU:</b> 1.92 <b>2007 NF PE RVU:</b> 12.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.82 <b>2017 NF PE RVU:</b> 6.54 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.82		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jun 2009		

<b>72020</b>	Radiologic examination, spine, single view, specify level	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015 Medicare Utilization:</b> 177,936	<b>2007 Work RVU:</b> 0.15 <b>2007 NF PE RVU:</b> 0.46 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2017 Work RVU:</b> 0.15 <b>2017 NF PE RVU:</b> 0.45 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey April 2017 (may crosswalk with Research approval)		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**72040** Radiologic examination, spine, cervical; 2 or 3 views

**Global:** XXX

**Issue:** X-ray of Cervical Spine

**Screen:** Low Value-High Volume  
/ CMS-Other - Utilization  
over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2012

**Tab** 09

**Specialty Developing  
Recommendation:** ACR, ASNR

**First  
Identified:** October 2010

**2015  
Medicare  
Utilization:** 621,960

**2007 Work RVU:** 0.22

**2017 Work RVU:** 0.22

**2007 NF PE RVU:** 0.69

**2017 NF PE RVU:** 0.69

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.22

**Referred to CPT** October 2011

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

**72050** Radiologic examination, spine, cervical; 4 or 5 views

**Global:** XXX

**Issue:**

**Screen:** Low Value-High Volume  
/ CMS-Other - Utilization  
over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2012

**Tab** 09

**Specialty Developing  
Recommendation:** ACR, ASNR

**First  
Identified:** October 2010

**2015  
Medicare  
Utilization:** 397,370

**2007 Work RVU:** 0.31

**2017 Work RVU:** 0.31

**2007 NF PE RVU:** 1

**2017 NF PE RVU:** 0.94

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.31

**Referred to CPT** October 2011

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

**72052** Radiologic examination, spine, cervical; 6 or more views

**Global:** XXX

**Issue:**

**Screen:** Low Value-High Volume

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2012

**Tab** 09

**Specialty Developing  
Recommendation:** ACR, ASNR

**First  
Identified:** October 2010

**2015  
Medicare  
Utilization:** 98,596

**2007 Work RVU:** 0.36

**2017 Work RVU:** 0.36

**2007 NF PE RVU:** 1.27

**2017 NF PE RVU:** 1.19

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.36

**Referred to CPT** October 2011

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



# Status Report: CMS Requests and Relativity Assessment Issues

**72070 Radiologic examination, spine; thoracic, 2 views**      **Global:** XXX    **Issue:** X-Ray Exams      **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** September 2014      **Tab** 17      **Specialty Developing Recommendation:** AAOS, ACR, ASNR      **First Identified:** April 2013      **2015 Medicare Utilization:** 310,759      **2007 Work RVU:** 0.22      **2017 Work RVU:** 0.22  
**2007 NF PE RVU:** 0.69      **2017 NF PE RVU:** 0.72  
**2007 Fac PE RVU** NA      **2017 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.22      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**72072 Radiologic examination, spine; thoracic, 3 views**      **Global:** XXX    **Issue:** RAW      **Screen:** CMS-Other - Utilization over 100,000      **Complete?** No

**Most Recent RUC Meeting:** October 2016      **Tab** 35      **Specialty Developing Recommendation:**      **First Identified:** April 2016      **2015 Medicare Utilization:** 203,717      **2007 Work RVU:** 0.22      **2017 Work RVU:** 0.22  
**2007 NF PE RVU:** 0.78      **2017 NF PE RVU:** 0.73  
**2007 Fac PE RVU** NA      **2017 Fac PE RVU:**NA  
**Result:**

**RUC Recommendation:** Survey April 2017 (may crosswalk with Research approval)      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**72074 Radiologic examination, spine; thoracic, minimum of 4 views**      **Global:** XXX    **Issue:**      **Screen:** CMS-Other - Utilization over 100,000      **Complete?** No

**Most Recent RUC Meeting:**      **Tab**      **Specialty Developing Recommendation:**      **First Identified:** October 2016      **2015 Medicare Utilization:**      **2007 Work RVU:**      **2017 Work RVU:** 0.22  
**2007 NF PE RVU:**      **2017 NF PE RVU:** 0.86  
**2007 Fac PE RVU**      **2017 Fac PE RVU:**NA  
**Result:**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72080</b>	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views			<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 0.22	
					<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 0.62	
<b>RUC Recommendation:</b>			<b>Referred to CPT</b>		<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> NA	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>		

<b>72100</b>	Radiologic examination, spine, lumbosacral; 2 or 3 views			<b>Global:</b> XXX	<b>Issue:</b> Radiologic Examination - Spine	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b>	ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 1,881,429	<b>2007 Work RVU:</b> 0.22	<b>2017 Work RVU:</b> 0.22
						<b>2007 NF PE RVU:</b> 0.75	<b>2017 NF PE RVU:</b> 0.75
<b>RUC Recommendation:</b> 0.22				<b>Referred to CPT</b> October 2010		<b>2007 Fac PE RVU</b> NA	<b>2017 Fac PE RVU:</b> NA
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

<b>72110</b>	Radiologic examination, spine, lumbosacral; minimum of 4 views			<b>Global:</b> XXX	<b>Issue:</b> Radiologic Examination – Spine	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b>	ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 871,644	<b>2007 Work RVU:</b> 0.31	<b>2017 Work RVU:</b> 0.31
						<b>2007 NF PE RVU:</b> 1.03	<b>2017 NF PE RVU:</b> 1.04
<b>RUC Recommendation:</b> 0.31				<b>Referred to CPT</b> October 2010		<b>2007 Fac PE RVU</b> NA	<b>2017 Fac PE RVU:</b> NA
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

**72114** Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 09

**Specialty Developing Recommendation:**

ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS

**First Identified:** February 2010

**2015 Medicare Utilization:** 94,995

**2007 Work RVU:** 0.36

**2017 Work RVU:** 0.32

**2007 NF PE RVU:** 1.36

**2017 NF PE RVU:** 1.40

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.32

**Referred to CPT** October 2010

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

**Result:** Decrease

**72120** Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 09

**Specialty Developing Recommendation:**

ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS

**First Identified:** February 2010

**2015 Medicare Utilization:** 42,093

**2007 Work RVU:** 0.22

**2017 Work RVU:** 0.22

**2007 NF PE RVU:** 0.98

**2017 NF PE RVU:** 0.90

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.22

**Referred to CPT** October 2010

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

**Result:** Maintain

**72125** Computed tomography, cervical spine; without contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 22

**Specialty Developing Recommendation:**

ACR, ASNR

**First Identified:** October 2008

**2015 Medicare Utilization:** 1,024,617

**2007 Work RVU:** 1.16

**2017 Work RVU:** 1.07

**2007 NF PE RVU:** 6.24

**2017 NF PE RVU:** 4.08

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.16

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

### 72126 Computed tomography, cervical spine; with contrast material

Global: XXX Issue: CT Spine

Screen: CMS Fastest Growing

Complete? Yes

Most Recent Tab 40 Specialty Developing ACR  
RUC Meeting: October 2009 Recommendation:

First Identified: February 2009  
2015 Medicare Utilization: 20,884

2007 Work RVU: 1.22 2017 Work RVU: 1.22  
2007 NF PE RVU: 7.49 2017 NF PE RVU: 5.15  
2007 Fac PE RVU NA 2017 Fac PE RVU:NA  
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

### 72127 Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections

Global: XXX Issue: CT Spine

Screen: CMS Fastest Growing

Complete? Yes

Most Recent Tab 40 Specialty Developing ACR  
RUC Meeting: October 2009 Recommendation:

First Identified: February 2009  
2015 Medicare Utilization: 2,359

2007 Work RVU: 1.27 2017 Work RVU: 1.27  
2007 NF PE RVU: 9.3 2017 NF PE RVU: 6.27  
2007 Fac PE RVU NA 2017 Fac PE RVU:NA  
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

### 72128 Computed tomography, thoracic spine; without contrast material

Global: XXX Issue: CT Spine

Screen: CMS Fastest Growing

Complete? Yes

Most Recent Tab 22 Specialty Developing ACR, ASNR  
RUC Meeting: October 2009 Recommendation:

First Identified: October 2008  
2015 Medicare Utilization: 146,589

2007 Work RVU: 1.16 2017 Work RVU: 1.00  
2007 NF PE RVU: 6.24 2017 NF PE RVU: 4.03  
2007 Fac PE RVU NA 2017 Fac PE RVU:NA  
Result: Maintain

RUC Recommendation: 1.16

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

### 72129 Computed tomography, thoracic spine; with contrast material

Global: XXX Issue: CT Spine

Screen: CMS Fastest Growing

Complete? Yes

Most Recent Tab 40 Specialty Developing ACR  
RUC Meeting: October 2009 Recommendation:

First Identified: February 2009  
2015 Medicare Utilization: 17,973

2007 Work RVU: 1.22 2017 Work RVU: 1.22  
2007 NF PE RVU: 7.49 2017 NF PE RVU: 5.18  
2007 Fac PE RVU NA 2017 Fac PE RVU:NA  
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

## Status Report: CMS Requests and Relativity Assessment Issues

**72130** Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 40 **Specialty Developing** ACR  
**RUC Meeting:** October 2009 **Recommendation:**

**First Identified:** February 2009 **2015 Medicare Utilization:** 1,453

**2007 Work RVU:** 1.27 **2017 Work RVU:** 1.27  
**2007 NF PE RVU:** 9.29 **2017 NF PE RVU:** 6.30  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**72131** Computed tomography, lumbar spine; without contrast material

**Global:** XXX **Issue:** CT Spine

**Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 22 **Specialty Developing** ACR, ASNR  
**RUC Meeting:** October 2009 **Recommendation:**

**First Identified:** February 2009 **2015 Medicare Utilization:** 425,135

**2007 Work RVU:** 1.16 **2017 Work RVU:** 1.00  
**2007 NF PE RVU:** 6.24 **2017 NF PE RVU:** 4.01  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 1.16

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

**72132** Computed tomography, lumbar spine; with contrast material

**Global:** XXX **Issue:** CT Spine

**Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 40 **Specialty Developing** ACR  
**RUC Meeting:** October 2009 **Recommendation:**

**First Identified:** February 2009 **2015 Medicare Utilization:** 58,822

**2007 Work RVU:** 1.22 **2017 Work RVU:** 1.22  
**2007 NF PE RVU:** 7.49 **2017 NF PE RVU:** 5.14  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**72133** Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections

**Global:** XXX **Issue:** CT Spine

**Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 40 **Specialty Developing** ACR  
**RUC Meeting:** October 2009 **Recommendation:**

**First Identified:** February 2009 **2015 Medicare Utilization:** 4,828

**2007 Work RVU:** 1.27 **2017 Work RVU:** 1.27  
**2007 NF PE RVU:** 9.34 **2017 NF PE RVU:** 6.26  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72141</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 553,257	<b>2007 Work RVU:</b> 1.60 <b>2007 NF PE RVU:</b> 11.76 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.48 <b>2017 NF PE RVU:</b> 4.76 <b>2017 Fac PE RVU:</b> NA
<b>72142</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 4,224	<b>2007 Work RVU:</b> 1.92 <b>2007 NF PE RVU:</b> 14.26 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.78 <b>2017 NF PE RVU:</b> 7.28 <b>2017 Fac PE RVU:</b> NA
<b>72146</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 193,992	<b>2007 Work RVU:</b> 1.60 <b>2007 NF PE RVU:</b> 12.69 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.48 <b>2017 NF PE RVU:</b> 4.77 <b>2017 Fac PE RVU:</b> NA
<b>72147</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 3,582	<b>2007 Work RVU:</b> 1.92 <b>2007 NF PE RVU:</b> 13.76 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.78 <b>2017 NF PE RVU:</b> 7.22 <b>2017 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

**72148** Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 25

**Specialty Developing Recommendation:**

AAOS, AUR, ACR, NASS, ASNR

**First Identified:** April 2011

**2015 Medicare Utilization:** 1,270,194

**2007 Work RVU:** 1.48

**2017 Work RVU:** 1.48

**2007 NF PE RVU:** 12.66

**2017 NF PE RVU:** 4.74

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.48

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**72149** Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 25

**Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015 Medicare Utilization:** 7,155

**2007 Work RVU:** 1.78

**2017 Work RVU:** 1.78

**2007 NF PE RVU:** 14.23

**2017 NF PE RVU:** 7.17

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.78

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**72156** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 25

**Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015 Medicare Utilization:** 111,913

**2007 Work RVU:** 2.57

**2017 Work RVU:** 2.29

**2007 NF PE RVU:** 23.52

**2017 NF PE RVU:** 8.29

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.29

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**72157** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 25 Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015 Medicare Utilization:** 85,629

**2007 Work RVU:** 2.57

**2017 Work RVU:** 2.29

**2007 NF PE RVU:** 23.12

**2017 NF PE RVU:** 8.31

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.29

**Referred to CPT**

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

**72158** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 25 Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015 Medicare Utilization:** 259,377

**2007 Work RVU:** 2.36

**2017 Work RVU:** 2.29

**2007 NF PE RVU:** 23.45

**2017 NF PE RVU:** 8.25

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.29

**Referred to CPT**

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

**72170** Radiologic examination, pelvis; 1 or 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 14 Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2010

**2015 Medicare Utilization:** 1,866,046

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.17

**2007 NF PE RVU:** 0.56

**2017 NF PE RVU:** 0.71

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** October 2014

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



## Status Report: CMS Requests and Relativity Assessment Issues

**72191** Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab 12** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2008

**2015 Medicare Utilization:** 2,909

**2007 Work RVU:** 1.81

**2017 Work RVU:** 1.81

**2007 NF PE RVU:** 12.15

**2017 NF PE RVU:** 6.70

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.81

**Referred to CPT** October 2010

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

**72192** Computed tomography, pelvis; without contrast material

**Global:** XXX **Issue:** CT Pelvis

**Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab 26** **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2015 Medicare Utilization:** 154,761

**2007 Work RVU:** 1.09

**2017 Work RVU:** 1.09

**2007 NF PE RVU:** 6.12

**2017 NF PE RVU:** 2.97

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.09

**Referred to CPT** October 2009

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

**72193** Computed tomography, pelvis; with contrast material(s)

**Global:** XXX **Issue:** CT Pelvis

**Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab 26** **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2015 Medicare Utilization:** 33,395

**2007 Work RVU:** 1.16

**2017 Work RVU:** 1.16

**2007 NF PE RVU:** 7.2

**2017 NF PE RVU:** 5.14

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.16

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**72194** Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 44** **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2015 Medicare Utilization:** 5,635

**2007 Work RVU:** 1.22

**2017 Work RVU:** 1.22

**2007 NF PE RVU:** 9.06

**2017 NF PE RVU:** 6.04

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.22

**Referred to CPT** October 2009

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

**Result:** Maintain

**72195** Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) **Global:** XXX **Issue:** MRI Pelvis

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 21** **Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2015 Medicare Utilization:** 74,815

**2007 Work RVU:** 1.46

**2017 Work RVU:** 1.46

**2007 NF PE RVU:** 12.19

**2017 NF PE RVU:** 9.03

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.46

**Referred to CPT**

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

**Result:** Maintain

**72196** Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) **Global:** XXX **Issue:** MRI Pelvis

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 21** **Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2015 Medicare Utilization:** 3,021

**2007 Work RVU:** 1.73

**2017 Work RVU:** 1.73

**2007 NF PE RVU:** 14.18

**2017 NF PE RVU:** 9.74

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.73

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>72197</b>	<b>Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Pelvis	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 110,440	<b>2007 Work RVU:</b> 2.26 <b>2007 NF PE RVU:</b> 23.71 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 2.26 <b>2017 NF PE RVU:</b> 11.86 <b>2017 Fac PE RVU:</b> NA

<b>72200</b>	<b>Radiologic examination, sacroiliac joints; less than 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b>
<b>RUC Recommendation:</b>			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.17 <b>2017 NF PE RVU:</b> 0.61 <b>2017 Fac PE RVU:</b> NA

<b>72202</b>	<b>Radiologic examination, sacroiliac joints; 3 or more views</b>	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b>
<b>RUC Recommendation:</b>			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.19 <b>2017 NF PE RVU:</b> 0.72 <b>2017 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72220</b>	<b>Radiologic examination, sacrum and coccyx, minimum of 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015 Medicare Utilization:</b> 121,225	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.17 <b>2017 NF PE RVU:</b> 0.60 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey April 2017 (may crosswalk with Research approval)			<b>Referred to CPT</b>		<b>Result:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>72240</b>	<b>Myelography, cervical, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 1,424	<b>2007 Work RVU:</b> 0.91 <b>2007 NF PE RVU:</b> 4.37 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.91 <b>2017 NF PE RVU:</b> 1.81 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.91			<b>Referred to CPT</b> October 2013		<b>Result:</b> Maintain
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>72255</b>	<b>Myelography, thoracic, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2013	<b>2015 Medicare Utilization:</b> 242	<b>2007 Work RVU:</b> 0.91 <b>2007 NF PE RVU:</b> 3.98 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.91 <b>2017 NF PE RVU:</b> 1.81 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.91			<b>Referred to CPT</b> October 2013		<b>Result:</b> Maintain
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>72265</b>	<b>Myelography, lumbosacral, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 6,445	<b>2007 Work RVU:</b> 0.83 <b>2007 NF PE RVU:</b> 3.83 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.83			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.83 <b>2017 NF PE RVU:</b> 1.72 <b>2017 Fac PE RVU:</b> NA
<b>72270</b>	<b>Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 1,248	<b>2007 Work RVU:</b> 1.33 <b>2007 NF PE RVU:</b> 5.81 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.33			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.33 <b>2017 NF PE RVU:</b> 2.18 <b>2017 Fac PE RVU:</b> NA
<b>72275</b>	<b>Epidurography, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Epidurography	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 31</b>	<b>Specialty Developing Recommendation:</b> ASA, AAPM, AAMPR, NASS	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 78,497	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 2.15 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.76, CPT Assistant article published.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Oct 2009 and Q&A - May 2010	<b>2017 Work RVU:</b> 0.76 <b>2017 NF PE RVU:</b> 2.45 <b>2017 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

**72291** Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance **Global:** XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 06

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**72292** Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance **Global:** XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 06

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**73030** Radiologic examination, shoulder; complete, minimum of 2 views **Global:** XXX **Issue:** X-Ray Exam of Shoulder **Screen:** Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 26

**Specialty Developing Recommendation:** ACR, AAOS

**First Identified:** October 2010

**2015 Medicare Utilization:** 2,484,455

**2007 Work RVU:** 0.18

**2017 Work RVU:** 0.18

**2007 NF PE RVU:** 0.61

**2017 NF PE RVU:** 0.62

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**73060 Radiologic examination; humerus, minimum of 2 views**

**Global:** XXX **Issue:** X-Ray Exams

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab 17 Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2013

**2015 Medicare Utilization:** 349,726

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.16

**2007 NF PE RVU:** 0.61

**2017 NF PE RVU:** 0.64

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.16

**Referred to CPT**

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

**73070 Radiologic examination, elbow; 2 views**

**Global:** XXX **Issue:** RAW

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab 35 Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015 Medicare Utilization:** 234,717

**2007 Work RVU:** 0.15

**2017 Work RVU:** 0.15

**2007 NF PE RVU:** 0.56

**2017 NF PE RVU:** 0.60

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Survey April 2017 (may crosswalk with Research approval)

**Referred to CPT**

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

**73080 Radiologic examination, elbow; complete, minimum of 3 views**

**Global:** XXX **Issue:** Radiologic Examination

**Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 39 Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2009

**2015 Medicare Utilization:** 355,166

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.17

**2007 NF PE RVU:** 0.66

**2017 NF PE RVU:** 0.69

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

## 73090 Radiologic examination; forearm, 2 views

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? No

Most Recent  
RUC Meeting: October 2016

Tab 35 Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015  
Medicare  
Utilization: 231,480

2007 Work RVU: 0.16

2017 Work RVU: 0.16

2007 NF PE RVU: 0.56

2017 NF PE RVU: 0.55

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result:

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval)

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 73100 Radiologic examination, wrist; 2 views

Global: XXX Issue: X-Ray Wrist

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 32 Specialty Developing  
Recommendation: ACR

First  
Identified: July 2015

2015  
Medicare  
Utilization: 327,400

2007 Work RVU: 0.16

2017 Work RVU: 0.16

2007 NF PE RVU: 0.55

2017 NF PE RVU: 0.64

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.16

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 73110 Radiologic examination, wrist; complete, minimum of 3 views

Global: XXX Issue: X-Ray Wrist

Screen: Low Value-High Volume  
/ CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 32 Specialty Developing  
Recommendation: ACR

First  
Identified: October 2010

2015  
Medicare  
Utilization: 981,972

2007 Work RVU: 0.17

2017 Work RVU: 0.17

2007 NF PE RVU: 0.63

2017 NF PE RVU: 0.81

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:



# Status Report: CMS Requests and Relativity Assessment Issues

## 73120 Radiologic examination, hand; 2 views

Global: XXX

Issue: X-Ray of Hand/Fingers

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 33 Specialty Developing ACR  
RUC Meeting: April 2016 Recommendation:

First  
Identified: July 2015

2015  
Medicare  
Utilization: 282,043

2007 Work RVU: 0.16

2017 Work RVU: 0.16

2007 NF PE RVU: 0.54

2017 NF PE RVU: 0.56

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.16

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 73130 Radiologic examination, hand; minimum of 3 views

Global: XXX

Issue: X-Ray of Hand/Fingers

Screen: Low Value-High Volume  
/ CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 33 Specialty Developing ACR  
RUC Meeting: April 2016 Recommendation:

First  
Identified: October 2010

2015  
Medicare  
Utilization: 1,085,017

2007 Work RVU: 0.17

2017 Work RVU: 0.17

2007 NF PE RVU: 0.6

2017 NF PE RVU: 0.68

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 73140 Radiologic examination, finger(s), minimum of 2 views

Global: XXX

Issue: X-Ray of Hand/Fingers

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 33 Specialty Developing ACR  
RUC Meeting: April 2016 Recommendation:

First  
Identified: July 2015

2015  
Medicare  
Utilization: 357,502

2007 Work RVU: 0.13

2017 Work RVU: 0.13

2007 NF PE RVU: 0.51

2017 NF PE RVU: 0.74

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.13

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 73200 Computed tomography, upper extremity; without contrast material

Global: XXX

Issue: CT Upper Extremity

Screen: CMS Fastest Growing

Complete? Yes

Most Recent Tab 23 Specialty Developing ACR  
RUC Meeting: October 2009 Recommendation:

First  
Identified: October 2008

2015  
Medicare  
Utilization: 91,847

2007 Work RVU: 1.09

2017 Work RVU: 1.00

2007 NF PE RVU: 5.5

2017 NF PE RVU: 4.00

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.09

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>73201</b>	Computed tomography, upper extremity; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Upper Extremity	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2009	<b>Tab</b> 40 <b>Specialty Developing</b> ACR <b>Recommendation:</b>	<b>First Identified:</b> February 2009	<b>2015 Medicare Utilization:</b> 15,237	<b>2007 Work RVU:</b> 1.16 <b>2007 NF PE RVU:</b> 6.58 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 1.16 <b>2017 NF PE RVU:</b> 5.04 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>73202</b>	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Upper Extremity	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2009	<b>Tab</b> 40 <b>Specialty Developing</b> ACR <b>Recommendation:</b>	<b>First Identified:</b> February 2009	<b>2015 Medicare Utilization:</b> 1,855	<b>2007 Work RVU:</b> 1.22 <b>2007 NF PE RVU:</b> 8.38 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 1.22 <b>2017 NF PE RVU:</b> 6.52 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>73206</b>	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2013	<b>Tab</b> 12 <b>Specialty Developing</b> ACR, SIR <b>Recommendation:</b>	<b>First Identified:</b> May 2013	<b>2015 Medicare Utilization:</b> 4,031	<b>2007 Work RVU:</b> 1.81 <b>2007 NF PE RVU:</b> 11.22 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 1.81 <b>2017 NF PE RVU:</b> 7.34 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey with all CTA codes for October 2013.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>73218</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> MRI	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing</b> ACR <b>Recommendation:</b>	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 32,253	<b>2007 Work RVU:</b> 1.35 <b>2007 NF PE RVU:</b> 12.24 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.35 <b>2017 NF PE RVU:</b> 8.86 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> CPT Assistant published.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Feb 2011		

# Status Report: CMS Requests and Relativity Assessment Issues

**73221** Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2015 Medicare Utilization:** 434,484 **2007 Work RVU:** 1.35 **2017 Work RVU:** 1.35 **2007 NF PE RVU:** 11.98 **2017 NF PE RVU:** 5.25 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **RUC Recommendation:** 1.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**73500** Radiologic examination, hip, unilateral; 1 view **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2015 Medicare Utilization:** 529,563 **2007 Work RVU:** 0.17 **2017 Work RVU:** **2007 NF PE RVU:** 0.52 **2017 NF PE RVU:** **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**73501** Radiologic examination, hip, unilateral, with pelvis when performed; 1 view **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 0.18 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.64 **2007 Fac PE RVU:** **2017 Fac PE RVU:** NA **RUC Recommendation:** 0.17 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**73502** Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.22

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.93

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.22

**Referred to CPT** October 2014

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

**73503** Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.27

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.16

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.27

**Referred to CPT** October 2014

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

**73510** Radiologic examination, hip, unilateral; complete, minimum of 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2008

**2015 Medicare Utilization:** 2,484,993

**2007 Work RVU:** 0.21

**2017 Work RVU:**

**2007 NF PE RVU:** 0.67

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

**73520** Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 14 Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2013

**2015 Medicare Utilization:** 376,604

**2007 Work RVU:** 0.26

**2017 Work RVU:**

**2007 NF PE RVU:** 0.76

**2017 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**Result:** Deleted from CPT

**73521** Radiologic examination, hips, bilateral, with pelvis when performed; 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 14 Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.22

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.88

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.22

**Referred to CPT** October 2014

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

**Result:** Decrease

**73522** Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 14 Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.29

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.06

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.29

**Referred to CPT** October 2014

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**73523** Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 14** **Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.31

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.26

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.31

**Referred to CPT** October 2014

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

**73540** Radiologic examination, pelvis and hips, infant or child, minimum of 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 14** **Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2015 Medicare Utilization:** 186

**2007 Work RVU:** 0.20

**2017 Work RVU:**

**2007 NF PE RVU:** 0.68

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**73542** Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation **Global:** XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 45** **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR

**First Identified:** October 2009

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.59

**2017 Work RVU:**

**2007 NF PE RVU:** 1.98

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**73550** Radiologic examination, femur, 2 views

**Global:** XXX

**Issue:** Radiologic Exam-Hip and Pelvis

**Screen:** CMS-Other - Utilization over 500,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2011

**2015 Medicare Utilization:** 574,206

**2007 Work RVU:** 0.17

**2017 Work RVU:**

**2007 NF PE RVU:** 0.61

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**Result:** Deleted from CPT

**73551** Radiologic examination, femur; 1 view

**Global:** XXX

**Issue:** Radiologic Exam-Hip and Pelvis

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.16

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.61

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.16

**Referred to CPT** October 2014

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

**Result:** Decrease

**73552** Radiologic examination, femur; minimum 2 views

**Global:** XXX

**Issue:** Radiologic Exam-Hip and Pelvis

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.18

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.72

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.18

**Referred to CPT** October 2014

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>73560</b>	<b>Radiologic examination, knee; 1 or 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 1,997,300	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.58 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.16 <b>2017 NF PE RVU:</b> 0.69 <b>2017 Fac PE RVU:</b> NA

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<b>73562</b>	<b>Radiologic examination, knee; 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 2,199,949	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.65 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.18			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.18 <b>2017 NF PE RVU:</b> 0.81 <b>2017 Fac PE RVU:</b> NA

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<b>73564</b>	<b>Radiologic examination, knee; complete, 4 or more views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 1,340,479	<b>2007 Work RVU:</b> 0.22 <b>2007 NF PE RVU:</b> 0.73 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.22			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.22 <b>2017 NF PE RVU:</b> 0.88 <b>2017 Fac PE RVU:</b> NA

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<b>73565</b>	<b>Radiologic examination, knee; both knees, standing, anteroposterior</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 298,179	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.57 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.16 <b>2017 NF PE RVU:</b> 0.83 <b>2017 Fac PE RVU:</b> NA

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## Status Report: CMS Requests and Relativity Assessment Issues

**73580 Radiologic examination, knee, arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

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

**First Identified:** February 2008

**2015 Medicare Utilization:** 37,451

**2007 Work RVU:** 0.54 **2017 Work RVU:** 0.54  
**2007 NF PE RVU:** 2.67 **2017 NF PE RVU:** 2.62  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** Review action plan at RAW Oct 2015. CPT Assistant Article published June 2012.

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jun 2012

**73590 Radiologic examination; tibia and fibula, 2 views**

**Global:** XXX **Issue:** X-Ray Exams

**Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent** **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR  
**RUC Meeting:** September 2014

**First Identified:** April 2013

**2015 Medicare Utilization:** 491,688

**2007 Work RVU:** 0.17 **2017 Work RVU:** 0.16  
**2007 NF PE RVU:** 0.57 **2017 NF PE RVU:** 0.63  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Decrease

**RUC Recommendation:** 0.16

**Referred to CPT**

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

**73600 Radiologic examination, ankle; 2 views**

**Global:** XXX **Issue:** X-Ray Exams

**Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent** **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA  
**RUC Meeting:** September 2014

**First Identified:** April 2013

**2015 Medicare Utilization:** 265,096

**2007 Work RVU:** 0.16 **2017 Work RVU:** 0.16  
**2007 NF PE RVU:** 0.54 **2017 NF PE RVU:** 0.66  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.16

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>73610</b>	<b>Radiologic examination, ankle; complete, minimum of 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Examination	<b>Screen:</b> Havard Valued - Utilization over 1 Million / Low Value-High Volume	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** October 2009

**Tab** 24

**Specialty Developing Recommendation:**

ACR, AAOS, APMA, AOFAS

**First Identified:** October 2008

**2015 Medicare Utilization:** 1,239,249

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.17

**2007 NF PE RVU:** 0.61

**2017 NF PE RVU:** 0.70

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

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

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**73620** Radiologic examination, foot; 2 views

**Global:** XXX

**Issue:** X-Ray Exam of Foot

**Screen:** Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 27

**Specialty Developing Recommendation:**

ACR, AAOS, APMA

**First Identified:** October 2010

**2015 Medicare Utilization:** 708,536

**2007 Work RVU:** 0.16

**2017 Work RVU:** 0.16

**2007 NF PE RVU:** 0.54

**2017 NF PE RVU:** 0.55

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.16

**Referred to CPT**

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

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**73630** Radiologic examination, foot; complete, minimum of 3 views

**Global:** XXX

**Issue:** Radiologic Examination

**Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 24

**Specialty Developing Recommendation:**

ACR, AAOS, APMA, AOFAS

**First Identified:** October 2008

**2015 Medicare Utilization:** 2,527,621

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.17

**2007 NF PE RVU:** 0.6

**2017 NF PE RVU:** 0.63

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

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

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# Status Report: CMS Requests and Relativity Assessment Issues

## 73650 Radiologic examination; calcaneus, minimum of 2 views

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization over 100,000

Complete? No

Most Recent  
RUC Meeting: October 2016

Tab 35

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015  
Medicare  
Utilization: 101,846

2007 Work RVU: 0.16

2017 Work RVU: 0.16

2007 NF PE RVU: 0.53

2017 NF PE RVU: 0.58

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result:

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval)

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 73660 Radiologic examination; toe(s), minimum of 2 views

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization over 100,000

Complete? No

Most Recent  
RUC Meeting: October 2016

Tab 35

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015  
Medicare  
Utilization: 117,823

2007 Work RVU: 0.13

2017 Work RVU: 0.13

2007 NF PE RVU: 0.5

2017 NF PE RVU: 0.64

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result:

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval)

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 73700 Computed tomography, lower extremity; without contrast material

Global: XXX Issue: CT Lower Extremity

Screen: CMS Fastest Growing

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 25

Specialty Developing  
Recommendation: ACR

First  
Identified: October 2008

2015  
Medicare  
Utilization: 242,735

2007 Work RVU: 1.09

2017 Work RVU: 1.00

2007 NF PE RVU: 5.5

2017 NF PE RVU: 4.01

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.09

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 73701 Computed tomography, lower extremity; with contrast material(s)

Global: XXX Issue: CT Lower Extremity

Screen: High Volume Growth1

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 40

Specialty Developing  
Recommendation: ACR

First  
Identified: February 2009

2015  
Medicare  
Utilization: 35,258

2007 Work RVU: 1.16

2017 Work RVU: 1.16

2007 NF PE RVU: 6.6

2017 NF PE RVU: 5.14

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**73702** Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent** **Tab** 40 **Specialty Developing** ACR  
**RUC Meeting:** October 2009 **Recommendation:**

**First Identified:** February 2009 **2015 Medicare Utilization:** 4,486

**2007 Work RVU:** 1.22 **2017 Work RVU:** 1.22  
**2007 NF PE RVU:** 8.4 **2017 NF PE RVU:** 6.43  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**73706** Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent** **Tab** 12 **Specialty Developing** ACR, SIR  
**RUC Meeting:** October 2013 **Recommendation:**

**First Identified:** February 2008 **2015 Medicare Utilization:** 13,921

**2007 Work RVU:** 1.90 **2017 Work RVU:** 1.90  
**2007 NF PE RVU:** 11.61 **2017 NF PE RVU:** 8.00  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Remove from Screen

**RUC Recommendation:** Survey for October 2013. Remove from screen

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

**73718** Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR  
**RUC Meeting:** October 2016 **Recommendation:**

**First Identified:** July 2015 **2015 Medicare Utilization:** 123,794

**2007 Work RVU:** 1.35 **2017 Work RVU:** 1.35  
**2007 NF PE RVU:** 12.14 **2017 NF PE RVU:** 8.84  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 1.35

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

**73719** Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR  
**RUC Meeting:** October 2016 **Recommendation:**

**First Identified:** July 2015 **2015 Medicare Utilization:** 1,662

**2007 Work RVU:** 1.62 **2017 Work RVU:** 1.62  
**2007 NF PE RVU:** 14.12 **2017 NF PE RVU:** 9.70  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 1.62

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

## Status Report: CMS Requests and Relativity Assessment Issues

**73720** Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 20 Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2015 Medicare Utilization:** 55,346

**2007 Work RVU:** 2.15  
**2007 NF PE RVU:** 23.7  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2017 Work RVU:** 2.15  
**2017 NF PE RVU:** 11.89  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 2.15

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

**73721** Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material **Global:** XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab 20 Specialty Developing Recommendation:** ACR

**First Identified:** October 2010

**2015 Medicare Utilization:** 628,830

**2007 Work RVU:** 1.35  
**2007 NF PE RVU:** 12.05  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2017 Work RVU:** 1.35  
**2017 NF PE RVU:** 5.24  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.35

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

**74000** Radiologic examination, abdomen; single anteroposterior view **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 08 Specialty Developing Recommendation:** ACR

**First Identified:** October 2010

**2015 Medicare Utilization:** 2,091,433

**2007 Work RVU:** 0.18  
**2007 NF PE RVU:** 0.55  
**2007 Fac PE RVU** NA  
**Result:** Deleted from CPT

**2017 Work RVU:** 0.18  
**2017 NF PE RVU:** 0.47  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**74010** Radiologic examination, abdomen; anteroposterior and additional oblique and cone views **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** July 2015 **2015 Medicare Utilization:** 35,644

**2007 Work RVU:** 0.23 **2017 Work RVU:** 0.23  
**2007 NF PE RVU:** 0.68 **2017 NF PE RVU:** 0.74  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**74020** Radiologic examination, abdomen; complete, including decubitus and/or erect views **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** July 2015 **2015 Medicare Utilization:** 620,850

**2007 Work RVU:** 0.27 **2017 Work RVU:** 0.27  
**2007 NF PE RVU:** 0.72 **2017 NF PE RVU:** 0.76  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**74022** Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** July 2015 **2015 Medicare Utilization:** 546,878

**2007 Work RVU:** 0.32 **2017 Work RVU:** 0.32  
**2007 NF PE RVU:** 0.85 **2017 NF PE RVU:** 0.91  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.32

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**740X1** **Global:** **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** February 2016 **2015 Medicare Utilization:**

**2007 Work RVU:** **2017 Work RVU:**  
**2007 NF PE RVU:** **2017 NF PE RVU:**  
**2007 Fac PE RVU** **2017 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 0.18

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**740X2**

**Global:**

**Issue:** Abdominal X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 08

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** February 2016

**2015  
Medicare  
Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 0.23

**Referred to CPT** February 2016

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

**740X3**

**Global:**

**Issue:** Abdominal X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 08

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** February 2016

**2015  
Medicare  
Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 0.27

**Referred to CPT** February 2016

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

**74150** Computed tomography, abdomen; without contrast material

**Global:** XXX

**Issue:** CT Abdomen

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Final  
Rule for 2012

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:** 95,449

**2007 Work RVU:** 1.19

**2017 Work RVU:** 1.19

**2007 NF PE RVU:** 5.97

**2017 NF PE RVU:** 2.96

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** Review PE. 0.35

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>74160</b>	Computed tomography, abdomen; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen and Pelvis	<b>Screen:</b> Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 44	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 127,005	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 7.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.42			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.27 <b>2017 NF PE RVU:</b> 5.17 <b>2017 Fac PE RVU:</b> NA
<b>74170</b>	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 105,898	<b>2007 Work RVU:</b> 1.40 <b>2007 NF PE RVU:</b> 9.6 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.40			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.40 <b>2017 NF PE RVU:</b> 5.92 <b>2017 Fac PE RVU:</b> NA
<b>74174</b>	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 179,474	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 2.20 <b>2017 NF PE RVU:</b> 8.63 <b>2017 Fac PE RVU:</b> NA



## Status Report: CMS Requests and Relativity Assessment Issues

**74175** Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab 12** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2008

**2015 Medicare Utilization:** 44,269

**2007 Work RVU:** 1.90

**2017 Work RVU:** 1.82

**2007 NF PE RVU:** 12.39

**2017 NF PE RVU:** 6.73

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.82

**Referred to CPT** October 2010

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

**74176** Computed tomography, abdomen and pelvis; without contrast material

**Global:** XXX **Issue:** CT Abdomen/CT Pelvis

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab 16** **Specialty Developing Recommendation:** ACR

**First Identified:** October 2009

**2015 Medicare Utilization:** 2,196,319

**2007 Work RVU:**

**2017 Work RVU:** 1.74

**2007 NF PE RVU:**

**2017 NF PE RVU:** 3.83

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.74

**Referred to CPT** October 2009

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

**74177** Computed tomography, abdomen and pelvis; with contrast material(s)

**Global:** XXX **Issue:** CT Abdomen and Pelvis

**Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 44** **Specialty Developing Recommendation:** ACR

**First Identified:** October 2009

**2015 Medicare Utilization:** 2,688,692

**2007 Work RVU:**

**2017 Work RVU:** 1.82

**2007 NF PE RVU:**

**2017 NF PE RVU:** 6.86

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.82

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**74178** Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2010 **Tab** 16 **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** October 2009

**2015**  
**Medicare**  
**Utilization:** 552,492

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 2.01  
**2017 NF PE RVU:** 7.84  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 2.01

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**74181** Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016 **Tab** 21 **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** July 2015

**2015**  
**Medicare**  
**Utilization:** 108,309

**2007 Work RVU:** 1.46  
**2007 NF PE RVU:** 11.71  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2017 Work RVU:** 1.46  
**2017 NF PE RVU:** 7.83  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 1.46

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

**74182** Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016 **Tab** 21 **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** July 2015

**2015**  
**Medicare**  
**Utilization:** 5,165

**2007 Work RVU:** 1.73  
**2007 NF PE RVU:** 14.63  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2017 Work RVU:** 1.73  
**2017 NF PE RVU:** 10.98  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 1.73

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

## Status Report: CMS Requests and Relativity Assessment Issues

**74183** Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences

**Global:** XXX **Issue:** MRI of Abdomen

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2016

**Tab 21** **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** July 2015

**2015  
Medicare  
Utilization:** 242,329

**2007 Work RVU:** 2.26

**2017 Work RVU:** 2.26

**2007 NF PE RVU:** 23.72

**2017 NF PE RVU:** 11.89

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.20

**Referred to CPT**

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

**74210** Radiologic examination; pharynx and/or cervical esophagus

**Global:** XXX **Issue:** RAW

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** No

**Most Recent  
RUC Meeting:** October 2016

**Tab 35** **Specialty Developing  
Recommendation:**

**First  
Identified:** October 2016

**2015  
Medicare  
Utilization:** 2,337

**2007 Work RVU:** 0.36

**2017 Work RVU:** 0.36

**2007 NF PE RVU:** 1.4

**2017 NF PE RVU:** 1.80

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:**

**RUC Recommendation:** Survey for April 2017

**Referred to CPT**

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

**74220** Radiologic examination; esophagus

**Global:** XXX **Issue:** RAW

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** No

**Most Recent  
RUC Meeting:** October 2016

**Tab 35** **Specialty Developing  
Recommendation:**

**First  
Identified:** April 2016

**2015  
Medicare  
Utilization:** 194,633

**2007 Work RVU:** 0.46

**2017 Work RVU:** 0.46

**2007 NF PE RVU:** 1.48

**2017 NF PE RVU:** 1.99

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:**

**RUC Recommendation:** Survey for April 2017

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

74230	Swallowing function, with cineradiography/videoradiography	Global: XXX	Issue: Swallowing Function	Screen: CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000	Complete? No		
Most Recent RUC Meeting:	October 2016	Tab 35	Specialty Developing Recommendation: ACR, ASNR	First Identified: April 2013	2015 Medicare Utilization: 353,741	2007 Work RVU: 0.53	2017 Work RVU: 0.53
						2007 NF PE RVU: 1.57	2017 NF PE RVU: 3.04
						2007 Fac PE RVU NA	2017 Fac PE RVU:NA
RUC Recommendation:	0.53. Survey for April 2017			Referred to CPT		Result: Maintain	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB	Global: XXX	Issue: Contrast X-Ray Exams	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes		
Most Recent RUC Meeting:	September 2011	Tab 31	Specialty Developing Recommendation: ACR	First Identified: April 2011	2015 Medicare Utilization: 25,062	2007 Work RVU: 0.69	2017 Work RVU: 0.69
						2007 NF PE RVU: 2.18	2017 NF PE RVU: 3.25
						2007 Fac PE RVU NA	2017 Fac PE RVU:NA
RUC Recommendation:	0.69			Referred to CPT		Result: Maintain	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	Global: XXX	Issue: Contrast X-Ray Exams	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes		
Most Recent RUC Meeting:	September 2011	Tab 31	Specialty Developing Recommendation: ACR	First Identified: April 2011	2015 Medicare Utilization: 15,728	2007 Work RVU: 0.99	2017 Work RVU: 0.99
						2007 NF PE RVU: 3.07	2017 NF PE RVU: 4.96
						2007 Fac PE RVU NA	2017 Fac PE RVU:NA
RUC Recommendation:	0.99			Referred to CPT		Result: Maintain	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

## Status Report: CMS Requests and Relativity Assessment Issues

**74305** Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation

**Global:** XXX

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015 Medicare Utilization:** 16,149

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**74320** Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation

**Global:** XXX

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015 Medicare Utilization:** 4,576

**2007 Work RVU:** 0.54

**2017 Work RVU:**

**2007 NF PE RVU:** 3

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**74327** Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation

**Global:** XXX

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2015 Medicare Utilization:** 313

**2007 Work RVU:** 0.70

**2017 Work RVU:**

**2007 NF PE RVU:** 2.19

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

**74400** Urography (pyelography), intravenous, with or without KUB, with or without tomography **Global:** XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing** ACR  
**RUC Meeting:** September 2011 **Recommendation:**

**First**  
**Identified:** April 2011

**2015**  
**Medicare**  
**Utilization:** 11,652

**2007 Work RVU:** 0.49

**2017 Work RVU:** 0.49

**2007 NF PE RVU:** 2

**2017 NF PE RVU:** 2.58

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.49

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**74420** Urography, retrograde, with or without KUB

**Global:** XXX

**Issue:** RAW

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** No

**Most Recent** **Tab** 35 **Specialty Developing**  
**RUC Meeting:** October 2016 **Recommendation:**

**First**  
**Identified:** April 2016

**2015**  
**Medicare**  
**Utilization:** 155,528

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:**

**RUC Recommendation:** Survey for April 2017

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**74425** Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation

**Global:** XXX

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** No

**Most Recent** **Tab** 08 **Specialty Developing** ACR, SIR  
**RUC Meeting:** April 2015 **Recommendation:**

**First**  
**Identified:** October 2012

**2015**  
**Medicare**  
**Utilization:** 31,287

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:**

**RUC Recommendation:** Survey October 2018

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**74475** Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation **Global:** XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015 Medicare Utilization:** 23,455

**2007 Work RVU:** 0.54

**2017 Work RVU:**

**2007 NF PE RVU:** 3.69

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**74480** Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

**Global:** XXX

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015 Medicare Utilization:** 14,087

**2007 Work RVU:** 0.54

**2017 Work RVU:**

**2007 NF PE RVU:** 3.69

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**75574** Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)

**Global:** XXX

**Issue:** CT Angiography

**Screen:** CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC

**First Identified:** May 2013

**2015 Medicare Utilization:** 44,026

**2007 Work RVU:**

**2017 Work RVU:** 2.40

**2007 NF PE RVU:**

**2017 NF PE RVU:** 9.34

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Remove from Screen

**RUC Recommendation:** Survey with all CTA codes for October 2013.

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>75635</b>	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography of Abdominal Arteries	<b>Screen:</b> High Volume Growth1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 93,812	<b>2007 Work RVU:</b> 2.40 <b>2007 NF PE RVU:</b> 15.56 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 2.40 <b>2017 NF PE RVU:</b> 8.21 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.40		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>75650</b>	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	<b>Global:</b> XXX	<b>Issue:</b> Carotid Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACC, ACR, ASNR, AUR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.49 <b>2007 NF PE RVU:</b> 10.66 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>75671</b>	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	<b>Global:</b> XXX	<b>Issue:</b> Carotid Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.66 <b>2007 NF PE RVU:</b> 11.08 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

**75680** Angiography, carotid, cervical, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** **2007 Work RVU:** 1.66 **2017 Work RVU:** **2007 NF PE RVU:** 10.96 **2017 NF PE RVU:** **2007 Fac PE RVU** NA **2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**75710** Angiography, extremity, unilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2015 Medicare Utilization:** 144,151 **2007 Work RVU:** 1.14 **2017 Work RVU:** 1.14 **2007 NF PE RVU:** 10.72 **2017 NF PE RVU:** 3.29 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.75 and review utilization in October 2018 **Referred to CPT** **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**75716** Angiography, extremity, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2015 Medicare Utilization:** 82,045 **2007 Work RVU:** 1.31 **2017 Work RVU:** 1.31 **2007 NF PE RVU:** 10.96 **2017 NF PE RVU:** 3.80 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.97 **Referred to CPT** **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**75722** Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:**

ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.14

**2017 Work RVU:**

**2007 NF PE RVU:** 10.7

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**75724** Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** XXX **Issue:** Renal Angiography

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:**

ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.49

**2017 Work RVU:**

**2007 NF PE RVU:** 11.15

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**75790** Deleted from CPT

**Global:** XXX **Issue:** Arteriovenous Shunt Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 9

**Specialty Developing Recommendation:**

SVS, SIR, ACR

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.84

**2017 Work RVU:**

**2007 NF PE RVU:** 2.2

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**75791** Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation

**Global:** XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

**Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:**

**2015 Medicare Utilization:** 16,928

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

**75885** Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation

**Global:** XXX

**Issue:** Interventional Radiology Procedures

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 21

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** NA

**2015 Medicare Utilization:** 383

**2007 Work RVU:** 1.44

**2017 Work RVU:** 1.44

**2007 NF PE RVU:** 10.54

**2017 NF PE RVU:** 2.89

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**Result:** PE Only

**75887** Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation

**Global:** XXX

**Issue:** Interventional Radiology Procedures

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 21

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** NA

**2015 Medicare Utilization:** 545

**2007 Work RVU:** 1.44

**2017 Work RVU:** 1.44

**2007 NF PE RVU:** 10.6

**2017 NF PE RVU:** 2.94

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>75894</b>	<b>Transcatheter therapy, embolization, any method, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Transcatheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 7,161	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review utilization October 2018			<b>Referred to CPT</b> RAW will assess Oct 2018		<b>Result:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>
<b>75896</b>	<b>Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Intracranial Endovascular Intervention	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACR, ASNR, SCAI, SIR	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 4,924	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Code Deleted from CPT			<b>Referred to CPT</b> February 2014 February 2015 May 2015		<b>Result:</b> Deleted from CPT
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>
<b>75898</b>	<b>Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis</b>	<b>Global:</b> XXX	<b>Issue:</b> Intracranial Endovascular Intervention	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACR, ASNR, SCAI, SIR	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 12,485	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review utilization data Oct 2018. Carrier Price.			<b>Referred to CPT</b> February 2014 February 2015		<b>Result:</b> Contractor Price
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**75940** Percutaneous placement of IVC filter, radiological supervision and interpretation **Global:** XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**75945** Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel **Global:** XXX **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 07

**Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS

**First Identified:** July 2014

**2015 Medicare Utilization:** 10,388

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**75946** Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 07

**Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS

**First Identified:** July 2014

**2015 Medicare Utilization:** 11,399

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

**75952** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation **Global:** XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** October 2015

**2015 Medicare Utilization:** 17,062

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**NA

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**75953** Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation **Global:** XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** October 2015

**2015 Medicare Utilization:** 11,808

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**NA

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**75954** Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation **Global:** XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2015 Medicare Utilization:** 663

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**NA

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**75960** Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 27

**Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**75961** Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation

**Global:** XXX

**Issue:** Transcatheter Procedures

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 4.24

**2017 Work RVU:**

**2007 NF PE RVU:** 9.99

**2017 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2011

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

**75962** Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation

**Global:** XXX

**Issue:** Open and Percutaneous Transluminal Angioplasty

**Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** April 2010

**2015 Medicare Utilization:** 49,144

**2007 Work RVU:** 0.54

**2017 Work RVU:**

**2007 NF PE RVU:** 12.8

**2017 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

**75964** Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 15 Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:**

**2015 Medicare Utilization:** 1,110

**2007 Work RVU:** 0.36

**2017 Work RVU:**

**2007 NF PE RVU:** 6.96

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 6.96

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**75966** Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation **Global:** XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 15 Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** January 2015

**2015 Medicare Utilization:** 2,077

**2007 Work RVU:** 1.31

**2017 Work RVU:**

**2007 NF PE RVU:** 13.18

**2017 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**75968** Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 15 Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** January 2015

**2015 Medicare Utilization:** 207

**2007 Work RVU:** 0.36

**2017 Work RVU:**

**2007 NF PE RVU:** 6.99

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 6.99

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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



# Status Report: CMS Requests and Relativity Assessment Issues

**75978** Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation **Global:** XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 15** **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** April 2013

**2015 Medicare Utilization:** 275,942

**2007 Work RVU:** 0.54

**2017 Work RVU:**

**2007 NF PE RVU:** 12.72

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**75980** Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation **Global:** XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 06** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015 Medicare Utilization:** 1,912

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**75982** Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation **Global:** XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 06** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015 Medicare Utilization:** 4,996

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**75984** Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation **Global:** XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

**Most Recent RUC Meeting:** October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2015 Medicare Utilization:** 65,846 **2007 Work RVU:** 0.72 **2017 Work RVU:** 0.72 **2007 NF PE RVU:** 2.18 **2017 NF PE RVU:** 2.22 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **RUC Recommendation:** Review utilization data October 2018 **Referred to CPT** RAW will assess Oct 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

**75992** Deleted from CPT **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2015 Medicare Utilization:** **2007 Work RVU:** 0.00 **2017 Work RVU:** **2007 NF PE RVU:** NA **2017 NF PE RVU:** **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**75993** Deleted from CPT **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2015 Medicare Utilization:** **2007 Work RVU:** 0.00 **2017 Work RVU:** **2007 NF PE RVU:** 0 **2017 NF PE RVU:** **2007 Fac PE RVU:** 0 **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**75994** Revised to Category III **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2015 Medicare Utilization:** **2007 Work RVU:** 0.00 **2017 Work RVU:** **2007 NF PE RVU:** 0 **2017 NF PE RVU:** **2007 Fac PE RVU:** 0 **2017 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**75995** Revised to Category III

**Global:** XXX

**Issue:** Transluminal Arthrectomy

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008

**Tab** 57

**Specialty Developing**  
**Recommendation:** SIR, ACR,  
SVS

**First**  
**Identified:** April 2008

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**75996** Revised to Category III

**Global:** ZZZ

**Issue:** Transluminal Arthrectomy

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008

**Tab** 57

**Specialty Developing**  
**Recommendation:** SIR, ACR,  
SVS

**First**  
**Identified:** April 2008

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**76000** Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)

**Global:** XXX

**Issue:**

**Screen:** Low Value-Billed in  
Multiple Units / CMS-  
Other - Utilization over  
100,000

**Complete?** No

**Most Recent**  
**RUC Meeting:** October 2016

**Tab** 35

**Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** October 2010

**2015**  
**Medicare**  
**Utilization:** 123,131

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.17

**2007 NF PE RVU:** 1.68

**2017 NF PE RVU:** 1.14

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** Survey for April 2017

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>76001</b>	Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)			<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 0.00	
					<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 0.00	
					<b>2007 Fac PE RVU Result:</b>	<b>2017 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b>			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>76100</b>	Radiologic examination, single plane body section (eg, tomography), other than with urography			<b>Global:</b> XXX	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ACR, ISIS	<b>First Identified:</b> April 2009	<b>2015 Medicare Utilization:</b> 5,271	<b>2007 Work RVU:</b> 0.58	<b>2017 Work RVU:</b> 0.58	
					<b>2007 NF PE RVU:</b> 1.93	<b>2017 NF PE RVU:</b> 1.95	
					<b>2007 Fac PE RVU Result:</b> NA	<b>2017 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>76101</b>	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral			<b>Global:</b> XXX	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ACR, ISIS	<b>First Identified:</b> April 2009	<b>2015 Medicare Utilization:</b> 19	<b>2007 Work RVU:</b> 0.58	<b>2017 Work RVU:</b> 0.58	
					<b>2007 NF PE RVU:</b> 2.5	<b>2017 NF PE RVU:</b> 3.05	
					<b>2007 Fac PE RVU Result:</b> NA	<b>2017 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**76102** Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab 27 Specialty Developing Recommendation:** ACR, ISIS

**First Identified:** April 2009

**2015 Medicare Utilization:** 1,412

**2007 Work RVU:** 0.58

**2017 Work RVU:** 0.58

**2007 NF PE RVU:** 3.35

**2017 NF PE RVU:** 4.23

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**76510** Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 23 Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)

**First Identified:** April 2016

**2015 Medicare Utilization:** 16,293

**2007 Work RVU:** 1.55

**2017 Work RVU:** 1.55

**2007 NF PE RVU:** 2.73

**2017 NF PE RVU:** 3.22

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.70

**Referred to CPT**

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

**76511** Ophthalmic ultrasound, diagnostic; quantitative A-scan only **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 23 Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)

**First Identified:** April 2016

**2015 Medicare Utilization:** 5,447

**2007 Work RVU:** 0.94

**2017 Work RVU:** 0.94

**2007 NF PE RVU:** 2.17

**2017 NF PE RVU:** 1.92

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.64

**Referred to CPT**

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

**76512** Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 23 Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)

**First Identified:** July 2015

**2015 Medicare Utilization:** 197,357

**2007 Work RVU:** 0.94

**2017 Work RVU:** 0.94

**2007 NF PE RVU:** 1.97

**2017 NF PE RVU:** 1.66

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.56

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76513</b>	<b>Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 51	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 27,190	<b>2007 Work RVU:</b> 0.66 <b>2007 NF PE RVU:</b> 1.75 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.66 <b>2017 NF PE RVU:</b> 2.01 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.66 and CPT Assistant article published			<b>Referred to CPT</b> May 2008 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2013	<b>Result:</b> Maintain
<hr/>					
<b>76516</b>	<b>Ophthalmic biometry by ultrasound echography, A-scan;</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Biometry	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> April 2016	<b>2015 Medicare Utilization:</b> 4,162	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.39 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.54 <b>2017 NF PE RVU:</b> 1.66 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>76519</b>	<b>Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Biometry	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 330,649	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.49 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.54 <b>2017 NF PE RVU:</b> 1.83 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.54			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>76536</b>	<b>Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation</b>	<b>Global:</b> XXX	<b>Issue:</b> Soft Tissue Ultrasound	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> ACR, ASNR, TES, AACE	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 798,297	<b>2007 Work RVU:</b> 0.56 <b>2007 NF PE RVU:</b> 1.83 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.56 <b>2017 NF PE RVU:</b> 2.71 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.56			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**76641** Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

**Most Recent** **Tab** 13 **Specialty Developing** ACR  
**RUC Meeting:** January 2014 **Recommendation:**

**First** **2015**  
**Identified:** January 2014 **Medicare**  
**Utilization:** 473,545

**2007 Work RVU:** **2017 Work RVU:** 0.73  
**2007 NF PE RVU:** **2017 NF PE RVU:** 2.27  
**2007 Fac PE RVU** **2017 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.73

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76642** Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

**Most Recent** **Tab** 13 **Specialty Developing** ACR  
**RUC Meeting:** January 2014 **Recommendation:**

**First** **2015**  
**Identified:** January 2014 **Medicare**  
**Utilization:** 722,205

**2007 Work RVU:** **2017 Work RVU:** 0.68  
**2007 NF PE RVU:** **2017 NF PE RVU:** 1.78  
**2007 Fac PE RVU** **2017 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.68

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76645** Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

**Most Recent** **Tab** 13 **Specialty Developing** ACR  
**RUC Meeting:** January 2014 **Recommendation:**

**First** **2015**  
**Identified:** April 2011 **Medicare**  
**Utilization:**

**2007 Work RVU:** 0.54 **2017 Work RVU:**  
**2007 NF PE RVU:** 1.41 **2017 NF PE RVU:**  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76700** Ultrasound, abdominal, real time with image documentation; complete **Global:** XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 13 **Specialty Developing** ACR  
**RUC Meeting:** October 2013 **Recommendation:**

**First** **2015**  
**Identified:** October 2010 **Medicare**  
**Utilization:** 996,372

**2007 Work RVU:** 0.81 **2017 Work RVU:** 0.81  
**2007 NF PE RVU:** 2.39 **2017 NF PE RVU:** 2.62  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.81

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76705</b>	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR, ASBS	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 1,029,102	<b>2007 Work RVU:</b> 0.59 <b>2007 NF PE RVU:</b> 1.77 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.59			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.59 <b>2017 NF PE RVU:</b> 1.97 <b>2017 Fac PE RVU:</b> NA
<b>76706</b>	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	<b>Global:</b> XXX	<b>Issue:</b> Abdominal Aorta Ultrasound Screening	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> May 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.55			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2017	<b>2017 Work RVU:</b> 0.55 <b>2017 NF PE RVU:</b> 2.07 <b>2017 Fac PE RVU:</b> NA
<b>76770</b>	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 1,250,695	<b>2007 Work RVU:</b> 0.74 <b>2007 NF PE RVU:</b> 2.36 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.74			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.74 <b>2017 NF PE RVU:</b> 2.43 <b>2017 Fac PE RVU:</b> NA
<b>76775</b>	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 658,095	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 1.81 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.58			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.58 <b>2017 NF PE RVU:</b> 1.04 <b>2017 Fac PE RVU:</b> NA



# Status Report: CMS Requests and Relativity Assessment Issues

<b>76819</b>	<b>Fetal biophysical profile; without non-stress testing</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 12,517	<b>2007 Work RVU:</b> 0.77 <b>2007 NF PE RVU:</b> 1.81 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from screen	<b>2017 Work RVU:</b> 0.77 <b>2017 NF PE RVU:</b> 1.74 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76830</b>	<b>Ultrasound, transvaginal</b>	<b>Global:</b> XXX	<b>Issue:</b> Transvaginal and Transrectal Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> April 2012	<b>Tab</b> 44 <b>Specialty Developing Recommendation:</b> ACOG, ACR, AUA	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 456,761	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.69 <b>2017 NF PE RVU:</b> 2.74 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.69		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76856</b>	<b>Ultrasound, pelvic (nonobstetric), real time with image documentation; complete</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 497,466	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 1.99 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.69 <b>2017 NF PE RVU:</b> 2.40 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.69		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76857</b>	<b>Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 223,865	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.99 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.50 <b>2017 NF PE RVU:</b> 0.83 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

## 76870 Ultrasound, scrotum and contents

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 35

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015  
Medicare  
Utilization: 132,864

2007 Work RVU: 0.64

2017 Work RVU: 0.64

2007 NF PE RVU: 1.97

2017 NF PE RVU: 1.25

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

RUC Recommendation: Survey for April 2017

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

## 76872 Ultrasound, transrectal;

Global: XXX Issue: Transvaginal and  
Transrectal Ultrasound

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 44

Specialty Developing  
Recommendation: ACOG, ACR,  
AUA

First  
Identified: September 2011

2015  
Medicare  
Utilization: 196,410

2007 Work RVU: 0.69

2017 Work RVU: 0.69

2007 NF PE RVU: 2.52

2017 NF PE RVU: 1.98

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

RUC Recommendation: 0.69

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

## 76880 Deleted from CPT

Global: XXX Issue: Lower Extremity Ultrasound Screen: CMS Fastest Growing

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 26

Specialty Developing  
Recommendation: APMA, ACR

First  
Identified: October 2008

2015  
Medicare  
Utilization:

2007 Work RVU: 0.59

2017 Work RVU:

2007 NF PE RVU: 1.97

2017 NF PE RVU:

2007 Fac PE RVU NA

2017 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76881</b>	<b>Ultrasound, extremity, nonvascular, real-time with image documentation; complete</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound of Extremity	<b>Screen:</b> CMS Fastest Growing / New Technology/New Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAOS, ACR, ACRh, APMA	<b>First Identified:</b> April 2010	<b>2015 Medicare Utilization:</b> 187,406	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 0.63 <b>2017 NF PE RVU:</b> 2.69 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Revised PE. Refer to CPT and RAW review in Oct 2019.	<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Clinical Examples of Radiology Winter 2011; Apr 2016				

<b>76882</b>	<b>Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound of Extremity	<b>Screen:</b> CMS Fastest Growing / New Technology/New Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAOS, ACR, ACRh, APMA	<b>First Identified:</b> April 2010	<b>2015 Medicare Utilization:</b> 242,285	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 0.49 <b>2017 NF PE RVU:</b> 0.49 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Revised PE. Refer to CPT and RAW review in Oct 2019.	<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Clinical Examples of Radiology Summer and Winter 2011; Apr 2016				

<b>76930</b>	<b>Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 2,104	<b>2007 Work RVU:</b> 0.67 <b>2007 NF PE RVU:</b> 1.85 <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.67	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>				

## Status Report: CMS Requests and Relativity Assessment Issues

<b>76932</b>	<b>Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation</b>	<b>Global:</b> YYY	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 1,252	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.67		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>76936</b>	<b>Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 1,101	<b>2007 Work RVU:</b> 1.99 <b>2007 NF PE RVU:</b> 6.67 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.99 <b>2017 NF PE RVU:</b> 5.49 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>76940</b>	<b>Ultrasound guidance for, and monitoring of, parenchymal tissue ablation</b>	<b>Global:</b> YYY	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> ACS, ACR, SIR	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 1,378	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>76942</b>	<b>Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Guidance for Needle Placement	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 1,168,389	<b>2007 Work RVU:</b> 0.67 <b>2007 NF PE RVU:</b> 3.43 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.67 <b>2017 NF PE RVU:</b> 1.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review utilization at the RAW. 0.67			<b>Referred to CPT</b> October 2013	<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>76948</b>	<b>Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Echo Guidance for Ova Aspiration	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 6	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.34 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.67 <b>2017 NF PE RVU:</b> 1.31 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85			<b>Referred to CPT</b>	<b>Result:</b> Increase	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>76950</b>	<b>Ultrasonic guidance for placement of radiation therapy fields</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 1.43 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2013	<b>Result:</b> Deleted from CPT	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76965</b>	<b>Ultrasonic guidance for interstitial radioelement application</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> NO INTERESET	<b>First Identified:</b> July 2013	<b>2015 Medicare Utilization:</b> 5,971	<b>2007 Work RVU:</b> 1.34 <b>2007 NF PE RVU:</b> 4.8 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.34 <b>2017 NF PE RVU:</b> 1.18 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>76970</b>	<b>Ultrasound study follow-up (specify)</b>	<b>Global:</b> XXX	<b>Issue:</b> IMRT with Ultrasound Guidance	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> ACS, ACR, AACE	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 24,204	<b>2007 Work RVU:</b> 0.40 <b>2007 NF PE RVU:</b> 1.41 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen	<b>2017 Work RVU:</b> 0.40 <b>2017 NF PE RVU:</b> 2.19 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>77001</b>	<b>Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Fluoroscopic Guidance	<b>Screen:</b> MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 433,057	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.73 <b>2007 Fac PE RVU:</b> NA	<b>2017 Work RVU:</b> 0.38 <b>2017 NF PE RVU:</b> 1.96 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.38		<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**77002** Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 13

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** January 2012

**2015 Medicare Utilization:** 435,617

**2007 Work RVU:** 0.54

**2017 Work RVU:** 0.54

**2007 NF PE RVU:** 1.4

**2017 NF PE RVU:** 2.04

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.54

**Referred to CPT** October 2015

**Result:** Maintain

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

**77003** Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 13

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** October 2010

**2015 Medicare Utilization:** 373,473

**2007 Work RVU:** 0.60

**2017 Work RVU:** 0.60

**2007 NF PE RVU:** 1.28

**2017 NF PE RVU:** 2.02

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.60

**Referred to CPT** October 2015

**Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

77011 Computed tomography guidance for stereotactic localization				Global: XXX	Issue: IMRT with CT Guidance	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 15	Specialty Developing Recommendation: ASTRO, ACRO	First Identified:	2015 Medicare Utilization: 4,725	2007 Work RVU: 1.21	2017 Work RVU: 1.21	
RUC Recommendation: New PE inputs				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 NF PE RVU: 11.38	2017 NF PE RVU: 5.03
						2007 Fac PE RVU NA	2017 Fac PE RVU:NA
						Result: PE Only	
<hr/>							
77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation				Global: XXX	Issue: RAW	Screen: CMS-Other - Utilization over 100,000	Complete? No
Most Recent RUC Meeting: April 2016	Tab 35	Specialty Developing Recommendation:	First Identified: April 2016	2015 Medicare Utilization: 197,107	2007 Work RVU: 1.16	2017 Work RVU: 1.16	
RUC Recommendation: Survey for April 2017				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 NF PE RVU: 7.02	2017 NF PE RVU: 2.27
						2007 Fac PE RVU NA	2017 Fac PE RVU:NA
						Result:	
<hr/>							
77014 Computed tomography guidance for placement of radiation therapy fields				Global: XXX	Issue: IMRT with CT Guidance	Screen: CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	Complete? No
Most Recent RUC Meeting: January 2016	Tab 54	Specialty Developing Recommendation: ASTRO, ACR	First Identified: October 2010	2015 Medicare Utilization: 1,543,628	2007 Work RVU: 0.85	2017 Work RVU: 0.85	
RUC Recommendation: Refer to CPT. Maintain current value				Referred to CPT September 2017	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 NF PE RVU: 3.53
						2007 Fac PE RVU NA	2017 Fac PE RVU:NA
						Result:	



# Status Report: CMS Requests and Relativity Assessment Issues

<b>77031</b>	<b>Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.59	<b>2017 Work RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 6.19	<b>2017 NF PE RVU:</b>
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b> NA	<b>2017 Fac PE RVU:</b>
				<b>Result:</b> Deleted from CPT	
<hr/>					
<b>77032</b>	<b>Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.56	<b>2017 Work RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 1.26	<b>2017 NF PE RVU:</b>
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b> NA	<b>2017 Fac PE RVU:</b>
				<b>Result:</b> Deleted from CPT	
<hr/>					
<b>77051</b>	<b>Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> CMS-Other - Utilization over 250,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 1,023,214	<b>2007 Work RVU:</b> 0.06	<b>2017 Work RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 0.38	<b>2017 NF PE RVU:</b>
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b> 0.38	<b>2017 Fac PE RVU:</b>
				<b>Result:</b> Deleted from CPT	

## Status Report: CMS Requests and Relativity Assessment Issues

**77052** Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR  
**RUC Meeting:** January 2016 **Recommendation:**

**First Identified:** October 2010

**2015 Medicare Utilization:** 5,373,822

**2007 Work RVU:** 0.06

**2017 Work RVU:**

**2007 NF PE RVU:** 0.38

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.38

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**77055** Mammography; unilateral

**Global:** XXX

**Issue:** Mammography-Computer Aided Detection Bundling

**Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR  
**RUC Meeting:** January 2016 **Recommendation:**

**First Identified:** January 2014

**2015 Medicare Utilization:** 25,402

**2007 Work RVU:** 0.70

**2017 Work RVU:**

**2007 NF PE RVU:** 1.34

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**77056** Mammography; bilateral

**Global:** XXX

**Issue:** Mammography-Computer Aided Detection Bundling

**Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR  
**RUC Meeting:** January 2016 **Recommendation:**

**First Identified:** January 2014

**2015 Medicare Utilization:** 20,918

**2007 Work RVU:** 0.87

**2017 Work RVU:**

**2007 NF PE RVU:** 1.68

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

**77057** Screening mammography, bilateral (2-view study of each breast)

**Global:** XXX

**Issue:** Mammography-Computer Aided Detection Bundling

**Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 20

**Specialty Developing Recommendation:** ACR

**First Identified:** January 2014

**2015 Medicare Utilization:** 147,504

**2007 Work RVU:** 0.70

**2017 Work RVU:**

**2007 NF PE RVU:** 1.43

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**77058** Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral

**Global:** XXX

**Issue:** MRI Breast

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab** 24

**Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2015 Medicare Utilization:** 2,186

**2007 Work RVU:** 1.63

**2017 Work RVU:** 1.63

**2007 NF PE RVU:** 18.76

**2017 NF PE RVU:** 13.54

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

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

**77059** Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral

**Global:** XXX

**Issue:** MRI Breast

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab** 24

**Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2015 Medicare Utilization:** 70,806

**2007 Work RVU:** 1.63

**2017 Work RVU:** 1.63

**2007 NF PE RVU:** 23.46

**2017 NF PE RVU:** 13.44

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77065** Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 0.00  
**RUC Meeting:** January 2016 **Recommendation:** **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** 0.00  
**Utilization:** **2007 Fac PE RVU** **2017 Fac PE RVU:** 0.00  
**RUC Recommendation:** 0.81 **Referred to CPT** October 2015 **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77066** Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 0.00  
**RUC Meeting:** January 2016 **Recommendation:** **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** 0.00  
**Utilization:** **2007 Fac PE RVU** **2017 Fac PE RVU:** 0.00  
**RUC Recommendation:** 1.00 **Referred to CPT** October 2015 **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77067** Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 0.00  
**RUC Meeting:** January 2016 **Recommendation:** **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** 0.00  
**Utilization:** **2007 Fac PE RVU** **2017 Fac PE RVU:** 0.00  
**RUC Recommendation:** 0.76 **Referred to CPT** October 2015 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77079** Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) **Global:** XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing** ACR, AAFP, **First** **2015** **2007 Work RVU:** 0.22 **2017 Work RVU:**  
**RUC Meeting:** February 2010 **Recommendation:** ACP **Identified:** October 2009 **Medicare** **2007 NF PE RVU:** 2.45 **2017 NF PE RVU:**  
**Utilization:** **2007 Fac PE RVU** NA **2017 Fac PE RVU:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**77080** Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 07

**Specialty Developing Recommendation:**

AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:** September 2011

**2015 Medicare Utilization:** 2,161,911

**2007 Work RVU:** 0.20

**2017 Work RVU:** 0.20

**2007 NF PE RVU:** 2.59

**2017 NF PE RVU:** 0.94

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.20

**Referred to CPT** May 2013

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

**Result:** Maintain

**77082** Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 07

**Specialty Developing Recommendation:**

AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.17

**2017 Work RVU:**

**2007 NF PE RVU:** 0.71

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

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

**Result:** Deleted from CPT

**77083** Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites **Global:** XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:**

ACR, ACP

**First Identified:** October 2009

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.20

**2017 Work RVU:**

**2007 NF PE RVU:** 0.71

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**77085** Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 07

**Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:**

**2015 Medicare Utilization:** 127,894

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

**2017 Work RVU:** 0.30  
**2017 NF PE RVU:** 1.25  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.30

**Referred to CPT** May 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**77086** Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 07

**Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:**

**2015 Medicare Utilization:** 3,688

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

**2017 Work RVU:** 0.17  
**2017 NF PE RVU:** 0.81  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.17

**Referred to CPT** May 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**77261** Therapeutic radiology treatment planning; simple **Global:** XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 37

**Specialty Developing Recommendation:** ASTRO

**First Identified:** July 2015

**2015 Medicare Utilization:** 10,932

**2007 Work RVU:** 1.39  
**2007 NF PE RVU:** 0.51  
**2007 Fac PE RVU** 0.51

**2017 Work RVU:** 1.39  
**2017 NF PE RVU:** 0.68  
**2017 Fac PE RVU:**0.68

**RUC Recommendation:** 1.30

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**77262** Therapeutic radiology treatment planning; intermediate

**Global:** XXX

**Issue:** Radiation Therapy Planning

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab 37 Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** July 2015

**2015  
Medicare  
Utilization:** 4,707

**2007 Work RVU:** 2.11

**2017 Work RVU:** 2.11

**2007 NF PE RVU:** 0.74

**2017 NF PE RVU:** 0.96

**2007 Fac PE RVU** 0.74

**2017 Fac PE RVU:**0.96

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**77263** Therapeutic radiology treatment planning; complex

**Global:** XXX

**Issue:** Radiation Therapy Planning

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab 37 Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** July 2015

**2015  
Medicare  
Utilization:** 275,220

**2007 Work RVU:** 3.14

**2017 Work RVU:** 3.14

**2007 NF PE RVU:** 1.1

**2017 NF PE RVU:** 1.34

**2007 Fac PE RVU** 1.1

**2017 Fac PE RVU:**1.34

**Result:** Maintain

**RUC Recommendation:** 3.14

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**77280** Therapeutic radiology simulation-aided field setting; simple

**Global:** XXX

**Issue:** Set Radiation Therapy Field

**Screen:** Harvard Valued -  
Utilization over 30,000 /  
Services with Stand-  
Alone PE Procedure  
Time

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2013

**Tab 14 Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** April 2011

**2015  
Medicare  
Utilization:** 310,477

**2007 Work RVU:** 0.70

**2017 Work RVU:** 0.70

**2007 NF PE RVU:** 3.89

**2017 NF PE RVU:** 7.03

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.70

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

77285	Therapeutic radiology simulation-aided field setting; intermediate			Global: XXX	Issue: Respiratory Motion Management Simulation	Screen: Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting:	January 2013	Tab 14	Specialty Developing Recommendation: ASTRO	First Identified: September 2011	2015 Medicare Utilization: 2,920	2007 Work RVU: 1.05 2007 NF PE RVU: 6.45 2007 Fac PE RVU NA	2017 Work RVU: 1.05 2017 NF PE RVU: 11.28 2017 Fac PE RVU:NA
RUC Recommendation: 1.05				Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	
77290	Therapeutic radiology simulation-aided field setting; complex			Global: XXX	Issue: Respiratory Motion Management Simulation	Screen: MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting:	January 2013	Tab 14	Specialty Developing Recommendation: ASTRO	First Identified: October 2010	2015 Medicare Utilization: 297,189	2007 Work RVU: 1.56 2007 NF PE RVU: 8.63 2007 Fac PE RVU NA	2017 Work RVU: 1.56 2017 NF PE RVU: 13.00 2017 Fac PE RVU:NA
RUC Recommendation: 1.56				Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Respiratory Motion Management Simulation	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting:	January 2013	Tab 14	Specialty Developing Recommendation: ASTRO	First Identified:	2015 Medicare Utilization: 16,853	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 2.00 2017 NF PE RVU: 11.12 2017 Fac PE RVU:NA
RUC Recommendation: 2.00				Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	



# Status Report: CMS Requests and Relativity Assessment Issues

**77295** 3-dimensional radiotherapy plan, including dose-volume histograms **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2015 Medicare Utilization:** 144,625 **2007 Work RVU:** 4.56 **2017 Work RVU:** 4.29 **2007 NF PE RVU:** 23.92 **2017 NF PE RVU:** 9.40 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 4.29 **Referred to CPT** October 2012, October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77300** Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2015 Medicare Utilization:** 1,485,402 **2007 Work RVU:** 0.62 **2017 Work RVU:** 0.62 **2007 NF PE RVU:** 1.45 **2017 NF PE RVU:** 1.23 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.62 **Referred to CPT** February 2014, October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77301** Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications **Global:** XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2015 Medicare Utilization:** 107,940 **2007 Work RVU:** 7.99 **2017 Work RVU:** 7.99 **2007 NF PE RVU:** 37.25 **2017 NF PE RVU:** 46.87 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 7.99. CPT Assistant article published. **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Nov 2009

# Status Report: CMS Requests and Relativity Assessment Issues

**77305** Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing Recommendation:** ASTRO  
**RUC Meeting:** April 2014

**First Identified:** October 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.70

**2017 Work RVU:**

**2007 NF PE RVU:** 1.79

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**77306** Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

**First Identified:** October 2010

**2015 Medicare Utilization:** 4,036

**2007 Work RVU:**

**2017 Work RVU:** 1.40

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.76

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.40

**Referred to CPT**

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

**77307** Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

**First Identified:** October 2010

**2015 Medicare Utilization:** 56,587

**2007 Work RVU:**

**2017 Work RVU:** 2.90

**2007 NF PE RVU:**

**2017 NF PE RVU:** 5.15

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.90

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**77310** Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ASTRO  
**RUC Meeting:** April 2014  
**Recommendation:**

**First Identified:** October 2010  
**2015 Medicare Utilization:**

**2007 Work RVU:** 1.05  
**2007 NF PE RVU:** 2.32  
**2007 Fac PE RVU** NA  
**Result:** Deleted from CPT  
**2017 Work RVU:**  
**2017 NF PE RVU:**  
**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77315** Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ASTRO  
**RUC Meeting:** April 2014  
**Recommendation:**

**First Identified:** October 2010  
**2015 Medicare Utilization:**

**2007 Work RVU:** 1.56  
**2007 NF PE RVU:** 2.9  
**2007 Fac PE RVU** NA  
**Result:** Deleted from CPT  
**2017 Work RVU:**  
**2017 NF PE RVU:**  
**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77316** Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

**First Identified:** October 2012  
**2015 Medicare Utilization:** 5,840

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease  
**2017 Work RVU:** 1.40  
**2017 NF PE RVU:** 3.86  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 1.50

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77317</b>	<b>Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 2,706	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 1.83 <b>2017 NF PE RVU:</b> 5.02 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.83		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77318</b>	<b>Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2 / RUC Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 7,343	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 2.90 <b>2017 NF PE RVU:</b> 6.99 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.90		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77326</b>	<b>Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)</b>	<b>Global:</b> XXX	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.93 <b>2007 NF PE RVU:</b> 2.75 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77327</b>	<b>Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)</b>	<b>Global:</b> XXX	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.39 <b>2007 NF PE RVU:</b> 3.97 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>77328</b>	<b>Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)</b>	<b>Global:</b> XXX	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.09 <b>2007 NF PE RVU:</b> 5.54 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>77332</b>	<b>Treatment devices, design and construction; simple (simple block, simple bolus)</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 40 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b> 82,625	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.45 <b>2017 NF PE RVU:</b> 1.43 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.54		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77333</b>	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 40 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b> 11,421	<b>2007 Work RVU:</b> 0.84 <b>2007 NF PE RVU:</b> 1.75 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.75 <b>2017 NF PE RVU:</b> 1.95 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.84		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>77334</b>	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> MPC List / RUC request / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 40 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 867,565	<b>2007 Work RVU:</b> 1.24 <b>2007 NF PE RVU:</b> 3.43 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 1.15 <b>2017 NF PE RVU:</b> 2.50 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.24		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>77336</b>	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	<b>Global:</b> XXX	<b>Issue:</b> Continuing Medical Physics Consultation-PE Only	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 439,795	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 2.52 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 2.18 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77338</b>	<b>Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan</b>	<b>Global:</b> XXX	<b>Issue:</b> IMRT - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 128,446	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> PE Only <b>2017 Work RVU:</b> 4.29 <b>2017 NF PE RVU:</b> 9.87 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>77371</b>	<b>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery, Stereotactic Radiosurgery	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 62	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 30.25 <b>2007 Fac PE RVU Result:</b> PE Only <b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>77372</b>	<b>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 869	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 22.93 <b>2007 Fac PE RVU Result:</b> PE Only <b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 30.29 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**77373** Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing Recommendation:** ACR, ASTRO, ACRO

**First Identified:** July 2012

**2015 Medicare Utilization:** 19,949

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 42.87

**2017 NF PE RVU:** 38.45

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**77385** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** January 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.00

**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

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

**77386** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** January 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.00

**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

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



## Status Report: CMS Requests and Relativity Assessment Issues

**77387** Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** January 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.00

**Result:** Decrease

**RUC Recommendation:** 0.58

**Referred to CPT** October 2013

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

**77402** Radiation treatment delivery, >=1 MeV; simple

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 2.37

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.00

**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013 and February 2014

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

**77403** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 2.27

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

## Status Report: CMS Requests and Relativity Assessment Issues

**77404** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 2.38

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77406** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 2.38

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77407** Radiation treatment delivery, >=1 MeV; intermediate

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 2.93

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

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

## Status Report: CMS Requests and Relativity Assessment Issues

**77408** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 2.87

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77409** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 3.02

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77411** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 3.01

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77412** Radiation treatment delivery, >=1 MeV; complex

**Global:** XXX

**Issue:** Radiation Treatment  
Delivery - PE Only

**Screen:** Services with Stand-  
Alone PE Procedure  
Time

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing  
Recommendation:** ACRO,  
ASTRO

**First  
Identified:** October 2012

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 3.46

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.00

**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

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

**77413** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV

**Global:** XXX

**Issue:** Radiation Treatment  
Delivery - PE Only

**Screen:** Services with Stand-  
Alone PE Procedure  
Time

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing  
Recommendation:** ACRO,  
ASTRO

**First  
Identified:** October 2012

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 3.46

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77414** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV

**Global:** XXX

**Issue:** Radiation Treatment  
Delivery - PE Only

**Screen:** Services with Stand-  
Alone PE Procedure  
Time

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing  
Recommendation:** ACRO,  
ASTRO

**First  
Identified:** October 2012

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 3.68

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77416** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 3.68

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77418** Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 16.8

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

**77421** Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.39

**2017 Work RVU:**

**2007 NF PE RVU:** 3.11

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77422** High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking **Global:** XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 35

**Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** November 2014

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 4.58

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.00

**Result:** Contractor Price

**RUC Recommendation:** Contractor Price

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**77423** High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) **Global:** XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 35

**Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** November 2014

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 3.84

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.00

**Result:** Contractor Price

**RUC Recommendation:** Contractor Price

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**77427** Radiation treatment management, 5 treatments **Global:** XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 54

**Specialty Developing Recommendation:** ASTRO

**First Identified:** September 2007

**2015 Medicare Utilization:** 1,077,793

**2007 Work RVU:** 3.70

**2017 Work RVU:** 3.37

**2007 NF PE RVU:** 1.15

**2017 NF PE RVU:** 1.66

**2007 Fac PE RVU** 1.15

**2017 Fac PE RVU:**1.66

**Result:** Decrease

**RUC Recommendation:** 3.45. Remove from high E/M screen.

**Referred to CPT** June 2009

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**77435** Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 30 **Specialty Developing Recommendation:**

**First Identified:** October 2016

**2015 Medicare Utilization:** 23,717

**2007 Work RVU:** 13.00

**2017 Work RVU:** 11.87

**2007 NF PE RVU:** 4.63

**2017 NF PE RVU:** 5.17

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**5.17

**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**77470** Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) **Global:** XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 41 **Specialty Developing Recommendation:** ASTRO

**First Identified:** July 2015

**2015 Medicare Utilization:** 99,912

**2007 Work RVU:** 2.09

**2017 Work RVU:** 2.03

**2007 NF PE RVU:** 9.35

**2017 NF PE RVU:** 1.96

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.03

**Referred to CPT**

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

**77523** Proton treatment delivery; intermediate **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 30 **Specialty Developing Recommendation:**

**First Identified:** October 2016

**2015 Medicare Utilization:** 39,589

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**0.00

**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**77600** Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) **Global:** XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 30

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2015 Medicare Utilization:** 2,927

**2007 Work RVU:** 1.56  
**2007 NF PE RVU:** 5.09  
**2007 Fac PE RVU** NA  
**Result:** PE Only

**2017 Work RVU:** 1.31  
**2017 NF PE RVU:** 10.33  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

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

**77767** Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 16

**Specialty Developing Recommendation:** ASTRO, ACRO

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 1.05  
**2017 NF PE RVU:** 5.25  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 1.05

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77768** Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 16

**Specialty Developing Recommendation:** ASTRO, ACRO

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 1.40  
**2017 NF PE RVU:** 8.50  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 1.40

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

<b>77770</b>	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ASTRO, ACRO	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.95 <b>2017 NF PE RVU:</b> 7.03 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.95		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77771</b>	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ASTRO, ACRO	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 3.80 <b>2017 NF PE RVU:</b> 12.92 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 3.80		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77772</b>	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ASTRO, ACRO	<b>First Identified:</b> October 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 5.40 <b>2017 NF PE RVU:</b> 20.15 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 5.40		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**77776** Interstitial radiation source application; simple

**Global:** 090

**Issue:** Interstitial Radiation Source Codes

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 17

**Specialty Developing Recommendation:** ACR, ASTRO

**First Identified:** February 2015

**2015 Medicare Utilization:** 44

**2007 Work RVU:** 4.67

**2017 Work RVU:**

**2007 NF PE RVU:** 4.23

**2017 NF PE RVU:**

**2007 Fac PE RVU** 4.23

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**77777** Interstitial radiation source application; intermediate

**Global:** 090

**Issue:** Interstitial Radiation Source Codes

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 17

**Specialty Developing Recommendation:** ACR, ASTRO

**First Identified:** February 2015

**2015 Medicare Utilization:** 48

**2007 Work RVU:** 7.49

**2017 Work RVU:**

**2007 NF PE RVU:** 6.92

**2017 NF PE RVU:**

**2007 Fac PE RVU** 6.92

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**77778** Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed

**Global:** 000

**Issue:** Interstitial Radiation Source Codes

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing Recommendation:** ACR, ASTRO

**First Identified:** October 2012

**2015 Medicare Utilization:** 4,932

**2007 Work RVU:** 11.23

**2017 Work RVU:** 8.78

**2007 NF PE RVU:** 9.38

**2017 NF PE RVU:** 14.04

**2007 Fac PE RVU** 9.38

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 8.78

**Referred to CPT** February 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

**77781 Deleted from CPT**

**Global:** XXX **Issue:** Brachytherapy

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** October 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 1.21

**2017 Work RVU:**

**2007 NF PE RVU:** 16.73

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

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

**77782 Deleted from CPT**

**Global:** XXX **Issue:** Brachytherapy

**Screen:** High Volume Growth1 /  
CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 2.04

**2017 Work RVU:**

**2007 NF PE RVU:** 18.94

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

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

**77784 Deleted from CPT**

**Global:** XXX **Issue:** Brachytherapy

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 5.15

**2017 Work RVU:**

**2007 NF PE RVU:** 28.04

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>77785</b>	<b>Remote afterloading high dose rate radionuclide brachytherapy; 1 channel</b>	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 21,888	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b> <b>Result:</b> Deleted from CPT	

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<b>77786</b>	<b>Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels</b>	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 29,320	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b> <b>Result:</b> Deleted from CPT	

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## Status Report: CMS Requests and Relativity Assessment Issues

**77787 Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**      **Global:** XXX    **Issue:** Surface Radionuclide High Does Rate Brachytherapy    **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2    **Complete?** Yes

**Most Recent RUC Meeting:** January 2015    **Tab** 16    **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2012    **2015 Medicare Utilization:** 6,370

**2007 Work RVU:**    **2017 Work RVU:**  
**2007 NF PE RVU:**    **2017 NF PE RVU:**  
**2007 Fac PE RVU**    **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**    October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77790 Supervision, handling, loading of radiation source**

**Global:** XXX    **Issue:** Interstitial Radiation Source Codes    **Screen:** Codes Reported Together 75% or More-Part2    **Complete?** Yes

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

**First Identified:** October 2012    **2015 Medicare Utilization:** 4,298

**2007 Work RVU:** 1.05    **2017 Work RVU:** 0.00  
**2007 NF PE RVU:** 1    **2017 NF PE RVU:** 0.41  
**2007 Fac PE RVU** NA    **2017 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.00

**Referred to CPT**    February 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78000 Thyroid uptake; single determination**

**Global:** XXX    **Issue:** Thyroid Uptake/Imaging    **Screen:** Harvard Valued - Utilization over 30,000    **Complete?** Yes

**Most Recent RUC Meeting:** April 2012    **Tab** 22    **Specialty Developing Recommendation:** ACR, ACNM, SNM

**First Identified:**    **2015 Medicare Utilization:**

**2007 Work RVU:** 0.19    **2017 Work RVU:**  
**2007 NF PE RVU:** 1.21    **2017 NF PE RVU:**  
**2007 Fac PE RVU** NA    **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**    February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**78001** Thyroid uptake; multiple determinations **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 22

**Specialty Developing Recommendation:**

ACR, ACNM, SNM

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.26

**2017 Work RVU:**

**2007 NF PE RVU:** 1.59

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**78003** Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies) **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 22

**Specialty Developing Recommendation:**

ACR, ACNM, SNM

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.33

**2017 Work RVU:**

**2007 NF PE RVU:** 1.26

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**78006** Thyroid imaging, with uptake; single determination **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 22

**Specialty Developing Recommendation:**

ACR, ACNM, SNM

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.49

**2017 Work RVU:**

**2007 NF PE RVU:** 3.38

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**78007** Thyroid imaging, with uptake; multiple determinations **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 22

**Specialty Developing Recommendation:**

ACR, ACNM, SNM

**First Identified:** April 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.50

**2017 Work RVU:**

**2007 NF PE RVU:** 2.76

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**78010** Thyroid imaging; only **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 22

**Specialty Developing Recommendation:**

ACR, ACNM, SNM

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.39

**2017 Work RVU:**

**2007 NF PE RVU:** 2.45

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**78011** Thyroid imaging; with vascular flow

**Global:** XXX

**Issue:** Thyroid Uptake/Imaging

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 22

**Specialty Developing Recommendation:**

ACR, ACNM, SNM

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.45

**2017 Work RVU:**

**2007 NF PE RVU:** 2.99

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**78012** Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

**Global:** XXX

**Issue:** Thyroid Uptake/Imaging

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 22

**Specialty Developing Recommendation:**

ACR, ACNM, SNM

**First Identified:**

**2015 Medicare Utilization:** 3,381

**2007 Work RVU:**

**2017 Work RVU:** 0.19

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.13

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.19

**Referred to CPT** February 2012

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

**78013** Thyroid imaging (including vascular flow, when performed);

**Global:** XXX

**Issue:** Thyroid Uptake/Imaging

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 22

**Specialty Developing Recommendation:**

ACR, ACNM, SNM

**First Identified:**

**2015 Medicare Utilization:** 3,008

**2007 Work RVU:**

**2017 Work RVU:** 0.37

**2007 NF PE RVU:**

**2017 NF PE RVU:** 5.17

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.37

**Referred to CPT** February 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>78014</b> Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)				<b>Global:</b> XXX	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 27,622	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 0.50	
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 6.51
						<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> NA
						<b>Result:</b> Decrease	
<b>78070</b> Parathyroid planar imaging (including subtraction, when performed);				<b>Global:</b> XXX	<b>Issue:</b> Parathyroid Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 16,045	<b>2007 Work RVU:</b> 0.82	<b>2017 Work RVU:</b> 0.80	
<b>RUC Recommendation:</b> 0.80. Refer to CPT Assistant and review 2 years after article is published.			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2016	<b>2007 NF PE RVU:</b> 4.21	<b>2017 NF PE RVU:</b> 7.91
						<b>2007 Fac PE RVU</b> NA	<b>2017 Fac PE RVU:</b> NA
						<b>Result:</b>	
<b>78071</b> Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)				<b>Global:</b> XXX	<b>Issue:</b> Parathyroid Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 9,083	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 1.20	
<b>RUC Recommendation:</b> 1.20. Refer to CPT Assistant and review 2 years after article is published.			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2016	<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 9.15
						<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b> NA
						<b>Result:</b>	



# Status Report: CMS Requests and Relativity Assessment Issues

<b>78072</b>	<b>Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization</b>	<b>Global:</b> XXX	<b>Issue:</b> Parathyroid Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54 <b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 6,963	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b>	<b>2017 Work RVU:</b> 1.60 <b>2017 NF PE RVU:</b> 10.34 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.60. Refer to CPT Assistant and review 2 years after article is published.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Dec 2016	
<b>78223</b>	<b>Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function</b>	<b>Global:</b> XXX	<b>Issue:</b> Hepatobiliary Ductal System Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SNM	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.84 <b>2007 NF PE RVU:</b> 4.95 <b>2007 Fac PE RVU Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>78226</b>	<b>Hepatobiliary system imaging, including gallbladder when present;</b>	<b>Global:</b> XXX	<b>Issue:</b> Hepatobiliary System Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SNM, ACNM	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 62,489	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 0.74 <b>2017 NF PE RVU:</b> 8.86 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.74		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**78227** Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed **Global:** XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab 12** **Specialty Developing Recommendation:** ACR, SNM, ACNM

**First Identified:**

**2015 Medicare Utilization:** 83,528

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 0.90  
**2017 NF PE RVU:** 12.13  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.90

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

**78265** Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit **Global:** XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 18** **Specialty Developing Recommendation:** ACNM, ACR, SNMMI

**First Identified:** April 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Not Part of RAW

**2017 Work RVU:** 0.98  
**2017 NF PE RVU:** 10.59  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2015

**78266** Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days **Global:** XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 18** **Specialty Developing Recommendation:** ACNM, ACR, SNMMI

**First Identified:** April 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Not Part of RAW

**2017 Work RVU:** 1.08  
**2017 NF PE RVU:** 12.64  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2015

**78278** Acute gastrointestinal blood loss imaging **Global:** XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab 34** **Specialty Developing Recommendation:** ACR, SNM, ACNM

**First Identified:** April 2011

**2015 Medicare Utilization:** 34,502

**2007 Work RVU:** 0.99  
**2007 NF PE RVU:** 5.92  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2017 Work RVU:** 0.99  
**2017 NF PE RVU:** 9.11  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.99

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

# Status Report: CMS Requests and Relativity Assessment Issues

## 78300 Bone and/or joint imaging; limited area

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 38

Specialty Developing  
Recommendation:

ACNM, ACR,  
SNMMI

First  
Identified: July 2015

2015  
Medicare  
Utilization: 12,208

2007 Work RVU: 0.62

2017 Work RVU: 0.62

2007 NF PE RVU: 3

2017 NF PE RVU: 4.61

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.62

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 78305 Bone and/or joint imaging; multiple areas

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 38

Specialty Developing  
Recommendation:

ACNM, ACR,  
SNMMI

First  
Identified: July 2015

2015  
Medicare  
Utilization: 2,387

2007 Work RVU: 0.83

2017 Work RVU: 0.83

2007 NF PE RVU: 4.24

2017 NF PE RVU: 5.87

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.83

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 78306 Bone and/or joint imaging; whole body

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 38

Specialty Developing  
Recommendation:

ACNM, ACR,  
SNMMI

First  
Identified: July 2015

2015  
Medicare  
Utilization: 293,063

2007 Work RVU: 0.86

2017 Work RVU: 0.86

2007 NF PE RVU: 4.84

2017 NF PE RVU: 6.42

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.86

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**78451** Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** NA

**2015 Medicare Utilization:** 40,383

**2007 Work RVU:**

**2017 Work RVU:** 1.38

**2007 NF PE RVU:**

**2017 NF PE RVU:** 8.44

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 1.40

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**78452** Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** NA

**2015 Medicare Utilization:** 1,979,900

**2007 Work RVU:**

**2017 Work RVU:** 1.62

**2007 NF PE RVU:**

**2017 NF PE RVU:** 12.04

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.75

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**78453** Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** NA

**2015 Medicare Utilization:** 1,618

**2007 Work RVU:**

**2017 Work RVU:** 1.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 7.78

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**78454** Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** NA

**2015 Medicare Utilization:** 11,854

**2007 Work RVU:**

**2017 Work RVU:** 1.34

**2007 NF PE RVU:**

**2017 NF PE RVU:** 11.30

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.34

**Referred to CPT**

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

**78460 Deleted from CPT**

**Global:** XXX

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.86

**2017 Work RVU:**

**2007 NF PE RVU:** 3.1

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**78461 Deleted from CPT**

**Global:** XXX

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.23

**2017 Work RVU:**

**2007 NF PE RVU:** 4.81

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

# Status Report: CMS Requests and Relativity Assessment Issues

**78464 Deleted from CPT**

**Global:** XXX

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.09

**2017 Work RVU:**

**2007 NF PE RVU:** 7.03

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**Result:** Deleted from CPT

**78465 Deleted from CPT**

**Global:** XXX

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.46

**2017 Work RVU:**

**2007 NF PE RVU:** 12.08

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**Result:** Deleted from CPT

**78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

**Global:** XXX

**Issue:** Cardiac Blood Pool Imaging

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 35

**Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM

**First Identified:** April 2011

**2015 Medicare Utilization:** 29,198

**2007 Work RVU:** 0.98

**2017 Work RVU:** 0.98

**2007 NF PE RVU:** 5.87

**2017 NF PE RVU:** 5.62

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.98

**Referred to CPT**

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**78478 Deleted from CPT**

**Global:** XXX

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.50

**2017 Work RVU:**

**2007 NF PE RVU:** 1.54

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**78480 Deleted from CPT**

**Global:** XXX

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.30

**2017 Work RVU:**

**2007 NF PE RVU:** 1.51

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**78492 Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress**

**Global:** XXX

**Issue:** RAW

**Screen:** High Volume Growth4

**Complete?** No

**Most Recent RUC Meeting:** January 2017

**Tab** 30

**Specialty Developing Recommendation:**

**First Identified:** October 2016

**2015 Medicare Utilization:** 106,327

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

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

**78579 Pulmonary ventilation imaging (eg, aerosol or gas)**

**Global:** XXX

**Issue:** Pulmonary Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 13

**Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010

**2015 Medicare Utilization:** 1,479

**2007 Work RVU:**

**2017 Work RVU:** 0.49

**2007 NF PE RVU:**

**2017 NF PE RVU:** 4.91

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.49

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>78580</b>	<b>Pulmonary perfusion imaging (eg, particulate)</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> SNM, ACR	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 16,477	<b>2007 Work RVU:</b> 0.74 <b>2007 NF PE RVU:</b> 3.97 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.74			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>78582</b>	<b>Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR, SNM	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 213,059	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.07			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>78584</b>	<b>Pulmonary perfusion imaging, particulate, with ventilation; single breath</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Perfusion Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> SNM, ACR	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.99 <b>2007 NF PE RVU:</b> 3.34 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>78585</b>	<b>Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Perfusion Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> SNM, ACR	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.09 <b>2007 NF PE RVU:</b> 6.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>



# Status Report: CMS Requests and Relativity Assessment Issues

**78586** Pulmonary ventilation imaging, aerosol; single projection

**Global:** XXX

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.40

**2017 Work RVU:**

**2007 NF PE RVU:** 3.02

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78587** Deleted from CPT

**Global:** XXX

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.49

**2017 Work RVU:**

**2007 NF PE RVU:** 3.51

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78588** Deleted from CPT

**Global:** XXX

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.09

**2017 Work RVU:**

**2007 NF PE RVU:** 4.7

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78591** Deleted from CPT

**Global:** XXX

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.40

**2017 Work RVU:**

**2007 NF PE RVU:** 3.21

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**78593 Deleted from CPT**

**Global:** XXX

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.49

**2017 Work RVU:**

**2007 NF PE RVU:** 3.84

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78594 Deleted from CPT**

**Global:** XXX

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.53

**2017 Work RVU:**

**2007 NF PE RVU:** 5.12

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78596 Deleted from CPT**

**Global:** XXX

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.27

**2017 Work RVU:**

**2007 NF PE RVU:** 7.7

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78597 Quantitative differential pulmonary perfusion, including imaging when performed**

**Global:** XXX

**Issue:** Pulmonary Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 13

**Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010

**2015 Medicare Utilization:** 1,674

**2007 Work RVU:**

**2017 Work RVU:** 0.75

**2007 NF PE RVU:**

**2017 NF PE RVU:** 5.10

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.75

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**78598** Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab 13** **Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010

**2015 Medicare Utilization:** 3,964

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 0.85  
**2017 NF PE RVU:** 8.02  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.85

**Referred to CPT** October 2010

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

**78803** Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)

**Global:** XXX **Issue:** RAW

**Screen:** CPT 2013 Utilization Review

**Complete?** No

**Most Recent RUC Meeting:** January 2016

**Tab 54** **Specialty Developing Recommendation:** ACR, ACNM, SNM

**First Identified:** January 2016

**2015 Medicare Utilization:** 9,169

**2007 Work RVU:** 1.09  
**2007 NF PE RVU:** 8.73  
**2007 Fac PE RVU** NA  
**Result:**

**2017 Work RVU:** 1.09  
**2017 NF PE RVU:** 8.81  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT Assistant.

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2016

**78815** Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh

**Global:** XXX **Issue:**

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab 41** **Specialty Developing Recommendation:** ACR, SNM

**First Identified:** October 2010

**2015 Medicare Utilization:** 516,002

**2007 Work RVU:** 0.00  
**2007 NF PE RVU:** 0  
**2007 Fac PE RVU** 0  
**Result:** Maintain

**2017 Work RVU:** 0.00  
**2017 NF PE RVU:** 0.00  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** Reaffirmed RUC recommendation

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**79101 Radiopharmaceutical therapy, by intravenous administration**

**Global:** XXX

**Issue:** Radiopharmaceutical Therapy

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab 31 Specialty Developing Recommendation:** SNM, ACR

**First Identified:** October 2009

**2015 Medicare Utilization:** 8,609

**2007 Work RVU:** 1.96

**2017 Work RVU:** 1.96

**2007 NF PE RVU:** 2.98

**2017 NF PE RVU:** 2.04

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**RUC Recommendation:** Article published Feb 2012

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Feb 2012

**Result:** Maintain

**85060 Blood smear, peripheral, interpretation by physician with written report**

**Global:** XXX

**Issue:** RAW

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab 35 Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015 Medicare Utilization:** 166,871

**2007 Work RVU:** 0.45

**2017 Work RVU:** 0.45

**2007 NF PE RVU:** 0.17

**2017 NF PE RVU:** NA

**2007 Fac PE RVU:** 0.17

**2017 Fac PE RVU:** 0.24

**RUC Recommendation:** Survey for April 2017

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:**

**85097 Bone marrow, smear interpretation**

**Global:** XXX

**Issue:** RAW

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab 35 Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015 Medicare Utilization:** 138,314

**2007 Work RVU:** 0.94

**2017 Work RVU:** 0.94

**2007 NF PE RVU:** 1.76

**2017 NF PE RVU:** 1.58

**2007 Fac PE RVU:** 0.38

**2017 Fac PE RVU:** 0.44

**RUC Recommendation:** Survey for April 2017

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88104</b>	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AUR, ASC, CAP	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 83,305	<b>2007 Work RVU:</b> 0.56 <b>2007 NF PE RVU:</b> 0.93 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> New PE Inputs. 0.56			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.56 <b>2017 NF PE RVU:</b> 1.52 <b>2017 Fac PE RVU:</b> NA
<hr/>					
<b>88106</b>	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AUR, ASC, CAP	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 6,392	<b>2007 Work RVU:</b> 0.56 <b>2007 NF PE RVU:</b> 1.39 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> New PE Inputs. 0.56			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.37 <b>2017 NF PE RVU:</b> 1.42 <b>2017 Fac PE RVU:</b> NA
<hr/>					
<b>88107</b>	Deleted from CPT	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> AUR, ASC, CAP	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 1.66 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>88108</b>	<b>Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)</b>	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Concentration Technique- PE Only	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36 <b>Specialty Developing Recommendation:</b> ACR, CAP	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 272,357	<b>2007 Work RVU:</b> 0.56 <b>2007 NF PE RVU:</b> 1.27 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.44 <b>2017 NF PE RVU:</b> 1.31 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs. 0.56		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>88112</b>	<b>Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal</b>	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Concentration Technique- PE Only	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36 <b>Specialty Developing Recommendation:</b> ACR, CAP	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 947,018	<b>2007 Work RVU:</b> 1.18 <b>2007 NF PE RVU:</b> 1.85 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.56 <b>2017 NF PE RVU:</b> 1.34 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs. 0.56		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>88120</b>	<b>Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW review	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2012	<b>2015 Medicare Utilization:</b> 67,628	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b>	<b>2017 Work RVU:</b> 1.20 <b>2017 NF PE RVU:</b> 16.61 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88121</b>	<b>Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW review	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2012	<b>2015 Medicare Utilization:</b> 43,259	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b>	<b>2017 Work RVU:</b> 1.00 <b>2017 NF PE RVU:</b> 14.40 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>88160</b>	<b>Cytopathology, smears, any other source; screening and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Concentration Technique - PE Only	<b>Screen:</b> CMS Request - Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b> 9,125	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 0.85 <b>2007 Fac PE RVU Result:</b> PE Only	<b>2017 Work RVU:</b> 0.50 <b>2017 NF PE RVU:</b> 1.53 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>88161</b>	<b>Cytopathology, smears, any other source; preparation, screening and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Concentration Technique - PE Only	<b>Screen:</b> CMS Request - Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2015	<b>2015 Medicare Utilization:</b> 6,095	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 0.99 <b>2007 Fac PE RVU Result:</b> PE Only	<b>2017 Work RVU:</b> 0.50 <b>2017 NF PE RVU:</b> 1.33 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**88162** Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains **Global:** XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 36

**Specialty Developing Recommendation:**

**First Identified:** April 2015

**2015 Medicare Utilization:** 3,496

**2007 Work RVU:** 0.76

**2017 Work RVU:** 0.76

**2007 NF PE RVU:** 1.05

**2017 NF PE RVU:** 2.02

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88184** Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker

**Global:** XXX

**Issue:** Flow Cytometry Interpretation

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 42

**Specialty Developing Recommendation:** CAP

**First Identified:** July 2015

**2015 Medicare Utilization:** 89,592

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 1.6

**2017 NF PE RVU:** 1.71

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88185** Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)

**Global:** ZZZ

**Issue:** Flow Cytometry Interpretation

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 42

**Specialty Developing Recommendation:** CAP

**First Identified:** July 2015

**2015 Medicare Utilization:** 1,801,769

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.85

**2017 NF PE RVU:** 1.05

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

### 88187 Flow cytometry, interpretation; 2 to 8 markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 42

Specialty Developing  
Recommendation: CAP

First  
Identified: July 2015

2015  
Medicare  
Utilization: 37,703

2007 Work RVU: 1.36

2017 Work RVU: 0.74

2007 NF PE RVU: 0.44

2017 NF PE RVU: 0.87

2007 Fac PE RVU 0.44

2017 Fac PE RVU:0.87

Result: Decrease

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 88188 Flow cytometry, interpretation; 9 to 15 markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 42

Specialty Developing  
Recommendation: CAP

First  
Identified: July 2015

2015  
Medicare  
Utilization: 30,469

2007 Work RVU: 1.69

2017 Work RVU: 1.20

2007 NF PE RVU: 0.54

2017 NF PE RVU: 0.84

2007 Fac PE RVU 0.54

2017 Fac PE RVU:0.84

Result: Decrease

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 88189 Flow cytometry, interpretation; 16 or more markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 42

Specialty Developing  
Recommendation: CAP

First  
Identified: July 2015

2015  
Medicare  
Utilization: 189,912

2007 Work RVU: 2.23

2017 Work RVU: 1.70

2007 NF PE RVU: 0.68

2017 NF PE RVU: 0.80

2007 Fac PE RVU 0.68

2017 Fac PE RVU:0.80

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**88300** Level I - Surgical pathology, gross examination only

**Global:** XXX

**Issue:** Pathology Consultations

**Screen:** Havard Valued -  
Utilization over 1 Million  
/ Low Value-Billed in  
Multiple Units / CMS  
Request - Final Rule for  
2012

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing**  
**Recommendation:** AAD, AGA,  
CAP, ASGE

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 215,673

**2007 Work RVU:** 0.08

**2017 Work RVU:** 0.08

**2007 NF PE RVU:** 0.49

**2017 NF PE RVU:** 0.36

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.08 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88302** Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization

**Global:** XXX

**Issue:** Pathology Consultations

**Screen:** Havard Valued -  
Utilization over 1 Million  
/ CMS Request - Final  
Rule for 2012

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing**  
**Recommendation:** AAD, AGA,  
CAP, ASGE

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 87,066

**2007 Work RVU:** 0.13

**2017 Work RVU:** 0.13

**2007 NF PE RVU:** 1.1

**2017 NF PE RVU:** 0.72

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.13 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity			Global: XXX	Issue: Pathology Consultations	Screen: Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012	Complete? Yes
	Most Recent RUC Meeting: January 2012	Tab 24	Specialty Developing Recommendation: AAD, AGA, CAP, ASGE	First Identified: October 2008	2015 Medicare Utilization: 1,007,389	2007 Work RVU: 0.22	2017 Work RVU: 0.22
						2007 NF PE RVU: 1.37	2017 NF PE RVU: 0.92
	RUC Recommendation: 0.22 and new PE inputs			Referred to CPT		2007 Fac PE RVU NA	2017 Fac PE RVU:NA
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

88305	<b>Level IV - Surgical pathology, gross and microscopic examination</b> Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy	<b>Global:</b> XXX	<b>Issue:</b> Pathology Consultations	<b>Screen:</b> Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	<b>Tab</b> 24 January 2012	<b>Specialty Developing Recommendation:</b> AAD, AGA, CAP, ASGE	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 16,288,176	<b>2007 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.75 and new PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
				<b>2017 Work RVU:</b> 0.75 <b>2017 NF PE RVU:</b> 1.16 <b>2017 Fac PE RVU:</b> NA	

## Status Report: CMS Requests and Relativity Assessment Issues

**88307** Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse

**Global:** XXX

**Issue:** Pathology Consultations

**Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing**  
**Recommendation:** AAD, AGA, CAP, ASGE

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 926,039

**2007 Work RVU:** 1.59

**2017 Work RVU:** 1.59

**2007 NF PE RVU:** 3.48

**2017 NF PE RVU:** 5.87

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.59 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88309** Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection

**Global:** XXX

**Issue:** Pathology Services

**Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing**  
**Recommendation:** AAD, AGA, CAP, ASGE

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 151,668

**2007 Work RVU:** 2.80

**2017 Work RVU:** 2.80

**2007 NF PE RVU:** 4.86

**2017 NF PE RVU:** 8.63

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 2.80 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**88312** Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver) **Global:** XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab 33 Specialty Developing Recommendation:** CAP

**First Identified:** October 2008

**2015 Medicare Utilization:** 1,434,413

**2007 Work RVU:** 0.54

**2017 Work RVU:** 0.54

**2007 NF PE RVU:** 1.76

**2017 NF PE RVU:** 2.22

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.54

**Referred to CPT** June 2010

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

**88313** Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry

**Global:** XXX **Issue:** Special Stains

**Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab 33 Specialty Developing Recommendation:** CAP

**First Identified:** October 2008

**2015 Medicare Utilization:** 1,505,967

**2007 Work RVU:** 0.24

**2017 Work RVU:** 0.24

**2007 NF PE RVU:** 1.42

**2017 NF PE RVU:** 1.71

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.24

**Referred to CPT** June 2010

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

**88314** Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)

**Global:** XXX **Issue:** Special Stains

**Screen:** Havard Valued - Utilization over 1 Million

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab 33 Specialty Developing Recommendation:** CAP

**First Identified:** February 2009

**2015 Medicare Utilization:** 19,674

**2007 Work RVU:** 0.45

**2017 Work RVU:** 0.45

**2007 NF PE RVU:** 2.04

**2017 NF PE RVU:** 1.74

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT** June 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**88318 Deleted from CPT** **Global:** XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD

**First Identified:** **2015 Medicare Utilization:**

**2007 Work RVU:** 0.42 **2017 Work RVU:**  
**2007 NF PE RVU:** 1.98 **2017 NF PE RVU:**  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88319 Special stain including interpretation and report; Group III, for enzyme constituents**

**Global:** XXX **Issue:** Special Stains

**Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP

**First Identified:** **2015 Medicare Utilization:** 15,982

**2007 Work RVU:** 0.53 **2017 Work RVU:** 0.53  
**2007 NF PE RVU:** 3.36 **2017 NF PE RVU:** 1.96  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.53

**Referred to CPT** June 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88321 Consultation and report on referred slides prepared elsewhere**

**Global:** XXX **Issue:** Microslide Consultation

**Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC

**First Identified:** July 2015 **2015 Medicare Utilization:** 181,420

**2007 Work RVU:** 1.63 **2017 Work RVU:** 1.63  
**2007 NF PE RVU:** 0.78 **2017 NF PE RVU:** 1.21  
**2007 Fac PE RVU** 0.54 **2017 Fac PE RVU:** 0.75  
**Result:** Maintain

**RUC Recommendation:** 1.63

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

**88323 Consultation and report on referred material requiring preparation of slides**

**Global:** XXX **Issue:** Microslide Consultation

**Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC

**First Identified:** July 2015 **2015 Medicare Utilization:** 35,128

**2007 Work RVU:** 1.83 **2017 Work RVU:** 1.83  
**2007 NF PE RVU:** 1.88 **2017 NF PE RVU:** 1.81  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.83

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

# Status Report: CMS Requests and Relativity Assessment Issues

**88325** Consultation, comprehensive, with review of records and specimens, with report on referred material **Global:** XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2015 Medicare Utilization:** 8,123 **2007 Work RVU:** 2.50 **2017 Work RVU:** 2.85 **2007 NF PE RVU:** 2.76 **2017 NF PE RVU:** 2.34 **2007 Fac PE RVU:** 0.87 **2017 Fac PE RVU:** 1.42 **RUC Recommendation:** 2.85 **Result:** Increase

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

**88329** Pathology consultation during surgery; **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2015 Medicare Utilization:** 31,676 **2007 Work RVU:** 0.67 **2017 Work RVU:** 0.67 **2007 NF PE RVU:** 0.66 **2017 NF PE RVU:** 0.77 **2007 Fac PE RVU:** 0.27 **2017 Fac PE RVU:** 0.35 **RUC Recommendation:** 0.67 **Result:** Maintain

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

**88331** Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2015 Medicare Utilization:** 515,568 **2007 Work RVU:** 1.19 **2017 Work RVU:** 1.19 **2007 NF PE RVU:** 1.14 **2017 NF PE RVU:** 1.52 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **RUC Recommendation:** 1.19 **Result:** Maintain

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

**88332** Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2015 Medicare Utilization:** 178,467 **2007 Work RVU:** 0.59 **2017 Work RVU:** 0.59 **2007 NF PE RVU:** 0.46 **2017 NF PE RVU:** 0.88 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **RUC Recommendation:** 0.59 **Result:** Maintain

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



## Status Report: CMS Requests and Relativity Assessment Issues

**88333** Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 39 Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**2015 Medicare Utilization:** 62,953

**2007 Work RVU:** 1.20

**2017 Work RVU:** 1.20

**2007 NF PE RVU:** 1.15

**2017 NF PE RVU:** 1.42

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.20

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88334** Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 39 Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**2015 Medicare Utilization:** 29,701

**2007 Work RVU:** 0.73

**2017 Work RVU:** 0.73

**2007 NF PE RVU:** 0.65

**2017 NF PE RVU:** 0.92

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.73

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88341** Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 21 Specialty Developing Recommendation:** CAP

**First Identified:** November 2013

**2015 Medicare Utilization:** 2,516,400

**2007 Work RVU:**

**2017 Work RVU:** 0.56

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.00

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.65

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88342</b> Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure				<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	CAP	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 1,738,929	<b>2007 Work RVU:</b> 0.85 <b>2007 NF PE RVU:</b> 1.6 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.70 <b>2017 NF PE RVU:</b> 2.29 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70				<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>88343</b> Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)				<b>Global:</b> ZZZ	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	CAP	<b>First Identified:</b> November 2013	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>88344</b> Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure				<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	CAP	<b>First Identified:</b> November 2013	<b>2015 Medicare Utilization:</b> 74,919	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.77 <b>2017 NF PE RVU:</b> 4.07 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.77				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**88346** Immunofluorescence, per specimen; initial single antibody stain procedure      **Global:** XXX      **Issue:** Immunofluorescent Studies      **Screen:** CMS-Other - Utilization over 250,000      **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 17**      **Specialty Developing Recommendation:** CAP, ASC

**First Identified:** April 2013

**2015 Medicare Utilization:** 269,993

**2007 Work RVU:** 0.86

**2017 Work RVU:** 0.74

**2007 NF PE RVU:** 1.67

**2017 NF PE RVU:** 1.91

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.74

**Referred to CPT**      October 2014

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

**88347** Immunofluorescent study, each antibody; indirect method

**Global:** XXX      **Issue:** Immunofluorescent Studies      **Screen:** CMS-Other - Utilization over 250,000      **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 17**      **Specialty Developing Recommendation:** CAP, ASC

**First Identified:** October 2013

**2015 Medicare Utilization:** 19,635

**2007 Work RVU:** 0.86

**2017 Work RVU:**

**2007 NF PE RVU:** 1.28

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2014

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

**88348** Electron microscopy, diagnostic

**Global:** XXX      **Issue:** Electron Microscopy-PE Only      **Screen:** Services with Stand-Alone PE Procedure Time      **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab 14**      **Specialty Developing Recommendation:** CAP

**First Identified:** October 2012

**2015 Medicare Utilization:** 15,428

**2007 Work RVU:** 1.51

**2017 Work RVU:** 1.51

**2007 NF PE RVU:** 11.48

**2017 NF PE RVU:** 8.20

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**88349** Electron microscopy; scanning

**Global:** XXX

**Issue:** Electron Microscopy-PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 14

**Specialty Developing Recommendation:** CAP

**First Identified:** October 2012

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.76

**2017 Work RVU:**

**2007 NF PE RVU:** 4.88

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** Oct 2013

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

**88350** Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Immunofluorescent Studies

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 17

**Specialty Developing Recommendation:** CAP, ASC

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.59

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.47

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.70

**Referred to CPT** October 2014

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

**88356** Morphometric analysis; nerve

**Global:** XXX

**Issue:** RAW

**Screen:** High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 37

**Specialty Developing Recommendation:** ASCP, CAP

**First Identified:** April 2013

**2015 Medicare Utilization:** 15,158

**2007 Work RVU:** 3.02

**2017 Work RVU:** 2.80

**2007 NF PE RVU:** 4.79

**2017 NF PE RVU:** 3.04

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.80

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**88360** Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual **Global:** XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 40 Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**2015 Medicare Utilization:** 341,102

**2007 Work RVU:** 1.10

**2017 Work RVU:** 1.10

**2007 NF PE RVU:** 1.87

**2017 NF PE RVU:** 2.83

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.85

**Referred to CPT**

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

**88361** Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology **Global:** XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 40 Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**2015 Medicare Utilization:** 146,605

**2007 Work RVU:** 1.18

**2017 Work RVU:** 1.18

**2007 NF PE RVU:** 2.94

**2017 NF PE RVU:** 3.15

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.95

**Referred to CPT**

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

**88364** In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 21 Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:** November 2013

**2015 Medicare Utilization:** 16,254

**2007 Work RVU:**

**2017 Work RVU:** 0.70

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.98

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.88

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**88365** In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2015 Medicare Utilization:** 36,846 **2007 Work RVU:** 1.20 **2017 Work RVU:** 0.88 **2007 NF PE RVU:** 2.32 **2017 NF PE RVU:** 4.10 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA **RUC Recommendation:** 0.88 **Referred to CPT** May 2013 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & May 2012 **Result:** Decrease

**88366** In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2015 Medicare Utilization:** 864 **2007 Work RVU:** 1.24 **2017 Work RVU:** 1.24 **2007 NF PE RVU:** 5.97 **2017 NF PE RVU:** 5.97 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA **RUC Recommendation:** 1.24 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**88367** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2015 Medicare Utilization:** 13,117 **2007 Work RVU:** 1.30 **2017 Work RVU:** 0.73 **2007 NF PE RVU:** 4.31 **2017 NF PE RVU:** 2.24 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA **RUC Recommendation:** 0.86 **Referred to CPT** May 2013 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & May 2012 **Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**88368** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab** 18

**Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:** September 2011

**2015 Medicare Utilization:** 32,124

**2007 Work RVU:** 1.40

**2007 NF PE RVU:** 2.96

**2007 Fac PE RVU** NA

**Result:** Decrease

**2017 Work RVU:** 0.88

**2017 NF PE RVU:** 2.40

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.88

**Referred to CPT** May 2013

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Dec 2011 & May 2012

**88369** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 21

**Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:**

**2015 Medicare Utilization:** 20,109

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**Result:** Decrease

**2017 Work RVU:** 0.70

**2017 NF PE RVU:** 2.30

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.88

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88373** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 21

**Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:** November 2013

**2015 Medicare Utilization:** 11,644

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**Result:** Decrease

**2017 Work RVU:** 0.58

**2017 NF PE RVU:** 1.64

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.86

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**88374** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:**

**2015 Medicare Utilization:** 93,349

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 0.93  
**2017 NF PE RVU:** 8.61  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 1.04

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

**88377** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:** May 2013

**2015 Medicare Utilization:** 129,627

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 1.40  
**2017 NF PE RVU:** 9.99  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 1.40

**Referred to CPT** May 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**90465** Deleted from CPT

**Global:** XXX **Issue:** Immunization Administration

**Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** R **Specialty Developing Recommendation:** AAP

**First Identified:** NA

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.35  
**2007 Fac PE RVU** NA  
**Result:** PE Only

**2017 Work RVU:**  
**2017 NF PE RVU:**  
**2017 Fac PE RVU:**

**RUC Recommendation:** New PE inputs

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



## Status Report: CMS Requests and Relativity Assessment Issues

**90467 Deleted from CPT**

**Global:** XXX

**Issue:** Immunization  
Administration

**Screen:** CMS Request - Practice  
Expense Review

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** R

**Specialty Developing  
Recommendation:** AAP

**First  
Identified:** NA

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.17

**2017 Work RVU:**

**2007 NF PE RVU:** 0.17

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.09

**2017 Fac PE RVU:**

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

**Global:** XXX

**Issue:** Immunization  
Administration

**Screen:** CMS Request - Practice  
Expense Review / CMS  
Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** R

**Specialty Developing  
Recommendation:** AAP

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:** 352,698

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.17

**2007 NF PE RVU:** 0.35

**2017 NF PE RVU:** 0.54

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

**Global:** ZZZ

**Issue:** Immunization  
Administration

**Screen:** CMS Request - Practice  
Expense Review

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** R

**Specialty Developing  
Recommendation:** AAP

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:** 27,147

**2007 Work RVU:** 0.15

**2017 Work RVU:** 0.15

**2007 NF PE RVU:** 0.13

**2017 NF PE RVU:** 0.20

**2007 Fac PE RVU** 0.11

**2017 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>90473</b>	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	<b>Global:</b> XXX	<b>Issue:</b> Immunization Administration	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> R	<b>Specialty Developing Recommendation:</b> AAP	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 14	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.18 <b>2007 Fac PE RVU:</b> 0.06 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.17 <b>2017 NF PE RVU:</b> 0.54 <b>2017 Fac PE RVU:</b> NA
<b>90474</b>	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Immunization Administration	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> R	<b>Specialty Developing Recommendation:</b> AAP	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.15 <b>2007 NF PE RVU:</b> 0.09 <b>2007 Fac PE RVU:</b> 0.05 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.15 <b>2017 NF PE RVU:</b> 0.20 <b>2017 Fac PE RVU:</b> NA
<b>90785</b>	Interactive complexity (List separately in addition to the code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Psychotherapy for Crisis and Interactive Complexity	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> APA, APA (HCPAC), NASW	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 294,192	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.33			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.33 <b>2017 NF PE RVU:</b> 0.05 <b>2017 Fac PE RVU:</b> 0.05

# Status Report: CMS Requests and Relativity Assessment Issues

## 90791 Psychiatric diagnostic evaluation

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2015  
Medicare  
Utilization: 886,613

2007 Work RVU:

2017 Work RVU: 3.00

2007 NF PE RVU:

2017 NF PE RVU: 0.57

2007 Fac PE RVU

2017 Fac PE RVU:0.45

RUC Recommendation: 3.00

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## 90792 Psychiatric diagnostic evaluation with medical services

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2015  
Medicare  
Utilization: 558,794

2007 Work RVU:

2017 Work RVU: 3.25

2007 NF PE RVU:

2017 NF PE RVU: 0.73

2007 Fac PE RVU

2017 Fac PE RVU:0.61

RUC Recommendation: 3.25

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## 90801 Psychiatric diagnostic interview examination

Global: 000 Issue: RAW review

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: January 2012

Tab 30

Specialty Developing  
Recommendation:

First  
Identified: September 2011

2015  
Medicare  
Utilization:

2007 Work RVU: 2.80

2017 Work RVU:

2007 NF PE RVU: 1.25

2017 NF PE RVU:

2007 Fac PE RVU 0.85

2017 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>90805</b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	<b>Global:</b> 000	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.37 <b>2007 NF PE RVU:</b> 0.53 <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>90806</b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	<b>Global:</b> 000	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.86 <b>2007 NF PE RVU:</b> 0.66 <b>2007 Fac PE RVU:</b> 0.53 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>90808</b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	<b>Global:</b> XXX	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.79 <b>2007 NF PE RVU:</b> 0.94 <b>2007 Fac PE RVU:</b> 0.8 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					

## Status Report: CMS Requests and Relativity Assessment Issues

**90818** Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; **Global:** XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 30 **Specialty Developing Recommendation:**

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.89

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.63

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**90832** Psychotherapy, 30 minutes with patient

**Global:** XXX **Issue:** Psychotherapy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2015 Medicare Utilization:** 2,231,938

**2007 Work RVU:**

**2017 Work RVU:** 1.50

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.24

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.22

**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT** February 2012

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

**90833** Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

**Global:** ZZZ **Issue:** Psychotherapy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2015 Medicare Utilization:** 1,292,890

**2007 Work RVU:**

**2017 Work RVU:** 1.50

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.29

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.27

**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT** February 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

**90834** Psychotherapy, 45 minutes with patient

**Global:** XXX **Issue:** Psychotherapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 26

**Specialty Developing  
Recommendation:** APA, APA  
(HCPAC),  
NASW

**First  
Identified:** April 2013

**2015  
Medicare  
Utilization:** 5,456,436

**2007 Work RVU:**

**2017 Work RVU:** 2.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.31

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.29

**RUC Recommendation:** 2.00

**Referred to CPT** February 2012

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

**Result:** Increase

**90836** Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

**Global:** ZZZ **Issue:** Psychotherapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 26

**Specialty Developing  
Recommendation:** APA, APA  
(HCPAC),  
NASW

**First  
Identified:** April 2013

**2015  
Medicare  
Utilization:** 583,525

**2007 Work RVU:**

**2017 Work RVU:** 1.90

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.37

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.35

**RUC Recommendation:** 1.90

**Referred to CPT** February 2012

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

**Result:** Increase

**90837** Psychotherapy, 60 minutes with patient

**Global:** XXX **Issue:** Psychotherapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 26

**Specialty Developing  
Recommendation:** APA, APA  
(HCPAC),  
NASW

**First  
Identified:** April 2013

**2015  
Medicare  
Utilization:** 4,588,252

**2007 Work RVU:**

**2017 Work RVU:** 3.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.46

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.44

**RUC Recommendation:** 3.00

**Referred to CPT** February 2012

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

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**90838** Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2015 Medicare Utilization:** 104,415

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Increase

**2017 Work RVU:** 2.50  
**2017 NF PE RVU:** 0.49  
**2017 Fac PE RVU:** 0.47

**RUC Recommendation:** 2.50

**Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**90839** Psychotherapy for crisis; first 60 minutes

**Global:** XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2015 Medicare Utilization:** 15,361

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Increase

**2017 Work RVU:** 3.13  
**2017 NF PE RVU:** 0.49  
**2017 Fac PE RVU:** 0.46

**RUC Recommendation:** 3.13

**Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**90840** Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

**Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2015 Medicare Utilization:** 4,664

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Increase

**2017 Work RVU:** 1.50  
**2017 NF PE RVU:** 0.23  
**2017 Fac PE RVU:** 0.22

**RUC Recommendation:** 1.50

**Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

## 90845 Psychoanalysis

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2011

Tab

Specialty Developing  
Recommendation:

First  
Identified: April 2013

2015  
Medicare  
Utilization: 5,169

2007 Work RVU: 1.79

2017 Work RVU: 2.10

2007 NF PE RVU: 0.53

2017 NF PE RVU: 0.38

2007 Fac PE RVU 0.49

2017 Fac PE RVU:0.37

Result: Increase

RUC Recommendation: 2.10

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 90846 Family psychotherapy (without the patient present), 50 minutes

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2015  
Medicare  
Utilization: 23,330

2007 Work RVU: 1.83

2017 Work RVU: 2.40

2007 NF PE RVU: 0.62

2017 NF PE RVU: 0.39

2007 Fac PE RVU 0.6

2017 Fac PE RVU:0.37

Result: Increase

RUC Recommendation: 2.40

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

## 90847 Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2015  
Medicare  
Utilization: 192,835

2007 Work RVU: 2.21

2017 Work RVU: 2.50

2007 NF PE RVU: 0.8

2017 NF PE RVU: 0.40

2007 Fac PE RVU 0.69

2017 Fac PE RVU:0.38

Result: Increase

RUC Recommendation: 2.50

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

## 90853 Group psychotherapy (other than of a multiple-family group)

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2015  
Medicare  
Utilization: 990,757

2007 Work RVU: 0.59

2017 Work RVU: 0.59

2007 NF PE RVU: 0.26

2017 NF PE RVU: 0.11

2007 Fac PE RVU 0.22

2017 Fac PE RVU:0.10

Result: Maintain

RUC Recommendation: 0.59

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:



## Status Report: CMS Requests and Relativity Assessment Issues

**90862** Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

**Global:** XXX **Issue:** RAW review

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 30 **Specialty Developing Recommendation:**

**First Identified:** September 2011

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.95

**2017 Work RVU:**

**2007 NF PE RVU:** 0.46

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.31

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**90863** Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)

**Global:** XXX

**Issue:** Pharmacologic Management with Psychotherapy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC)

**First Identified:** April 2013

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.00

**Result:** Increase

**RUC Recommendation:** 0.48

**Referred to CPT** February 2012

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

**90870** Electroconvulsive therapy (includes necessary monitoring)

**Global:** 000

**Issue:** Electroconvulsive Therapy

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 41 **Specialty Developing Recommendation:** APA

**First Identified:** October 2009

**2015 Medicare Utilization:** 140,124

**2007 Work RVU:** 1.88

**2017 Work RVU:** 2.50

**2007 NF PE RVU:** 1.93

**2017 NF PE RVU:** 2.38

**2007 Fac PE RVU** 0.54

**2017 Fac PE RVU:**0.52

**Result:** Increase

**RUC Recommendation:** 2.50

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>90935</b>	<b>Hemodialysis procedure with single evaluation by a physician or other qualified health care professional</b>	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** October 2009

**Tab 30 Specialty Developing Recommendation:** RPA

**First Identified:** October 2008

**2015 Medicare Utilization:** 1,165,203

**2007 Work RVU:** 1.22  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 0.64  
**Result:** Increase

**2017 Work RVU:** 1.48  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**0.48

**RUC Recommendation:** 1.48

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

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<b>90937</b>	<b>Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription</b>	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** October 2009

**Tab 30 Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2015 Medicare Utilization:** 59,798

**2007 Work RVU:** 2.11  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 0.93  
**Result:** Maintain

**2017 Work RVU:** 2.11  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**0.71

**RUC Recommendation:** 2.11

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

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<b>90945</b>	<b>Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional</b>	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** October 2009

**Tab 30 Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2015 Medicare Utilization:** 147,228

**2007 Work RVU:** 1.28  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 0.66  
**Result:** Increase

**2017 Work RVU:** 1.56  
**2017 NF PE RVU:** NA  
**2017 Fac PE RVU:**0.77

**RUC Recommendation:** 1.56

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

## Status Report: CMS Requests and Relativity Assessment Issues

**90947** Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription **Global:** 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2015 Medicare Utilization:** 14,111

**2007 Work RVU:** 2.16

**2017 Work RVU:** 2.52

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 0.94

**2017 Fac PE RVU:**0.83

**Result:** Increase

**RUC Recommendation:** 2.52

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**90951** End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2015 Medicare Utilization:** 56

**2007 Work RVU:**

**2017 Work RVU:** 18.46

**2007 NF PE RVU:**

**2017 NF PE RVU:** 7.01

**2007 Fac PE RVU**

**2017 Fac PE RVU:**7.01

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**90952** End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2015 Medicare Utilization:** 16

**2007 Work RVU:**

**2017 Work RVU:** 0.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.00

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**90953** End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 3

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2017 Work RVU:** 0.00  
**2017 NF PE RVU:** 0.00  
**2017 Fac PE RVU:** 0.00

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**90954** End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 653

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2017 Work RVU:** 15.98  
**2017 NF PE RVU:** 6.05  
**2017 Fac PE RVU:** 6.05

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**90955** End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 144

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2017 Work RVU:** 8.79  
**2017 NF PE RVU:** 3.59  
**2017 Fac PE RVU:** 3.59

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

## Status Report: CMS Requests and Relativity Assessment Issues

**90956** End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 181

**2007 Work RVU:**

**2017 Work RVU:** 5.95

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.66

**2007 Fac PE RVU**

**2017 Fac PE RVU:**2.66

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

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

**90957** End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 2,363

**2007 Work RVU:**

**2017 Work RVU:** 12.52

**2007 NF PE RVU:**

**2017 NF PE RVU:** 4.91

**2007 Fac PE RVU**

**2017 Fac PE RVU:**4.91

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

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

**90958** End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 715

**2007 Work RVU:**

**2017 Work RVU:** 8.34

**2007 NF PE RVU:**

**2017 NF PE RVU:** 3.47

**2007 Fac PE RVU**

**2017 Fac PE RVU:**3.47

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**90959** End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 516

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2017 Work RVU:** 5.50  
**2017 NF PE RVU:** 2.54  
**2017 Fac PE RVU:** 2.54

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**90960** End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 2,230,129

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2017 Work RVU:** 5.18  
**2017 NF PE RVU:** 2.52  
**2017 Fac PE RVU:** 2.52

**RUC Recommendation:** RUC Recommended revised physician and clinical staff time

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

**90961** End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 709,178

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2017 Work RVU:** 4.26  
**2017 NF PE RVU:** 2.21  
**2017 Fac PE RVU:** 2.21

**RUC Recommendation:** RUC Recommended revised physician and clinical staff time

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

## Status Report: CMS Requests and Relativity Assessment Issues

90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2015 Medicare Utilization: 203,321	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2017 Work RVU: 3.15 2017 NF PE RVU: 1.85 2017 Fac PE RVU:1.85
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2015 Medicare Utilization: 239	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2017 Work RVU: 10.56 2017 NF PE RVU: 4.19 2017 Fac PE RVU:4.19
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2015 Medicare Utilization: 937	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2017 Work RVU: 9.14 2017 NF PE RVU: 3.75 2017 Fac PE RVU:3.75
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

# Status Report: CMS Requests and Relativity Assessment Issues

**90965** End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab** 29 **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 1,610

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2017 Work RVU:** 8.69  
**2017 NF PE RVU:** 3.59  
**2017 Fac PE RVU:** 3.59

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**90966** End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab** 29 **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015**  
**Medicare**  
**Utilization:** 322,201

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2017 Work RVU:** 4.26  
**2017 NF PE RVU:** 2.20  
**2017 Fac PE RVU:** 2.20

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**91038** Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) **Global:** 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2010

**Tab** 23 **Specialty Developing** AGA, ASGE  
**Recommendation:**

**First**  
**Identified:** February 2010

**2015**  
**Medicare**  
**Utilization:** 3,692

**2007 Work RVU:** 1.10  
**2007 NF PE RVU:** 2.36  
**2007 Fac PE RVU** 2.36  
**Result:** PE Only

**2017 Work RVU:** 1.10  
**2017 NF PE RVU:** 11.48  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

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



# Status Report: CMS Requests and Relativity Assessment Issues

<b>91110</b>	<b>Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Gastrointestinal Tract Imaging	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 44</b>	<b>Specialty Developing Recommendation:</b> ACG, AGA, ASGE	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 50,162	<b>2007 Work RVU:</b> 3.64 <b>2007 NF PE RVU:</b> 21.77 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.49			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 2.49 <b>2017 NF PE RVU:</b> 23.55 <b>2017 Fac PE RVU:</b> NA

<b>91111</b>	<b>Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Gastrointestinal Tract Imaging	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 44</b>	<b>Specialty Developing Recommendation:</b> ACG, AGA, ASGE	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 191	<b>2007 Work RVU:</b> 1.00 <b>2007 NF PE RVU:</b> 18.65 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.00 <b>2017 NF PE RVU:</b> 19.99 <b>2017 Fac PE RVU:</b> NA

<b>91132</b>	<b>Electrogastrography, diagnostic, transcutaneous;</b>	<b>Global:</b> XXX	<b>Issue:</b> Electrogastrography	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 24</b>	<b>Specialty Developing Recommendation:</b> AGA, ACG, ASGE	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 118	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.52 <b>2017 NF PE RVU:</b> 3.61 <b>2017 Fac PE RVU:</b> NA

<b>91133</b>	<b>Electrogastrography, diagnostic, transcutaneous; with provocative testing</b>	<b>Global:</b> XXX	<b>Issue:</b> Electrogastrography	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 24</b>	<b>Specialty Developing Recommendation:</b> AGA, ACG, ASGE	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 72	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.66 <b>2017 NF PE RVU:</b> 4.15 <b>2017 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92081</b>	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 42 <b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 102,308	<b>2007 Work RVU:</b> 0.36 <b>2007 NF PE RVU:</b> 0.95 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.30 <b>2017 NF PE RVU:</b> 0.64 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.30	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>92082</b>	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 42 <b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 151,087	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 1.26 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.40 <b>2017 NF PE RVU:</b> 0.95 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>92083</b>	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 46 <b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 2,823,687	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 1.46 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.50 <b>2017 NF PE RVU:</b> 1.30 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92100</b>	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	<b>Global:</b> XXX	<b>Issue:</b> Serial Tonometry	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 36,539	<b>2007 Work RVU:</b> 0.92 <b>2007 NF PE RVU:</b> 1.33 <b>2007 Fac PE RVU:</b> 0.35 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.61			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.61 <b>2017 NF PE RVU:</b> 1.63 <b>2017 Fac PE RVU:</b> 0.34
<b>92133</b>	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	<b>Global:</b> XXX	<b>Issue:</b> Computerized Scanning Ophthalmology Diagnostic Imaging	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> AAO, AOA (eye)	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 2,428,097	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.40 <b>2017 NF PE RVU:</b> 0.64 <b>2017 Fac PE RVU:</b> NA
<b>92134</b>	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	<b>Global:</b> XXX	<b>Issue:</b> Computerized Scanning Ophthalmology Diagnostic Imaging	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> AAO, AOA (eye)	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 5,827,886	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.45 <b>2017 NF PE RVU:</b> 0.69 <b>2017 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

**92135 Deleted from CPT** **Global:** XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2015 Medicare Utilization:** **2007 Work RVU:** 0.35 **2017 Work RVU:** **2007 NF PE RVU:** 0.79 **2017 NF PE RVU:** **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation** **Global:** XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2015 Medicare Utilization:** 1,517,679 **2007 Work RVU:** 0.54 **2017 Work RVU:** 0.54 **2007 NF PE RVU:** 1.6 **2017 NF PE RVU:** 1.98 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92140 Provocative tests for glaucoma, with interpretation and report, without tonography** **Global:** XXX **Issue:** Glaucoma Provocative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2015 Medicare Utilization:** 44,516 **2007 Work RVU:** 0.50 **2017 Work RVU:** **2007 NF PE RVU:** 0.97 **2017 NF PE RVU:** **2007 Fac PE RVU:** 0.2 **2017 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**92235** Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** April 2011

**2015 Medicare Utilization:** 1,224,709

**2007 Work RVU:** 0.81

**2017 Work RVU:** 0.75

**2007 NF PE RVU:** 2.54

**2017 NF PE RVU:** 1.65

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.75

**Referred to CPT** October 2015

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

**Result:** Decrease

**92240** Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral

**Global:** XXX **Issue:** Ophthalmoscopic Angiography

**Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:**

**Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** January 2015

**2015 Medicare Utilization:** 89,683

**2007 Work RVU:** 1.10

**2017 Work RVU:** 0.80

**2007 NF PE RVU:** 5.7

**2017 NF PE RVU:** 5.04

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.80

**Referred to CPT** October 2015

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

**Result:** Decrease

**92242** Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

**Global:** XXX **Issue:** Ophthalmoscopic Angiography

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** October 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.95

**2007 NF PE RVU:**

**2017 NF PE RVU:** 5.42

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.95

**Referred to CPT** October 2015

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

## 92250 Fundus photography with interpretation and report

Global: XXX

Issue: Fundus Photography

Screen: MPC List / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 45

Specialty Developing  
Recommendation:

AAO, ASRS,  
AOA  
(optometry)

First  
Identified: October 2010

2015  
Medicare  
Utilization: 2,934,335

2007 Work RVU: 0.44

2017 Work RVU: 0.40

2007 NF PE RVU: 1.48

2017 NF PE RVU: 1.44

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.40

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 92270 Electro-oculography with interpretation and report

Global: XXX

Issue: Electro-oculography

Screen: High Volume Growth1 /  
High Volume Growth 3

Complete? No

Most Recent  
RUC Meeting: October 2015

Tab 21

Specialty Developing  
Recommendation:

AAO-HNS

First  
Identified: February 2008

2015  
Medicare  
Utilization: 4,333

2007 Work RVU: 0.81

2017 Work RVU: 0.81

2007 NF PE RVU: 1.5

2017 NF PE RVU: 1.75

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result:

RUC Recommendation: Review utilization (September 2017). Refer to CPT.  
CPT Assistant article published.

Referred to CPT February 2014

Referred to CPT Asst ☒

Published in CPT Asst: Aug 2008 and Q&A Jun 2009

## 92275 Electoretinography with interpretation and report

Global: XXX

Issue: Electoretinography

Screen: CMS High Expenditure  
Procedural Codes2

Complete? No

Most Recent  
RUC Meeting: January 2016

Tab 46

Specialty Developing  
Recommendation:

AAO, ASRS,  
AOA  
(optometry)

First  
Identified: July 2015

2015  
Medicare  
Utilization: 95,358

2007 Work RVU: 1.01

2017 Work RVU: 1.01

2007 NF PE RVU: 2.08

2017 NF PE RVU: 3.16

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result:

RUC Recommendation: Refer to CPT

Referred to CPT February 2017

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92285</b>	<b>External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)</b>	<b>Global:</b> XXX	<b>Issue:</b> Ocular Photography	<b>Screen:</b> CMS Fastest Growing, Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAO, AOA	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 349,324	<b>2007 Work RVU:</b> 0.20 <b>2007 NF PE RVU:</b> 0.95 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.05 and new PE inputs			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.05 <b>2017 NF PE RVU:</b> 0.52 <b>2017 Fac PE RVU:</b> NA
<hr/>					
<b>92286</b>	<b>Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis</b>	<b>Global:</b> XXX	<b>Issue:</b> Anterior Segment Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 127,507	<b>2007 Work RVU:</b> 0.66 <b>2007 NF PE RVU:</b> 2.83 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.40 <b>2017 NF PE RVU:</b> 0.67 <b>2017 Fac PE RVU:</b> NA
<hr/>					
<b>92287</b>	<b>Anterior segment imaging with interpretation and report; with fluorescein angiography</b>	<b>Global:</b> XXX	<b>Issue:</b> Anterior Segment Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 4,558	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 2.28 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> CPT Assistant article published			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2013	<b>2017 Work RVU:</b> 0.81 <b>2017 NF PE RVU:</b> 3.05 <b>2017 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92504</b>	<b>Binocular microscopy (separate diagnostic procedure)</b>		<b>Global:</b> XXX	<b>Issue:</b> Binocular Microscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 43	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 218,535	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.51 <b>2007 Fac PE RVU:</b> 0.08 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.18 <b>2017 NF PE RVU:</b> 0.65 <b>2017 Fac PE RVU:</b> 0.08
<b>RUC Recommendation:</b> 0.18			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>92506</b>	<b>Evaluation of speech, language, voice, communication, and/or auditory processing</b>		<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.86 <b>2007 NF PE RVU:</b> 2.76 <b>2007 Fac PE RVU:</b> 0.36 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT.			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>92507</b>	<b>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</b>		<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request / High Volume Growth 3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 185,900	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 1.13 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.30 <b>2017 NF PE RVU:</b> 0.88 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>92508</b>	<b>Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 28</b> <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 2,469	<b>2007 Work RVU:</b> 0.26 <b>2007 NF PE RVU:</b> 0.51 <b>2007 Fac PE RVU</b> 0.11 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.33 <b>2017 NF PE RVU:</b> 0.31 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.43 work RVU and clinical staff time removed		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>92521</b>	<b>Evaluation of speech fluency (eg, stuttering, cluttering)</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Evaluation	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 32</b> <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 144	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.75 <b>2017 NF PE RVU:</b> 1.31 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.75		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>92522</b>	<b>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Evaluation	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 32</b> <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 2,451	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.50 <b>2017 NF PE RVU:</b> 1.03 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**92523** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) **Global:** XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2015 Medicare Utilization:** 8,525 **2007 Work RVU:** **2017 Work RVU:** 3.00 **2007 NF PE RVU:** **2017 NF PE RVU:** 2.43 **2007 Fac PE RVU** **2017 Fac PE RVU:** NA **RUC Recommendation:** 3.36 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**92524** Behavioral and qualitative analysis of voice and resonance **Global:** XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2015 Medicare Utilization:** 11,515 **2007 Work RVU:** **2017 Work RVU:** 1.50 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.94 **2007 Fac PE RVU** **2017 Fac PE RVU:** NA **RUC Recommendation:** 1.75 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**92526** Treatment of swallowing dysfunction and/or oral function for feeding **Global:** XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

**Most Recent RUC Meeting:** October 2013 **Tab** 35 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2015 Medicare Utilization:** 58,462 **2007 Work RVU:** 0.55 **2017 Work RVU:** 1.34 **2007 NF PE RVU:** 1.65 **2017 NF PE RVU:** 1.04 **2007 Fac PE RVU** 0.19 **2017 Fac PE RVU:** NA **RUC Recommendation:** Review utilization **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**92537** Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations) **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 18

**Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.60

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.51

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.80

**Referred to CPT** October 2014

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

**Result:** Increase

**92538** Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations) **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 18

**Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA

**First Identified:** October 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.30

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.26

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.55

**Referred to CPT** October 2014

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

**Result:** Increase

**92540** Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 24

**Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

**First Identified:**

**2015 Medicare Utilization:** 88,780

**2007 Work RVU:**

**2017 Work RVU:** 1.50

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.33

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 1.50

**Referred to CPT**

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**92541** Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 24

**Specialty Developing Recommendation:**

AAN, ASHA, AAO-HNS, AAA

**First Identified:** February 2008

**2015 Medicare Utilization:** 15,143

**2007 Work RVU:** 0.40

**2017 Work RVU:** 0.40

**2007 NF PE RVU:** 1.05

**2017 NF PE RVU:** 0.28

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.40

**Referred to CPT** February 2009

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

**92542** Positional nystagmus test, minimum of 4 positions, with recording

**Global:** XXX **Issue:** EOG VNG

**Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 24

**Specialty Developing Recommendation:**

AAN, ASHA, AAO-HNS, AAA

**First Identified:** February 2008

**2015 Medicare Utilization:** 31,204

**2007 Work RVU:** 0.33

**2017 Work RVU:** 0.48

**2007 NF PE RVU:** 1.16

**2017 NF PE RVU:** 0.28

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.48

**Referred to CPT** February 2009

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

**92543** Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording

**Global:** XXX **Issue:** Vestibular Caloric Irrigation

**Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 18

**Specialty Developing Recommendation:**

AAA, AAN, AAO-HNS, ASHA

**First Identified:** February 2008

**2015 Medicare Utilization:** 310,532

**2007 Work RVU:** 0.10

**2017 Work RVU:**

**2007 NF PE RVU:** 0.59

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

**92544** Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording      **Global:** XXX      **Issue:** EOG VNG      **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 24

**Specialty Developing Recommendation:**

AAN, ASHA, AAO-HNS, AAA

**First Identified:** February 2008

**2015 Medicare Utilization:** 3,669

**2007 Work RVU:** 0.26

**2017 Work RVU:** 0.27

**2007 NF PE RVU:** 0.93

**2017 NF PE RVU:** 0.19

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.27

**Referred to CPT** February 2009

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

**92545** Oscillating tracking test, with recording

**Global:** XXX      **Issue:** EOG VNG

**Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 24

**Specialty Developing Recommendation:**

AAN, ASHA, AAO-HNS, AAA

**First Identified:** February 2008

**2015 Medicare Utilization:** 5,786

**2007 Work RVU:** 0.23

**2017 Work RVU:** 0.25

**2007 NF PE RVU:** 0.85

**2017 NF PE RVU:** 0.16

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.25

**Referred to CPT** February 2009

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

**92546** Sinusoidal vertical axis rotational testing

**Global:** XXX      **Issue:** EOG VNG

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 24

**Specialty Developing Recommendation:**

**First Identified:** February 2014

**2015 Medicare Utilization:** 49,143

**2007 Work RVU:** 0.29

**2017 Work RVU:** 0.29

**2007 NF PE RVU:** 1.94

**2017 NF PE RVU:** 2.58

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** Editorial change only

**Referred to CPT** February 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92547</b>	<b>Use of vertical electrodes (List separately in addition to code for primary procedure)</b>			<b>Global:</b> ZZZ	<b>Issue:</b> EOG VNG	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> February 2014	<b>2015 Medicare Utilization:</b> 33,978	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.09 <b>2007 Fac PE RVU:</b> 0.09 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.17 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Editorial change only				<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92548</b>	<b>Computerized dynamic posturography</b>			<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> February 2014	<b>2015 Medicare Utilization:</b> 36,631	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 2.1 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.50 <b>2017 NF PE RVU:</b> 2.28 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Editorial change only				<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92550</b>	<b>Tympanometry and reflex threshold measurements</b>			<b>Global:</b> XXX	<b>Issue:</b> Bundled Audiology Tests	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	ASHA, AAO-HNS, AAA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 264,245	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.35 <b>2017 NF PE RVU:</b> 0.23 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.35				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92557</b>	<b>Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)</b>			<b>Global:</b> XXX	<b>Issue:</b> Bundled Audiology Tests	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	ASHA, AAO-HNS, AAN	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 1,149,597	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.21 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.60 <b>2017 NF PE RVU:</b> 0.44 <b>2017 Fac PE RVU:</b> 0.30
<b>RUC Recommendation:</b> 0.60 work RVU and clinical staff time removed				<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**92558** Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 35 **Specialty Developing Recommendation:** ASHA

**First Identified:** February 2011

**2015 Medicare Utilization:** 2

**2007 Work RVU:**

**2017 Work RVU:** 0.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.00

**Result:** Increase

**RUC Recommendation:** 0.17

**Referred to CPT** February 2011

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

**92567** Tympanometry (impedance testing)

**Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN

**First Identified:** February 2008

**2015 Medicare Utilization:** 772,249

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.20

**2007 NF PE RVU:** 0.51

**2017 NF PE RVU:** 0.20

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.10

**Result:** Decrease

**RUC Recommendation:** 0.20 work RVU and clinical staff time removed

**Referred to CPT** February 2009

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

**92568** Acoustic reflex testing, threshold

**Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN

**First Identified:** February 2008

**2015 Medicare Utilization:** 8,899

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.29

**2007 NF PE RVU:** 0.32

**2017 NF PE RVU:** 0.14

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.13

**Result:** Decrease

**RUC Recommendation:** 0.29 work RVU and clinical staff time removed

**Referred to CPT** February 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**92569** Deleted from CPT

**Global:** XXX

**Issue:** Bundled Audiology Tests

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab** 22

**Specialty Developing  
Recommendation:**

ASHA, AAO-  
HNS, AAN

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0.35

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**92570** Acoustic immittance testing, includes tympanometry (impedance testing),  
acoustic reflex threshold testing, and acoustic reflex decay testing

**Global:** XXX

**Issue:** Bundled Audiology Tests

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing  
Recommendation:**

ASHA, AAO-  
HNS, AAA

**First  
Identified:**

**2015  
Medicare  
Utilization:** 50,326

**2007 Work RVU:**

**2017 Work RVU:** 0.55

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.33

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.27

**Result:** Decrease

**RUC Recommendation:** 0.55

**Referred to CPT**

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

**92587** Distortion product evoked otoacoustic emissions; limited evaluation (to  
confirm the presence or absence of hearing disorder, 3-6 frequencies) or  
transient evoked otoacoustic emissions, with interpretation and report

**Global:** XXX

**Issue:** Otoacoustic Emissions  
Measurement

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2011

**Tab** 35

**Specialty Developing  
Recommendation:**

ASHA

**First  
Identified:** October 2008

**2015  
Medicare  
Utilization:** 81,636

**2007 Work RVU:** 0.13

**2017 Work RVU:** 0.35

**2007 NF PE RVU:** 1.19

**2017 NF PE RVU:** 0.24

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.45

**Referred to CPT** October 2010

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



## Status Report: CMS Requests and Relativity Assessment Issues

<b>92588</b>	<b>Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Otoacoustic Emissions Measurement	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 99,720	<b>2007 Work RVU:</b> 0.36 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 0.55 <b>2017 NF PE RVU:</b> 0.36 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.60		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>92597</b>	<b>Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services (RUC)	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 2,771	<b>2007 Work RVU:</b> 0.86 <b>2007 NF PE RVU:</b> 1.69 <b>2007 Fac PE RVU</b> 0.4 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.26 <b>2017 NF PE RVU:</b> 0.72 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.48 work RVU and clinical staff time removed		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>92605</b>	<b>Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</b>	<b>Global:</b> XXX	<b>Issue:</b> Eval of Rx for Non-Speech Generating Device	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU</b> 0 <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.75 <b>2017 NF PE RVU:</b> 0.79 <b>2017 Fac PE RVU:</b> 0.67
<b>RUC Recommendation:</b> 1.75		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92606</b>	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 28</b> <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU</b> 0 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.40 <b>2017 NF PE RVU:</b> 0.87 <b>2017 Fac PE RVU:</b> 0.54
<b>RUC Recommendation:</b> 1.40 work RVU and clinical staff time removed	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>92607</b>	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 28</b> <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 442	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.38 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.85 <b>2017 NF PE RVU:</b> 1.68 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.85 work RVU and clinical staff time removed	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>92608</b>	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 28</b> <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 120	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.63 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.70 <b>2017 NF PE RVU:</b> 0.77 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70 work RVU and clinical staff time removed	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

**92609** Therapeutic services for the use of speech-generating device, including programming and modification **Global:** XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent** **Tab** 28 **Specialty Developing** ASHA  
**RUC Meeting:** February 2010 **Recommendation:**

**First Identified:** **2015 Medicare Utilization:** 10,413

**2007 Work RVU:** 0.00 **2017 Work RVU:** 1.50  
**2007 NF PE RVU:** 1.77 **2017 NF PE RVU:** 1.57  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Decrease

**RUC Recommendation:** 1.50 work RVU and clinical staff time removed

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

**92610** Evaluation of oral and pharyngeal swallowing function

**Global:** XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

**Most Recent** **Tab** 35 **Specialty Developing** ASHA, AAO-HNS  
**RUC Meeting:** October 2013 **Recommendation:**

**First Identified:** NA **2015 Medicare Utilization:** 12,136

**2007 Work RVU:** 0.00 **2017 Work RVU:** 1.30  
**2007 NF PE RVU:** 2.98 **2017 NF PE RVU:** 1.07  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**0.71  
**Result:** Decrease

**RUC Recommendation:** Review utilization

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

**92611** Motion fluoroscopic evaluation of swallowing function by cine or video recording

**Global:** XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent** **Tab** 39 **Specialty Developing** ASHA  
**RUC Meeting:** April 2009 **Recommendation:**

**First Identified:** NA **2015 Medicare Utilization:** 7,090

**2007 Work RVU:** 0.00 **2017 Work RVU:** 1.34  
**2007 NF PE RVU:** 3.04 **2017 NF PE RVU:** 1.04  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Decrease

**RUC Recommendation:** 1.34 work RVU and clinical staff time removed

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

## Status Report: CMS Requests and Relativity Assessment Issues

**92618** Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 35 **Specialty Developing Recommendation:** ASHA

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.65

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.27

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.25

**RUC Recommendation:** 0.65

**Referred to CPT** February 2011

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

**Result:** Increase

**92620** Evaluation of central auditory function, with report; initial 60 minutes

**Global:** XXX

**Issue:** Audiology Services

**Screen:** CMS Request - Audiology Services

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

**First Identified:** NA

**2015 Medicare Utilization:** 1,997

**2007 Work RVU:** 0.00

**2017 Work RVU:** 1.50

**2007 NF PE RVU:** 1.32

**2017 NF PE RVU:** 1.12

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.79

**RUC Recommendation:** 1.50

**Referred to CPT**

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

**Result:** Decrease

**92621** Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Audiology Services

**Screen:** CMS Request - Audiology Services

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

**First Identified:** NA

**2015 Medicare Utilization:** 44

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.35

**2007 NF PE RVU:** 0.29

**2017 NF PE RVU:** 0.27

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.18

**RUC Recommendation:** 0.35

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**92625**   **Assessment of tinnitus (includes pitch, loudness matching, and masking)**   **Global:** XXX   **Issue:** Audiology Services   **Screen:** CMS Request - Audiology Services   **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab** 17

**Specialty Developing**   ASHA, AAO-  
**Recommendation:**   HNS

**First**  
**Identified:** NA

**2015**  
**Medicare**  
**Utilization:** 6,711

**2007 Work RVU:** 0.00

**2017 Work RVU:** 1.15

**2007 NF PE RVU:** 1.3

**2017 NF PE RVU:** 0.80

**2007 Fac PE RVU** 1.3

**2017 Fac PE RVU:**0.58

**Result:** Decrease

**RUC Recommendation:** 1.15

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**92626**   **Evaluation of auditory rehabilitation status; first hour**

**Global:** XXX

**Issue:** Audiology Services

**Screen:** CMS Request -  
Audiology Services /  
High Volume Growth2

**Complete?** No

**Most Recent**  
**RUC Meeting:** October 2013

**Tab** 35

**Specialty Developing**   ASHA, AAO-  
**Recommendation:**   HNS

**First**  
**Identified:** NA

**2015**  
**Medicare**  
**Utilization:** 22,294

**2007 Work RVU:** 0.00

**2017 Work RVU:** 1.40

**2007 NF PE RVU:** 2.11

**2017 NF PE RVU:** 1.10

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.72

**Result:** Decrease

**RUC Recommendation:** Develop CPT Assistant article. Review October 2017

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** July 2014

**92627**   **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)**

**Global:** ZZZ

**Issue:** Audiology Services

**Screen:** CMS Request -  
Audiology Services

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab** 17

**Specialty Developing**   ASHA, AAO-  
**Recommendation:**   HNS

**First**  
**Identified:** NA

**2015**  
**Medicare**  
**Utilization:** 6,422

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.33

**2007 NF PE RVU:** 0.52

**2017 NF PE RVU:** 0.29

**2007 Fac PE RVU** 0.52

**2017 Fac PE RVU:**0.17

**Result:** Decrease

**RUC Recommendation:** 0.33

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92640</b>	Diagnostic analysis with programming of auditory brainstem implant, per hour	<b>Global:</b> XXX	<b>Issue:</b> Audiology Services	<b>Screen:</b> CMS Request - Audiology Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ASHA, AAO-HNS	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 10	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.4 <b>2007 Fac PE RVU:</b> 1.4 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.76			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.76 <b>2017 NF PE RVU:</b> 1.33 <b>2017 Fac PE RVU:</b> 0.89
<b>92920</b>	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 25,148	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 9.85 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.40
<b>92921</b>	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> 0.00
<b>92924</b>	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 1,635	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 11.00			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 11.74 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.05

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92925</b>	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 5.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>92928</b>	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 237,956	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 10.96 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 3.77
<b>RUC Recommendation:</b> 10.49		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>92929</b>	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 2	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 4.44		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**92933** Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch  
**Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:** 10,692 **2007 Work RVU:** **2017 Work RVU:** 12.29  
**2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**2007 Fac PE RVU Result:** Decrease **2017 Fac PE RVU:** 4.23  
**RUC Recommendation:** 12.32 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92934** Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)  
**Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 0.00  
**2007 NF PE RVU:** **2017 NF PE RVU:** 0.00  
**2007 Fac PE RVU Result:** Decrease **2017 Fac PE RVU:** 0.00  
**RUC Recommendation:** 5.50 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92937** Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel  
**Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:** 20,766 **2007 Work RVU:** **2017 Work RVU:** 10.95  
**2007 NF PE RVU:** **2017 NF PE RVU:** NA  
**2007 Fac PE RVU Result:** Decrease **2017 Fac PE RVU:** 3.77  
**RUC Recommendation:** 10.49 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

<b>92938</b>	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>92941</b>	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 48,487	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 12.31 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.24
<b>RUC Recommendation:</b> 12.32		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>92943</b>	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 7,705	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 12.31 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 4.24
<b>RUC Recommendation:</b> 12.32		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

**92944** Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC **First Identified:** October 2010 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 0.00  
**RUC Meeting:** January 2012 **Recommendation:** **Referred to CPT** October 2011 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.00  
**RUC Recommendation:** 6.00 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 Fac PE RVU** **2017 Fac PE RVU:** 0.00  
**Result:** Decrease

**92960** Cardioversion, elective, electrical conversion of arrhythmia; external **Global:** 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent** **Tab** 19 **Specialty Developing** ACC **First Identified:** October 2009 **2015 Medicare Utilization:** 165,029 **2007 Work RVU:** 2.25 **2017 Work RVU:** 2.00  
**RUC Meeting:** October 2010 **Recommendation:** **Referred to CPT** **2007 NF PE RVU:** 5.83 **2017 NF PE RVU:** 2.35  
**RUC Recommendation:** 2.25 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 Fac PE RVU** 1.25 **2017 Fac PE RVU:** 1.00  
**Result:** Maintain

**92973** Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

**Most Recent** **Tab** 35 **Specialty Developing** **First Identified:** April 2013 **2015 Medicare Utilization:** 3,087 **2007 Work RVU:** 3.28 **2017 Work RVU:** 3.28  
**RUC Meeting:** October 2013 **Recommendation:** **Referred to CPT** **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA  
**RUC Recommendation:** Review utilization **Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 Fac PE RVU** 1.42 **2017 Fac PE RVU:** 1.13  
**Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

**92980** Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First Identified:** October 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 14.82

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 6.65

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**Result:** Deleted from CPT

**92981** Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Percutaneous Coronary Intervention

**Screen:** MPC List

**Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First Identified:** October 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 4.16

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 1.8

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**Result:** Deleted from CPT

**92982** Percutaneous transluminal coronary balloon angioplasty; single vessel

**Global:** 000

**Issue:** Percutaneous Coronary Intervention

**Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First Identified:** October 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 10.96

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 4.97

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**92984** Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First Identified:** October 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 2.97

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.28

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**92986** Percutaneous balloon valvuloplasty; aortic valve

**Global:** 090

**Issue:** Valvuloplasty

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** ACC  
**RUC Meeting:** October 2008 **Recommendation:**

**First Identified:** October 2008

**2015 Medicare Utilization:** 3,589

**2007 Work RVU:** 22.70

**2017 Work RVU:** 22.60

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 12.84

**2017 Fac PE RVU:** 10.60

**Result:** Remove from Screen

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**92995** Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel

**Global:** 000

**Issue:** Percutaneous Coronary Intervention

**Screen:** MPC List

**Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First Identified:** October 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 12.07

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 5.45

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**92996** Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Percutaneous Coronary Intervention

**Screen:** MPC List

**Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First Identified:** October 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 3.26

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 1.41

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93000** Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report **Global:** XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 20

**Specialty Developing Recommendation:** AAFP, ACC, ACP

**First Identified:** September 2011

**2015 Medicare Utilization:** 11,442,894

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.17

**2007 NF PE RVU:** 0.47

**2017 NF PE RVU:** 0.29

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93005** Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report

**Global:** XXX

**Issue:** Electrocardiogram

**Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 20

**Specialty Developing Recommendation:** AAFP, ACC, ACP

**First Identified:** February 2008

**2015 Medicare Utilization:** 434,188

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.41

**2017 NF PE RVU:** 0.23

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** 0.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93010** Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

**Global:** XXX

**Issue:** Electrocardiogram

**Screen:** MPC List / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 20

**Specialty Developing Recommendation:** AAFP, ACC, ACP

**First Identified:** October 2010

**2015 Medicare Utilization:** 18,924,205

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.17

**2007 NF PE RVU:** 0.06

**2017 NF PE RVU:** 0.06

**2007 Fac PE RVU** 0.06

**2017 Fac PE RVU:**0.06

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93012 Deleted from CPT**

**Global:** XXX

**Issue:** External Cardiovascular Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 5.55

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93014 Deleted from CPT**

**Global:** XXX

**Issue:** External Cardiovascular Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.52

**2017 Work RVU:**

**2007 NF PE RVU:** 0.2

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.2

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

**Global:** XXX

**Issue:** Cardiovascular Stress Tests

**Screen:** Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 47

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2010

**2015 Medicare Utilization:** 1,082,643

**2007 Work RVU:** 0.75

**2017 Work RVU:** 0.75

**2007 NF PE RVU:** 1.95

**2017 NF PE RVU:** 1.37

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.75. CPT Assistant published.

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2010

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93016</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 47 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 1,130,936	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.19 <b>2007 Fac PE RVU:</b> 0.19 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.45 <b>2017 NF PE RVU:</b> 0.16 <b>2017 Fac PE RVU:</b> 0.16
<b>RUC Recommendation:</b> 0.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93017</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests	<b>Screen:</b> High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 93,622	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.64 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 1.10 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93018</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests and Echocardiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 47 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 1,309,978	<b>2007 Work RVU:</b> 0.30 <b>2007 NF PE RVU:</b> 0.12 <b>2007 Fac PE RVU:</b> 0.12 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.30 <b>2017 NF PE RVU:</b> 0.11 <b>2017 Fac PE RVU:</b> 0.11
<b>RUC Recommendation:</b> 0.30		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2010		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93025</b>	<b>Microvolt T-wave alternans for assessment of ventricular arrhythmias</b>	<b>Global:</b> XXX	<b>Issue:</b> Microvolt T-Wave Assessment	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 740	<b>2007 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 6.67 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.75 <b>2017 NF PE RVU:</b> 3.81 <b>2017 Fac PE RVU:</b> NA
<b>93040</b>	<b>Rhythm ECG, 1-3 leads; with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Rhythm EKG	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab 34</b>	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2009	<b>2015 Medicare Utilization:</b> 119,439	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.2 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.15			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.15 <b>2017 NF PE RVU:</b> 0.19 <b>2017 Fac PE RVU:</b> NA
<b>93041</b>	<b>Rhythm ECG, 1-3 leads; tracing only without interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Rhythm EKG	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab 34</b>	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2009	<b>2015 Medicare Utilization:</b> 12,449	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.15 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.00 (PE only)			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.15 <b>2017 Fac PE RVU:</b> NA
<b>93042</b>	<b>Rhythm ECG, 1-3 leads; interpretation and report only</b>	<b>Global:</b> XXX	<b>Issue:</b> Rhythm EKG	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab 34</b>	<b>Specialty Developing Recommendation:</b> ACC, ACEP	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 517,383	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.05 <b>2007 Fac PE RVU:</b> 0.05 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.15			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.15 <b>2017 NF PE RVU:</b> 0.04 <b>2017 Fac PE RVU:</b> 0.04



## Status Report: CMS Requests and Relativity Assessment Issues

<b>93224</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 382,081	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 3.29 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.52 <b>2017 NF PE RVU:</b> 2.02 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.52		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93225</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 126,003	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.2 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.74 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> N/A no physician work		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93226</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 168,704	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.88 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 1.06 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> N/A no physician work		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93227</b> External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	Global: XXX	Issue: External Cardiovascular Device Monitoring	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 25 Specialty Developing ACC Recommendation:	First Identified: October 2009	2015 Medicare Utilization: 391,660	2007 Work RVU: 0.52 2007 NF PE RVU: 0.21 2007 Fac PE RVU 0.21 2017 Work RVU: 0.52 2017 NF PE RVU: 0.22 2017 Fac PE RVU:0.22 Result: Maintain
RUC Recommendation: 0.52		Referred to CPT February 2010 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
<b>93228</b> External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	Global: XXX	Issue: External Cardiovascular Device Monitoring	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 25 Specialty Developing ACC Recommendation:	First Identified: October 2009	2015 Medicare Utilization: 97,472	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2017 Work RVU: 0.52 2017 NF PE RVU: 0.19 2017 Fac PE RVU:0.19 Result: Maintain
RUC Recommendation: 0.52		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
<b>93229</b> External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Global: XXX	Issue: External Cardiovascular Device Monitoring	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 25 Specialty Developing ACC Recommendation:	First Identified: October 2009	2015 Medicare Utilization: 171,383	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2017 Work RVU: 0.00 2017 NF PE RVU: 20.25 2017 Fac PE RVU:NA Result: Maintain
RUC Recommendation: Contractor Priced		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

**93230 Deleted from CPT**

**Global:** XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009

Final Rule, Harvard  
Valued - Utilization over  
100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab 31 Specialty Developing  
Recommendation:** ACC

**First  
Identified:** NA

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.52

**2017 Work RVU:**

**2007 NF PE RVU:** 3.49

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93231 Deleted from CPT**

**Global:** XXX **Issue:** External Cardiovascular

Device Monitoring

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab 25 Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 1.37

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93232 Deleted from CPT**

**Global:** XXX **Issue:** External Cardiovascular

Device Monitoring

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab 25 Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 1.92

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93233 Deleted from CPT**

**Global:** XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009

Final Rule, Harvard  
Valued - Utilization over  
100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** NA

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.52

**2017 Work RVU:**

**2007 NF PE RVU:** 0.2

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.2

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93235 Deleted from CPT**

**Global:** XXX **Issue:** External Cardiovascular

Device Monitoring

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93236 Deleted from CPT**

**Global:** XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued -

Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab** 38

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93237 Deleted from CPT**

**Global:** XXX

**Issue:** Wearable Cardiac Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.45

**2017 Work RVU:**

**2007 NF PE RVU:** 0.18

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 0.18

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93268** External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional

**Global:** XXX

**Issue:** External Cardiovascular Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2015 Medicare Utilization:** 18,216

**2007 Work RVU:** 0.52

**2017 Work RVU:** 0.52

**2007 NF PE RVU:** 7.02

**2017 NF PE RVU:** 5.20

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.52

**Referred to CPT** February 2010

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

**93270** External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)

**Global:** XXX

**Issue:** External Cardiovascular Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2015 Medicare Utilization:** 58,095

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 1

**2017 NF PE RVU:** 0.25

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93271</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 78,687	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 5.82 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 4.77 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93272</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 109,601	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 0.2 <b>2007 Fac PE RVU</b> 0.2 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.52 <b>2017 NF PE RVU:</b> 0.18 <b>2017 Fac PE RVU:</b> 0.18
<b>RUC Recommendation:</b> 0.52		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93279</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 197,867	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.65 <b>2017 NF PE RVU:</b> 0.74 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.65 and Refer to CPT		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93280</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 1,075,916	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 0.77 <b>2017 NF PE RVU:</b> 0.84 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.77 and Refer to CPT		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93281</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 55,438	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 0.90 <b>2017 NF PE RVU:</b> 1.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85 and Refer to CPT		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93282</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 145,221	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 0.85 <b>2017 NF PE RVU:</b> 0.90 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85 and Refer to CPT		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**93283** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system

**Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab 25 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2015 Medicare Utilization:** 280,768

**2007 Work RVU:** 2017 Work RVU: 1.15

**2007 NF PE RVU:** 2017 NF PE RVU: 1.11

**2007 Fac PE RVU** 2017 Fac PE RVU:NA

**Result:** Maintain

**RUC Recommendation:** 1.15 and Refer to CPT

**Referred to CPT** February 2017

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

**93284** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system

**Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab 25 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2015 Medicare Utilization:** 284,382

**2007 Work RVU:** 2017 Work RVU: 1.25

**2007 NF PE RVU:** 2017 NF PE RVU: 1.25

**2007 Fac PE RVU** 2017 Fac PE RVU:NA

**Result:** Maintain

**RUC Recommendation:** 1.25 and Refer to CPT

**Referred to CPT** February 2017

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

**93285** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system

**Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab 25 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2015 Medicare Utilization:** 22,950

**2007 Work RVU:** 2017 Work RVU: 0.52

**2007 NF PE RVU:** 2017 NF PE RVU: 0.64

**2007 Fac PE RVU** 2017 Fac PE RVU:NA

**Result:** Maintain

**RUC Recommendation:** 0.52 and Refer to CPT

**Referred to CPT** February 2017

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



## Status Report: CMS Requests and Relativity Assessment Issues

**93286** Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 12,426 **2007 Work RVU:** **2017 Work RVU:** 0.30 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.45 **2007 Fac PE RVU Result:** Maintain **2017 Fac PE RVU:** NA  
**RUC Recommendation:** 0.30 and Refer to CPT **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93287** Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 10,372 **2007 Work RVU:** **2017 Work RVU:** 0.45 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.56 **2007 Fac PE RVU Result:** Maintain **2017 Fac PE RVU:** NA  
**RUC Recommendation:** 0.45 and Refer to CPT **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93288** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 330,227 **2007 Work RVU:** **2017 Work RVU:** 0.43 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.60 **2007 Fac PE RVU Result:** Maintain **2017 Fac PE RVU:** NA  
**RUC Recommendation:** 0.43 and Refer to CPT **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93289** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent** **Tab** 25 **Specialty Developing** ACC, HRS **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 0.92  
**RUC Meeting:** October 2016 **Recommendation:** **Identified:** July 2015 **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** 0.90  
**Utilization:** 136,601 **2007 Fac PE RVU** **2017 Fac PE RVU:** NA  
**Result:** Decrease  
**RUC Recommendation:** 0.75 and Refer to CPT **Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93290** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent** **Tab** 25 **Specialty Developing** ACC, HRS **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 0.43  
**RUC Meeting:** October 2016 **Recommendation:** **Identified:** July 2015 **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** 0.43  
**Utilization:** 124,018 **2007 Fac PE RVU** **2017 Fac PE RVU:** NA  
**Result:** Maintain  
**RUC Recommendation:** 0.43 and Refer to CPT **Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93291** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent** **Tab** 25 **Specialty Developing** ACC, HRS **First** **2015** **2007 Work RVU:** **2017 Work RVU:** 0.43  
**RUC Meeting:** October 2016 **Recommendation:** **Identified:** July 2015 **Medicare** **2007 NF PE RVU:** **2017 NF PE RVU:** 0.58  
**Utilization:** 41,723 **2007 Fac PE RVU** **2017 Fac PE RVU:** NA  
**Result:** Decrease  
**RUC Recommendation:** 0.37 and Refer to CPT **Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93292</b>	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 1,200	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 0.43 <b>2017 NF PE RVU:</b> 0.46 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.43 and Refer to CPT		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93293</b>	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 258,970	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 0.32 <b>2017 NF PE RVU:</b> 1.18 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.31		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93294</b>	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 629,269	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 0.65 <b>2017 NF PE RVU:</b> 0.27 <b>2017 Fac PE RVU:</b> 0.27
<b>RUC Recommendation:</b> 0.60		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**93295** Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 23 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2015 Medicare Utilization:** 442,608

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 1.29  
**2017 NF PE RVU:** 0.54  
**2017 Fac PE RVU:**0.54

**RUC Recommendation:** 0.74

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

**93296** Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab 25 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2015 Medicare Utilization:** 802,291

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** PE Only

**2017 Work RVU:** 0.00  
**2017 NF PE RVU:** 0.73  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** New PE inputs and Refer to CPT

**Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93297** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 23 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2015 Medicare Utilization:** 231,279

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Maintain

**2017 Work RVU:** 0.52  
**2017 NF PE RVU:** 0.20  
**2017 Fac PE RVU:**0.20

**RUC Recommendation:** 0.52

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

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**93298** Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 23 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2015 Medicare Utilization:** 149,493

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Maintain

**2017 Work RVU:** 0.52  
**2017 NF PE RVU:** 0.21  
**2017 Fac PE RVU:**0.21

**RUC Recommendation:** 0.52

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

**93299** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab 25 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2015 Medicare Utilization:** 204,360

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** PE Only

**2017 Work RVU:** 0.00  
**2017 NF PE RVU:** 0.00  
**2017 Fac PE RVU:**0.00

**RUC Recommendation:** New PE inputs and Refer to CPT

**Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93306** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography **Global:** XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 42 Specialty Developing Recommendation:** ACC

**First Identified:** July 2015

**2015 Medicare Utilization:** 7,025,217

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Increase

**2017 Work RVU:** 1.30  
**2017 NF PE RVU:** 5.08  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.50

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

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**93307** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography **Global:** XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2015 Medicare Utilization:** 36,680 **2007 Work RVU:** 0.92 **2017 Work RVU:** 0.92 **2007 NF PE RVU:** 4.1 **2017 NF PE RVU:** 2.71 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.92 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93308** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study **Global:** XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2015 Medicare Utilization:** 252,380 **2007 Work RVU:** 0.53 **2017 Work RVU:** 0.53 **2007 NF PE RVU:** 2.26 **2017 NF PE RVU:** 2.97 **2007 Fac PE RVU:** NA **2017 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93320** Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete **Global:** ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2015 Medicare Utilization:** 339,593 **2007 Work RVU:** 0.38 **2017 Work RVU:** 0.38 **2007 NF PE RVU:** 1.82 **2017 NF PE RVU:** 1.14 **2007 Fac PE RVU:** 1.82 **2017 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93321** Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging) **Global:** ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent** **Tab** 30 **Specialty Developing** ACC  
**RUC Meeting:** January 2014 **Recommendation:**

**First Identified:** October 2013

**2015 Medicare Utilization:** 149,332

**2007 Work RVU:** 0.15

**2017 Work RVU:** 0.15

**2007 NF PE RVU:** 1.04

**2017 NF PE RVU:** 0.61

**2007 Fac PE RVU** 1.04

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.15

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93325** Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)

**Global:** ZZZ

**Issue:** Doppler Echocardiography

**Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent** **Tab** 30 **Specialty Developing** ACC  
**RUC Meeting:** January 2014 **Recommendation:**

**First Identified:** February 2009

**2015 Medicare Utilization:** 487,003

**2007 Work RVU:** 0.07

**2017 Work RVU:** 0.07

**2007 NF PE RVU:** 2.36

**2017 NF PE RVU:** 0.65

**2007 Fac PE RVU** 2.36

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.07

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93350** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;

**Global:** XXX

**Issue:** Stress Transthoracic Echocardiography (TTE) Complete

**Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** ACC, ASE  
**RUC Meeting:** October 2016 **Recommendation:**

**First Identified:** April 2008

**2015 Medicare Utilization:** 113,400

**2007 Work RVU:** 1.48

**2017 Work RVU:** 1.46

**2007 NF PE RVU:** 3.03

**2017 NF PE RVU:** 5.27

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.46; CPT Assistant article published

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2010

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<b>93351</b>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> Stress Transthoracic Echocardiography (TTE) Complete	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 26</b>	<b>Specialty Developing Recommendation:</b> ACC, ASE	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 256,755	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2017 Work RVU:</b> 1.75 <b>2017 NF PE RVU:</b> 5.82 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>93451</b>	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab 28</b>	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 37,938	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 2.47 <b>2017 NF PE RVU:</b> 17.56 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 3.02			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>93452</b>	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab 28</b>	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 5,607	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2017 Work RVU:</b> 4.50 <b>2017 NF PE RVU:</b> 18.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 4.32			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



## Status Report: CMS Requests and Relativity Assessment Issues

<b>93453</b>	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 3,559	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 5.99 <b>2017 NF PE RVU:</b> 23.12 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 5.98		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93454</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 98,942	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 4.54 <b>2017 NF PE RVU:</b> 18.25 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 4.95		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93455</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 25,985	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 5.29 <b>2017 NF PE RVU:</b> 21.36 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 6.15		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

**93456** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 14,721

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 5.90  
**2017 NF PE RVU:** 22.89  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 6.00

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93457** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 3,136

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 6.64  
**2017 NF PE RVU:** 25.97  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 7.66

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93458** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 516,768

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 5.60  
**2017 NF PE RVU:** 21.81  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 6.51

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93459** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

**Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 110,802

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 6.35  
**2017 NF PE RVU:** 24.01  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 7.34

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93460** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

**Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 90,983

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 7.10  
**2017 NF PE RVU:** 25.57  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 7.88

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93461** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

**Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 16,861

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2017 Work RVU:** 7.85  
**2017 NF PE RVU:** 29.60  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 9.00

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93462** Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 4,212

**2007 Work RVU:**

**2017 Work RVU:** 3.73

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.51

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.51

**Result:** Decrease

**RUC Recommendation:** 3.73

**Referred to CPT** October 2009

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

**93463** Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 6,888

**2007 Work RVU:**

**2017 Work RVU:** 2.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.69

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.69

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** October 2009

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

**93464** Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 808

**2007 Work RVU:**

**2017 Work RVU:** 1.80

**2007 NF PE RVU:**

**2017 NF PE RVU:** 5.34

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.80

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93501 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93503 Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

**Global:** 000

**Issue:** Insertion of Catheter

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2016

**Tab** 16

**Specialty Developing  
Recommendation:** ACR, ASA

**First  
Identified:** July 2015

**2015  
Medicare  
Utilization:** 96,546

**2007 Work RVU:** 0.00

**2017 Work RVU:** 2.91

**2007 NF PE RVU:** NA

**2017 NF PE RVU:** NA

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**0.53

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT**

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

**93508 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93510 Deleted from CPT**

**Global:** 000 **Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More/  
CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 31 **Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93511 Deleted from CPT**

**Global:** 000 **Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 26 **Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93514 Deleted from CPT**

**Global:** 000 **Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 26 **Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93524 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93526 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93527 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93528 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93529 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93539 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93540 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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



## Status Report: CMS Requests and Relativity Assessment Issues

**93541 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93542 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93543 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Practice  
Expense Review,  
Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2009

**Tab** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93544 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93545 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Practice  
Expense Review

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2009

**Tab** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93555 Deleted from CPT**

**Global:** XXX

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Practice  
Expense Review

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2009

**Tab** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93556 Deleted from CPT**

**Global:** XXX **Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab 31 Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93563 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

**Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 187

**2007 Work RVU:**

**2017 Work RVU:** 1.11

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.38

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.38

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** October 2009

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

**93564 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

**Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 8

**2007 Work RVU:**

**2017 Work RVU:** 1.13

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.40

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.40

**Result:** Decrease

**RUC Recommendation:** 2.10

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93565</b>	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 130

**2007 Work RVU:**

**2017 Work RVU:** 0.86

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.30

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.30

**Result:** Decrease

**RUC Recommendation:** 1.90

**Referred to CPT** October 2009

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

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**93566** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 732

**2007 Work RVU:**

**2017 Work RVU:** 0.86

**2007 NF PE RVU:**

**2017 NF PE RVU:** 3.53

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.30

**Result:** Decrease

**RUC Recommendation:** 0.96

**Referred to CPT** October 2009

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

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**93567** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015 Medicare Utilization:** 40,490

**2007 Work RVU:**

**2017 Work RVU:** 0.97

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.68

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.34

**Result:** Decrease

**RUC Recommendation:** 0.97

**Referred to CPT** October 2009

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

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>93568</b>	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 1,853	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 0.88 <b>2017 NF PE RVU:</b> 3.03 <b>2017 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.98		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>93571</b>	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2016	<b>2015 Medicare Utilization:</b> 54,411	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b>	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey October 2017		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>93613</b>	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intracardiac 3D Mapping add-on	<b>Screen:</b> CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 24 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 50,654	<b>2007 Work RVU:</b> 6.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Decrease	<b>2017 Work RVU:</b> 6.99 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 2.98
<b>RUC Recommendation:</b> 5.23		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93620</b> Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	Global: 000	Issue: Intracardiac Catheter Ablation	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 45</b> Specialty Developing ACC Recommendation:	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 12,051	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU</b> 0 <b>Result:</b> Maintain <b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 11.57	<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93641</b> Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	Global: 000	Issue: Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator	Screen: Codes Reported Together 75% or More-Part1 / Pre-Time Analysis	Complete? Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 21</b> Specialty Developing ACC Recommendation:	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 35,050	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 2B.	<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93651</b> Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination	Global: 000	Issue: Bundling EPS with Transcatheter Ablation	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 11</b> Specialty Developing ACC, HRS Recommendation:	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 16.23 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 6.96 <b>Result:</b> Deleted from CPT <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**93652** Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia **Global:** 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab 11 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2008

**2015 Medicare Utilization:**

**2007 Work RVU:** 17.65

**2017 Work RVU:**

**2007 NF PE RVU:** NA

**2017 NF PE RVU:**

**2007 Fac PE RVU:** 7.58

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**93653** Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry

**Global:** 000

**Issue:** Bundling EPS with Transcatheter Ablation

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab 11 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2011

**2015 Medicare Utilization:** 29,807

**2007 Work RVU:**

**2017 Work RVU:** 14.75

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**6.20

**Result:** Decrease

**RUC Recommendation:** 15.00

**Referred to CPT** October 2011

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93654** Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed

**Global:** 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab 11 Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2015 Medicare Utilization:** 5,625 **2007 Work RVU:** **2017 Work RVU:** 19.75 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU:** **2017 Fac PE RVU:** 8.30 **Result:** Decrease

**RUC Recommendation:** 20.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93655** Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab 11 Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2015 Medicare Utilization:** 15,089 **2007 Work RVU:** **2017 Work RVU:** 7.50 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU:** **2017 Fac PE RVU:** 3.17 **Result:** Decrease

**RUC Recommendation:** 9.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93656** Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation

**Global:** 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab 11 Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2015 Medicare Utilization:** 29,508 **2007 Work RVU:** **2017 Work RVU:** 19.77 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU:** **2017 Fac PE RVU:** 8.39 **Result:** Decrease

**RUC Recommendation:** 20.02 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**93657** Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2015 Medicare Utilization:** 12,841 **2007 Work RVU:** **2017 Work RVU:** 7.50 **2007 NF PE RVU:** **2017 NF PE RVU:** NA **2007 Fac PE RVU Result:** Decrease **2017 Fac PE RVU:** 3.14  
**RUC Recommendation:** 10.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93662** Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:** 32,773 **2007 Work RVU:** 0.00 **2017 Work RVU:** 0.00 **2007 NF PE RVU:** 0 **2017 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** Maintain **2017 Fac PE RVU:** NA  
**RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93701** Bioimpedance-derived physiologic cardiovascular analysis **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2015 Medicare Utilization:** 71,818 **2007 Work RVU:** 0.17 **2017 Work RVU:** 0.00 **2007 NF PE RVU:** 0.91 **2017 NF PE RVU:** 0.68 **2007 Fac PE RVU Result:** Remove from Screen **2017 Fac PE RVU:** NA  
**RUC Recommendation:** Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93731** Deleted from CPT **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2015 Medicare Utilization:** **2007 Work RVU:** 0.45 **2017 Work RVU:** **2007 NF PE RVU:** 0.7 **2017 NF PE RVU:** **2007 Fac PE RVU Result:** Deleted from CPT **2017 Fac PE RVU:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93732 Deleted from CPT**

**Global:** XXX

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.92

**2017 Work RVU:**

**2007 NF PE RVU:** 0.94

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93733 Deleted from CPT**

**Global:** XXX

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 0.17

**2017 Work RVU:**

**2007 NF PE RVU:** 0.83

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93743 Deleted from CPT**

**Global:** XXX

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 1.03

**2017 Work RVU:**

**2007 NF PE RVU:** 1.15

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93744 Deleted from CPT**

**Global:** XXX

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2015  
Medicare  
Utilization:**

**2007 Work RVU:** 1.18

**2017 Work RVU:**

**2007 NF PE RVU:** 1.19

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93875 Deleted from CPT**

**Global:** XXX

**Issue:** Noninvasive Vascular Diagnostic Studies

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.22

**2017 Work RVU:**

**2007 NF PE RVU:** 2.38

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒

**Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

**93880 Duplex scan of extracranial arteries; complete bilateral study**

**Global:** XXX

**Issue:** Duplex Scans

**Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 33

**Specialty Developing Recommendation:** ACR, ACC, SVS

**First Identified:** February 2010

**2015 Medicare Utilization:** 2,472,528

**2007 Work RVU:** 0.60

**2017 Work RVU:** 0.80

**2007 NF PE RVU:** 5.67

**2017 NF PE RVU:** 4.84

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.80

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Addressed in CPT Coding Changes

**93882 Duplex scan of extracranial arteries; unilateral or limited study**

**Global:** XXX

**Issue:** Duplex Scans

**Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 33

**Specialty Developing Recommendation:** ACC, ACR, SVS

**First Identified:** January 2012

**2015 Medicare Utilization:** 40,575

**2007 Work RVU:** 0.40

**2017 Work RVU:** 0.50

**2007 NF PE RVU:** 3.63

**2017 NF PE RVU:** 3.07

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93886</b>	Transcranial Doppler study of the intracranial arteries; complete study			<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b>	AAN, ACC, ACR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 87,611	<b>2007 Work RVU:</b> 0.94 <b>2007 NF PE RVU:</b> 6.77 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 0.91 <b>2017 NF PE RVU:</b> 6.82 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00				<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93888</b>	Transcranial Doppler study of the intracranial arteries; limited study			<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b>	AAN, ACC, ACR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 15,238	<b>2007 Work RVU:</b> 0.62 <b>2007 NF PE RVU:</b> 4.36 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 0.50 <b>2017 NF PE RVU:</b> 3.69 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70				<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93895</b>	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral			<b>Global:</b> XXX	<b>Issue:</b> Carotid Intima-Media Thickness Ultrasound	<b>Screen:</b> New Code in CPT 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b>	No Interest	<b>First Identified:</b> April 2014	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Not Part of RAW	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Rescind April 2014 recommendation, contractor price.				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**93922** Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)

**Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 27 Specialty Developing Recommendation:** SVS, ACR, ACC

**First Identified:** October 2008

**2015 Medicare Utilization:** 670,391

**2007 Work RVU:** 0.25  
**2007 NF PE RVU:** 2.78  
**2007 Fac PE RVU:** NA  
**Result:** Maintain

**2017 Work RVU:** 0.25  
**2017 NF PE RVU:** 2.22  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.25

**Referred to CPT** February 2010

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

**93923** Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

**Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 27 Specialty Developing Recommendation:** SVS, ACR, ACC

**First Identified:** February 2009

**2015 Medicare Utilization:** 480,030

**2007 Work RVU:** 0.45  
**2007 NF PE RVU:** 4.18  
**2007 Fac PE RVU:** NA  
**Result:** Maintain

**2017 Work RVU:** 0.45  
**2017 NF PE RVU:** 3.38  
**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.45

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93924** Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study

**Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2015 Medicare Utilization:** 83,609

**2007 Work RVU:** 0.50 **2017 Work RVU:** 0.50  
**2007 NF PE RVU:** 5.05 **2017 NF PE RVU:** 4.29  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.50 **Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93925** Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

**Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2015 Medicare Utilization:** 594,754

**2007 Work RVU:** 0.58 **2017 Work RVU:** 0.80  
**2007 NF PE RVU:** 7.05 **2017 NF PE RVU:** 6.45  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.80 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93926** Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

**Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2015 Medicare Utilization:** 238,357

**2007 Work RVU:** 0.39 **2017 Work RVU:** 0.50  
**2007 NF PE RVU:** 4.31 **2017 NF PE RVU:** 3.73  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Increase

**RUC Recommendation:** 0.60 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93930</b>	<b>Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study</b>	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AAN, ACC, ACR, SIR, SVS	<b>First Identified:</b> November 2013	<b>2015 Medicare Utilization:</b> 23,164	<b>2007 Work RVU:</b> 0.46 <b>2007 NF PE RVU:</b> 5.54 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.80 <b>2017 NF PE RVU:</b> 4.99 <b>2017 Fac PE RVU:</b> NA
<b>93931</b>	<b>Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study</b>	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AAN, ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 44,136	<b>2007 Work RVU:</b> 0.31 <b>2007 NF PE RVU:</b> 3.64 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.50 <b>2017 NF PE RVU:</b> 3.08 <b>2017 Fac PE RVU:</b> NA
<b>93965</b>	<b>Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)</b>	<b>Global:</b> XXX	<b>Issue:</b> Non-invasive Physiologic Studies of Extremity Veins	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> ACC, ACR, SCAI, SVS	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 104,322	<b>2007 Work RVU:</b> 0.35 <b>2007 NF PE RVU:</b> 2.83 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**93970** Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 33 Specialty Developing Recommendation:** ACC, ACR, SVS

**First Identified:** April 2011

**2015 Medicare Utilization:** 1,651,142

**2007 Work RVU:** 0.68

**2017 Work RVU:** 0.70

**2007 NF PE RVU:** 5.44

**2017 NF PE RVU:** 4.80

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.70

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93971** Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 33 Specialty Developing Recommendation:** ACR, SVS, ACC

**First Identified:** October 2010

**2015 Medicare Utilization:** 1,682,190

**2007 Work RVU:** 0.45

**2017 Work RVU:** 0.45

**2007 NF PE RVU:** 3.67

**2017 NF PE RVU:** 2.91

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93975** Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 33 Specialty Developing Recommendation:** ACR, SVS, ACC

**First Identified:** November 2013

**2015 Medicare Utilization:** 196,530

**2007 Work RVU:** 1.80

**2017 Work RVU:** 1.16

**2007 NF PE RVU:** 7.78

**2017 NF PE RVU:** 6.70

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.30

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>93976</b>	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS Fastest Growing / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 141,231	<b>2007 Work RVU:</b> 1.21 <b>2007 NF PE RVU:</b> 4.33 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.80 <b>2017 NF PE RVU:</b> 3.77 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93978</b>	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 298,025	<b>2007 Work RVU:</b> 0.65 <b>2007 NF PE RVU:</b> 4.85 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 0.80 <b>2017 NF PE RVU:</b> 4.49 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.97		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93979</b>	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2013	<b>2015 Medicare Utilization:</b> 63,341	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 3.46 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 0.50 <b>2017 NF PE RVU:</b> 2.82 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**93982** Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report **Global:** XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2015 Medicare Utilization:** 85 **2007 Work RVU:** **2017 Work RVU:** 0.30 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.91 **2007 Fac PE RVU** **2017 Fac PE RVU:**NA **Result:** Deleted from CPT **RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93990** Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) **Global:** XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 40 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2008 **2015 Medicare Utilization:** 106,261 **2007 Work RVU:** 0.25 **2017 Work RVU:** 0.50 **2007 NF PE RVU:** 4.28 **2017 NF PE RVU:** 3.91 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA **Result:** Increase **RUC Recommendation:** 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**94010** Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2015 Medicare Utilization:** 1,251,897 **2007 Work RVU:** 0.17 **2017 Work RVU:** 0.17 **2007 NF PE RVU:** 0.69 **2017 NF PE RVU:** 0.82 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA **Result:** Maintain **RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**94014** Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent** **Tab** 38 **Specialty Developing** ACCP/ATS  
**RUC Meeting:** February 2009 **Recommendation:**

**First Identified:** February 2008

**2015 Medicare Utilization:** 217

**2007 Work RVU:** 0.52 **2017 Work RVU:** 0.52

**2007 NF PE RVU:** 0.77 **2017 NF PE RVU:** 1.05

**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

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

**94015** Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration) **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent** **Tab** 38 **Specialty Developing** ACCP/ATS  
**RUC Meeting:** February 2009 **Recommendation:**

**First Identified:** February 2008

**2015 Medicare Utilization:** 348

**2007 Work RVU:** 0.00 **2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.61 **2017 NF PE RVU:** 0.87

**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

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

**94016** Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent** **Tab** 38 **Specialty Developing** ACCP/ATS  
**RUC Meeting:** February 2009 **Recommendation:**

**First Identified:** April 2008

**2015 Medicare Utilization:** 9,044

**2007 Work RVU:** 0.52 **2017 Work RVU:** 0.52

**2007 NF PE RVU:** 0.16 **2017 NF PE RVU:** 0.18

**2007 Fac PE RVU** 0.16 **2017 Fac PE RVU:**0.18

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>94060</b>	<b>Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration</b>	<b>Global:</b> XXX	<b>Issue:</b> Evaluation of Wheezing	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ATS, ACCP	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 1,201,963	<b>2007 Work RVU:</b> 0.31 <b>2007 NF PE RVU:</b> 1.13 <b>2007 Fac PE RVU:</b> 1.13 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.27 <b>2017 NF PE RVU:</b> 1.43 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.31 and CPT Assistant article published		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Mar 2014	

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<b>94240</b>	<b>Deleted from CPT</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.26 <b>2007 NF PE RVU:</b> 0.7 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

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<b>94260</b>	<b>Deleted from CPT</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> Codes Reported Together 75% or More-Part1 /	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.13 <b>2007 NF PE RVU:</b> 0.63 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

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## Status Report: CMS Requests and Relativity Assessment Issues

**94350 Deleted from CPT**

**Global:** XXX **Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.26

**2017 Work RVU:**

**2007 NF PE RVU:** 0.73

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94360 Deleted from CPT**

**Global:** XXX **Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.26

**2017 Work RVU:**

**2007 NF PE RVU:** 0.77

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94370 Determination of airway closing volume, single breath tests**

**Global:** XXX **Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.26

**2017 Work RVU:**

**2007 NF PE RVU:** 0.69

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**94400 Breathing response to CO2 (CO2 response curve)**      **Global:** XXX    **Issue:** Pulmonary Diagnostic Testing    **Screen:** Codes Reported Together 75% or More-Part2    **Complete?** Yes

**Most Recent RUC Meeting:** October 2012    **Tab**    **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA    **First Identified:**    **2015 Medicare Utilization:** 1,101    **2007 Work RVU:** 0.40    **2017 Work RVU:** 0.40  
**2007 NF PE RVU:** 0.89    **2017 NF PE RVU:** 1.18  
**2007 Fac PE RVU:** NA    **2017 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published    **Referred to CPT**    **Result:** Maintain  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014

**94450 Breathing response to hypoxia (hypoxia response curve)**      **Global:** XXX    **Issue:** Pulmonary Tests    **Screen:** High Volume Growth1    **Complete?** Yes

**Most Recent RUC Meeting:** February 2009    **Tab** 38    **Specialty Developing Recommendation:** ACCP/ATS    **First Identified:** February 2008    **2015 Medicare Utilization:** 986    **2007 Work RVU:** 0.40    **2017 Work RVU:** 0.40  
**2007 NF PE RVU:** 0.89    **2017 NF PE RVU:** 1.53  
**2007 Fac PE RVU:** NA    **2017 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS    **Referred to CPT**    **Result:** Remove from Screen  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**94620 Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**      **Global:** XXX    **Issue:** Pulmonary Diagnostic Tests    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** October 2016    **Tab** 05    **Specialty Developing Recommendation:** ATS, CHEST    **First Identified:** July 2015    **2015 Medicare Utilization:** 248,822    **2007 Work RVU:** 0.64    **2017 Work RVU:** 0.64  
**2007 NF PE RVU:** 2.06    **2017 NF PE RVU:** 0.91  
**2007 Fac PE RVU:** NA    **2017 Fac PE RVU:** NA

**RUC Recommendation:** Deleted from CPT    **Referred to CPT** February 2016    **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**94621** Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings) **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 05 Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** January 2016

**2015 Medicare Utilization:** 16,655

**2007 Work RVU:** 1.42

**2017 Work RVU:** 1.42

**2007 NF PE RVU:** 2.45

**2017 NF PE RVU:** 3.10

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.42

**Referred to CPT** February 2016

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

**94640** Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device

**Global:** XXX

**Issue:** Pulmonary Diagnostic Testing

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA

**First Identified:**

**2015 Medicare Utilization:** 659,475

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.32

**2017 NF PE RVU:** 0.51

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014

**Result:** Maintain

**94668** Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent

**Global:** XXX

**Issue:** Pulmonary Diagnostic Testing

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA

**First Identified:**

**2015 Medicare Utilization:** 16,631

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.46

**2017 NF PE RVU:** 0.82

**2007 Fac PE RVU:** NA

**2017 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**94681** Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 51

**Specialty Developing Recommendation:** AACE, TES, ACCP/ATS

**First Identified:** February 2008

**2015 Medicare Utilization:** 14,780

**2007 Work RVU:** 0.20

**2017 Work RVU:** 0.20

**2007 NF PE RVU:** 2.16

**2017 NF PE RVU:** 1.31

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**946X2**

**Global:**

**Issue:** Pulmonary Diagnostic Tests

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab** 05

**Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** February 2016

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 0.70

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**946X3**

**Global:**

**Issue:** Pulmonary Diagnostic Tests

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab** 05

**Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** February 2016

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 0.48

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**94720 Carbon monoxide diffusing capacity (eg, single breath, steady state)**      **Global:** XXX    **Issue:** Pulmonary Tests      **Screen:** Codes Reported Together 75% or More-Part1      **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.26

**2017 Work RVU:**

**2007 NF PE RVU:** 1.04

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**    October 2010

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

**94725 Membrane diffusion capacity**

**Global:** XXX    **Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.26

**2017 Work RVU:**

**2007 NF PE RVU:** 2.43

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**    October 2010

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

**94726 Plethysmography for determination of lung volumes and, when performed, airway resistance**

**Global:** XXX    **Issue:** Pulmonary Function Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 19

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2015 Medicare Utilization:** 608,656

**2007 Work RVU:**

**2017 Work RVU:** 0.26

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.21

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.31

**Referred to CPT**    February 2011

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

# Status Report: CMS Requests and Relativity Assessment Issues

**94727** Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes

**Global:** XXX

**Issue:** Pulmonary Function Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 19 Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2015 Medicare Utilization:** 354,372

**2007 Work RVU:**

**2017 Work RVU:** 0.26

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.91

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

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

**94728** Airway resistance by impulse oscillometry

**Global:** XXX

**Issue:** Pulmonary Function Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 19 Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2015 Medicare Utilization:** 9,260

**2007 Work RVU:**

**2017 Work RVU:** 0.26

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.84

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

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

**94729** Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Pulmonary Function Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 19 Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2015 Medicare Utilization:** 1,023,201

**2007 Work RVU:**

**2017 Work RVU:** 0.19

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.33

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.19

**Referred to CPT** February 2011

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

## Status Report: CMS Requests and Relativity Assessment Issues

**94760** Noninvasive ear or pulse oximetry for oxygen saturation; single determination    **Global:** XXX    **Issue:** Measure Blood Oxygen Level    **Screen:** CMS Request - Practice Expense Review    **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2009

**Tab** 32    **Specialty Developing**    ACCP, ATS  
**Recommendation:**

**First**  
**Identified:** NA

**2015**  
**Medicare**  
**Utilization:** 58,718

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.05

**2017 NF PE RVU:** 0.08

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**94761** Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)

**Global:** XXX

**Issue:** Measure Blood Oxygen Level

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2009

**Tab** 32    **Specialty Developing**    ACCP, ATS  
**Recommendation:**

**First**  
**Identified:** NA

**2015**  
**Medicare**  
**Utilization:** 12,148

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.08

**2017 NF PE RVU:** 0.12

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**94762** Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)

**Global:** XXX

**Issue:** Measure Blood Oxygen Level

**Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2009

**Tab** 32    **Specialty Developing**    ACCP, ATS  
**Recommendation:**

**First**  
**Identified:** October 2008

**2015**  
**Medicare**  
**Utilization:** 300,296

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.56

**2017 NF PE RVU:** 0.68

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>94770</b>	<b>Carbon dioxide, expired gas determination by infrared analyzer</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> High Volume Growth1 / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 57</b>	<b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2015 Medicare Utilization:</b> 5,863	<b>2007 Work RVU:</b> 0.15 <b>2007 NF PE RVU:</b> 0.76 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.15 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 0.05
<b>RUC Recommendation:</b> Refer to CPT Assistant. Remove office-based PE inputs			<b>Referred to CPT</b>		<b>Result:</b> PE Only
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Mar 2014
<hr/>					
<b>95004</b>	<b>Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests</b>	<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Allergy Tests	<b>Screen:</b> Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> AAAAI, AAOA, ACAAI	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 10,060,513	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.12 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.01 <b>2017 NF PE RVU:</b> 0.17 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.01			<b>Referred to CPT</b>		<b>Result:</b> Maintain
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>
<hr/>					
<b>95010</b>	<b>Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests</b>	<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Allergy Tests	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab 31</b>	<b>Specialty Developing Recommendation:</b> JCAAI, ACAAI, AAAAI	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.15 <b>2007 NF PE RVU:</b> 0.31 <b>2007 Fac PE RVU</b> 0.06 <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012		<b>Result:</b> Deleted from CPT
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**95015** Intracutaneous (intra dermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests **Global:** XXX **Issue:** Intracutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI

**First Identified:** October 2010

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.15

**2017 Work RVU:**

**2007 NF PE RVU:** 0.16

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0.06

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**95017** Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra dermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests **Global:** XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 29 **Specialty Developing Recommendation:** JCAAI

**First Identified:** October 2010

**2015 Medicare Utilization:** 26,105

**2007 Work RVU:**

**2017 Work RVU:** 0.07

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.14

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.02

**Result:** Decrease

**RUC Recommendation:** 0.07

**Referred to CPT** February 2012

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

**95018** Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra dermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests **Global:** XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 29 **Specialty Developing Recommendation:** JCAAI

**First Identified:** October 2010

**2015 Medicare Utilization:** 85,667

**2007 Work RVU:**

**2017 Work RVU:** 0.14

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.43

**2007 Fac PE RVU**

**2017 Fac PE RVU:** 0.05

**Result:** Decrease

**RUC Recommendation:** 0.14

**Referred to CPT** February 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

**95024** Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests **Global:** XXX **Issue:** Intracutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 31

**Specialty Developing Recommendation:**

JCAAI, ACAAI, AAAAI, AAOA

**First Identified:** October 2010

**2015 Medicare Utilization:** 1,830,851

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.01

**2007 NF PE RVU:** 0.17

**2017 NF PE RVU:** 0.20

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**0.01

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**95027** Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests

**Global:** XXX

**Issue:** Intracutaneous Allergy Tests

**Screen:** Low Value-Billed in Multiple Units

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 41

**Specialty Developing Recommendation:**

JCAAI, ACAAI, AAAAI

**First Identified:** October 2010

**2015 Medicare Utilization:** 249,046

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.01

**2007 NF PE RVU:** 0.17

**2017 NF PE RVU:** 0.11

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.01

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**95115** Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection

**Global:** XXX

**Issue:** Immunotherapy Injections

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 48

**Specialty Developing Recommendation:**

JCAAI, AAOA

**First Identified:** January 2012

**2015 Medicare Utilization:** 1,114,212

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.35

**2017 NF PE RVU:** 0.24

**2007 Fac PE RVU** 0.29

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95117** Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections **Global:** XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 48 Specialty Developing Recommendation:** JCAAI, AAOA

**First Identified:** September 2011

**2015 Medicare Utilization:** 2,472,326

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.44

**2017 NF PE RVU:** 0.28

**2007 Fac PE RVU** 0.38

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**95144** Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)

**Global:** XXX

**Issue:** Antigen Therapy Services

**Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 49 Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI

**First Identified:** October 2010

**2015 Medicare Utilization:** 178,149

**2007 Work RVU:** 0.06

**2017 Work RVU:** 0.06

**2007 NF PE RVU:** 0.21

**2017 NF PE RVU:** 0.30

**2007 Fac PE RVU** 0.02

**2017 Fac PE RVU:**0.02

**Result:** Maintain

**RUC Recommendation:** 0.06

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**95148** Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms

**Global:** XXX

**Issue:**

**Screen:** Low Value-Billed in Multiple Units

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 73 Specialty Developing Recommendation:**

**First Identified:** October 2010

**2015 Medicare Utilization:** 16,827

**2007 Work RVU:** 0.06

**2017 Work RVU:** 0.06

**2007 NF PE RVU:** 0.67

**2017 NF PE RVU:** 1.88

**2007 Fac PE RVU** 0.03

**2017 Fac PE RVU:**0.02

**Result:** Maintain

**RUC Recommendation:** 0.06

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95165</b>	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	<b>Global:</b> XXX	<b>Issue:</b> Antigen Therapy Services	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 49 <b>Specialty Developing Recommendation:</b> AAOHNS, AAOA, ACAAI	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 6,898,953	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU:</b> 0.02 <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.06 <b>2017 NF PE RVU:</b> 0.30 <b>2017 Fac PE RVU:</b> 0.02
<b>RUC Recommendation:</b> 0.06	<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>95250</b>	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	<b>Global:</b> XXX	<b>Issue:</b> Continuous Glucose Monitoring	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> AACE, ES	<b>First Identified:</b> October 2013	<b>2015 Medicare Utilization:</b> 26,226	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.95 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 4.41 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs	<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>95251</b>	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Continuous Glucose Monitoring	<b>Screen:</b> High Volume Growth	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> AACE, ES	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 34,371	<b>2007 Work RVU:</b> 0.85 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 0.85 <b>2017 NF PE RVU:</b> 0.34 <b>2017 Fac PE RVU:</b> 0.34
<b>RUC Recommendation:</b> 0.70 and Refer to CPT	<b>Referred to CPT</b> February 2017	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

**95800** Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 28 Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

**First Identified:** October 2009

**2015 Medicare Utilization:** 12,882

**2007 Work RVU:**

**2017 Work RVU:** 1.05

**2007 NF PE RVU:**

**2017 NF PE RVU:** 3.93

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.05

**Referred to CPT** October 2009

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

**95801** Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 28 Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

**First Identified:** October 2009

**2015 Medicare Utilization:** 854

**2007 Work RVU:**

**2017 Work RVU:** 1.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.52

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** October 2009

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

**95803** Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 28 Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

**First Identified:** NA

**2015 Medicare Utilization:** 623

**2007 Work RVU:**

**2017 Work RVU:** 0.90

**2007 NF PE RVU:**

**2017 NF PE RVU:** 3.03

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.90 and New PE inputs

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**95805** Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing**  
**Recommendation:**

ACNS, AAN,  
ACCP/ATS,  
AASM

**First**  
**Identified:** October 2009

**2015**  
**Medicare**  
**Utilization:** 4,234

**2007 Work RVU:** 1.88

**2017 Work RVU:** 1.20

**2007 NF PE RVU:** 14.7

**2017 NF PE RVU:** 10.77

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.20

**Referred to CPT** October 2009

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

**95806** Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing**  
**Recommendation:**

ACNS, AAN,  
ACCP/ATS,  
AASM

**First**  
**Identified:** October 2009

**2015**  
**Medicare**  
**Utilization:** 35,244

**2007 Work RVU:** 1.66

**2017 Work RVU:** 1.25

**2007 NF PE RVU:** 3.46

**2017 NF PE RVU:** 3.48

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.28

**Referred to CPT** October 2009

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

**95807** Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing**  
**Recommendation:**

ACNS, AAN,  
ACCP/ATS,  
AASM

**First**  
**Identified:** October 2009

**2015**  
**Medicare**  
**Utilization:** 5,518

**2007 Work RVU:** 1.66

**2017 Work RVU:** 1.28

**2007 NF PE RVU:** 11.82

**2017 NF PE RVU:** 11.73

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.25

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**95808** Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist

**Global:** XXX

**Issue:** Sleep Testing

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing Recommendation:**

ACNS, AAN,  
ACCP/ATS,  
AASM

**First Identified:** October 2009

**2015 Medicare Utilization:** 435

**2007 Work RVU:** 2.65

**2017 Work RVU:** 1.74

**2007 NF PE RVU:** 13.79

**2017 NF PE RVU:** 16.18

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.74

**Referred to CPT** October 2009

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

**95810** Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

**Global:** XXX

**Issue:** Sleep Testing

**Screen:** CMS Fastest Growing / MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing Recommendation:**

ACNS, AAN,  
ACCP/ATS,  
AASM

**First Identified:** February 2010

**2015 Medicare Utilization:** 299,509

**2007 Work RVU:** 3.52

**2017 Work RVU:** 2.50

**2007 NF PE RVU:** 17.54

**2017 NF PE RVU:** 14.89

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.50

**Referred to CPT** October 2009

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

**95811** Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist

**Global:** XXX

**Issue:** Sleep Testing

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing Recommendation:**

ACNS, AAN,  
ACCP/ATS,  
AASM

**First Identified:** October 2009

**2015 Medicare Utilization:** 362,825

**2007 Work RVU:** 3.79

**2017 Work RVU:** 2.60

**2007 NF PE RVU:** 19.32

**2017 NF PE RVU:** 15.66

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.60

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95812</b>	<b>Electroencephalogram (EEG) extended monitoring; 41-60 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram (EEG) Exended Monitoring	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 50	<b>Specialty Developing Recommendation:</b> AAN	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 26,339	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 4.49 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.08 <b>2017 NF PE RVU:</b> 7.99 <b>2017 Fac PE RVU:</b> NA

<b>95813</b>	<b>Electroencephalogram (EEG) extended monitoring; greater than 1 hour</b>	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram (EEG) Exended Monitoring	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 50	<b>Specialty Developing Recommendation:</b> AAN	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 25,325	<b>2007 Work RVU:</b> 1.73 <b>2007 NF PE RVU:</b> 5.4 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.63			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.63 <b>2017 NF PE RVU:</b> 9.78 <b>2017 Fac PE RVU:</b> NA

<b>95816</b>	<b>Electroencephalogram (EEG); including recording awake and drowsy</b>	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 288,342	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 4.1 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.08 <b>2017 NF PE RVU:</b> 9.04 <b>2017 Fac PE RVU:</b> NA

<b>95819</b>	<b>Electroencephalogram (EEG); including recording awake and asleep</b>	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 242,119	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 3.76 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.08 <b>2017 NF PE RVU:</b> 10.56 <b>2017 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95822</b>	<b>Electroencephalogram (EEG); recording in coma or sleep only</b>	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 26,642	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 4.82 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.08 <b>2017 NF PE RVU:</b> 9.43 <b>2017 Fac PE RVU:</b> NA
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<b>95831</b>	<b>Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 114,202	<b>2007 Work RVU:</b> 0.28 <b>2007 NF PE RVU:</b> 0.44 <b>2007 Fac PE RVU</b> 0.12 <b>Result:</b>
<b>RUC Recommendation:</b> Review utilization October 2018			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.28 <b>2017 NF PE RVU:</b> 0.57 <b>2017 Fac PE RVU:</b> 0.13
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<b>95860</b>	<b>Needle electromyography; 1 extremity with or without related paraspinal areas</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 4,333	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 1.36 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.96			<b>Referred to CPT</b> February 2011 & October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.96 <b>2017 NF PE RVU:</b> 2.45 <b>2017 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95861</b>	Needle electromyography; 2 extremities with or without related paraspinal areas			<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>	AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 41,858	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU</b> NA	<b>2017 Work RVU:</b> 1.54 <b>2017 NF PE RVU:</b> 3.28 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.54				<b>Referred to CPT</b> February 2011 & October 2011 & February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
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<b>95863</b>	Needle electromyography; 3 extremities with or without related paraspinal areas			<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>	AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 389	<b>2007 Work RVU:</b> 1.87 <b>2007 NF PE RVU:</b> 1.79 <b>2007 Fac PE RVU</b> NA	<b>2017 Work RVU:</b> 1.87 <b>2017 NF PE RVU:</b> 4.21 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.87				<b>Referred to CPT</b> February 2011 & October 2011	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>							
<b>95864</b>	Needle electromyography; 4 extremities with or without related paraspinal areas			<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>	AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 1,687	<b>2007 Work RVU:</b> 1.99 <b>2007 NF PE RVU:</b> 2.53 <b>2007 Fac PE RVU</b> NA	<b>2017 Work RVU:</b> 1.99 <b>2017 NF PE RVU:</b> 4.84 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.99				<b>Referred to CPT</b> February 2011 & October 2011	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**95867** Needle electromyography; cranial nerve supplied muscle(s), unilateral **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 1,346 **2007 Work RVU:** 0.79 **2017 Work RVU:** 0.79 **2007 NF PE RVU:** 0.98 **2017 NF PE RVU:** 1.90 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.79 **Referred to CPT** October 2011 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95868** Needle electromyography; cranial nerve supplied muscles, bilateral **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 1,924 **2007 Work RVU:** 1.18 **2017 Work RVU:** 1.18 **2007 NF PE RVU:** 1.26 **2017 NF PE RVU:** 2.55 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.18 **Referred to CPT** October 2011 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95869** Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12) **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 561 **2007 Work RVU:** 0.37 **2017 Work RVU:** 0.37 **2007 NF PE RVU:** 0.53 **2017 NF PE RVU:** 2.19 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.37 **Referred to CPT** October 2011 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**95870** Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:**

**2015 Medicare Utilization:** 48,394

**2007 Work RVU:** 0.37  
**2007 NF PE RVU:** 0.53  
**2007 Fac PE RVU** NA

**2017 Work RVU:** 0.37  
**2017 NF PE RVU:** 2.22  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.37

**Referred to CPT** October 2011

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

**Result:** Maintain

**95885** Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 20

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA

**First Identified:** February 2010

**2015 Medicare Utilization:** 136,314

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

**2017 Work RVU:** 0.35  
**2017 NF PE RVU:** 1.29  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.35

**Referred to CPT** February 2011 and October 2011

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

**Result:** Decrease

**95886** Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 20

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA

**First Identified:** February 2010

**2015 Medicare Utilization:** 918,455

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

**2017 Work RVU:** 0.86  
**2017 NF PE RVU:** 1.68  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.92

**Referred to CPT** February 2011 and October 2011

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

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 20	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, ACNS, APTA	First Identified: February 2010	2015 Medicare Utilization: 13,219	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 0.71 2017 NF PE RVU: 1.53 2017 Fac PE RVU:NA
RUC Recommendation: 0.73				Referred to CPT February 2011 and October 2011		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
95900	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study			Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: MPC List / Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, APTA	First Identified: October 2010	2015 Medicare Utilization:	2007 Work RVU: 0.42 2007 NF PE RVU: 1.18 2007 Fac PE RVU NA	2017 Work RVU: 2017 NF PE RVU: 2017 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT October 2011& February 2012		Result: Deleted from CPT	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
95903	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study			Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, APTA	First Identified: September 2011	2015 Medicare Utilization:	2007 Work RVU: 0.60 2007 NF PE RVU: 1.15 2007 Fac PE RVU NA	2017 Work RVU: 2017 NF PE RVU: 2017 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT October 2011 and February 2012 & February 2012		Result: Deleted from CPT	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95904</b>	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory			<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>	AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.34 <b>2007 NF PE RVU:</b> 1.03 <b>2007 Fac PE RVU</b> NA	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> February 2011 & October 2011 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	

<b>95907</b>	Nerve conduction studies; 1-2 studies			<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>	AAN, AAPMR, AANEM, APTA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 10,518	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> 1.00 <b>2017 NF PE RVU:</b> 1.70 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00				<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	

<b>95908</b>	Nerve conduction studies; 3-4 studies			<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>	AAN, AAPMR, AANEM, APTA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 70,283	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> 1.25 <b>2017 NF PE RVU:</b> 2.23 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.37				<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**95909** Nerve conduction studies; 5-6 studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:**

AAN,  
AAPMR,  
AANEM,  
APTA

**First Identified:**

**2015 Medicare Utilization:** 141,049

**2007 Work RVU:**

**2017 Work RVU:** 1.50

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.65

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 1.77

**Referred to CPT** February 2012

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

**Result:** Decrease

**95910** Nerve conduction studies; 7-8 studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:**

AAN,  
AAPMR,  
AANEM,  
APTA

**First Identified:**

**2015 Medicare Utilization:** 161,648

**2007 Work RVU:**

**2017 Work RVU:** 2.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 3.48

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 2.80

**Referred to CPT** February 2012

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

**Result:** Decrease

**95911** Nerve conduction studies; 9-10 studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:**

AAN,  
AAPMR,  
AANEM,  
APTA

**First Identified:**

**2015 Medicare Utilization:** 170,166

**2007 Work RVU:**

**2017 Work RVU:** 2.50

**2007 NF PE RVU:**

**2017 NF PE RVU:** 4.03

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 3.34

**Referred to CPT** February 2012

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**95912** Nerve conduction studies; 11-12 studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:**

AAN, AAPMR, AANEM, APTA

**First Identified:**

**2015 Medicare Utilization:** 86,856

**2007 Work RVU:**

**2017 Work RVU:** 3.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 4.19

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 4.00

**Referred to CPT** February 2012

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

**Result:** Decrease

**95913** Nerve conduction studies; 13 or more studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:**

AAN, AAPMR, AANEM, APTA

**First Identified:**

**2015 Medicare Utilization:** 97,010

**2007 Work RVU:**

**2017 Work RVU:** 3.56

**2007 NF PE RVU:**

**2017 NF PE RVU:** 4.69

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 4.20

**Referred to CPT** February 2012

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

**Result:** Decrease

**95921** Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio

**Global:** XXX

**Issue:** Autonomic Function Testing

**Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 33

**Specialty Developing Recommendation:**

AAN, AANEM

**First Identified:** October 2009

**2015 Medicare Utilization:** 41,668

**2007 Work RVU:** 0.90

**2017 Work RVU:** 0.90

**2007 NF PE RVU:** 0.82

**2017 NF PE RVU:** 1.46

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.90

**Referred to CPT** February 2012

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**95922** Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2015 Medicare Utilization:** 5,188 **2007 Work RVU:** 0.96 **2017 Work RVU:** 0.96 **2007 NF PE RVU:** 1 **2017 NF PE RVU:** 1.82 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA **RUC Recommendation:** 0.96 **Referred to CPT** February 2012 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2008 **Result:** Maintain

**95923** Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2015 Medicare Utilization:** 119,804 **2007 Work RVU:** 0.90 **2017 Work RVU:** 0.90 **2007 NF PE RVU:** 1.99 **2017 NF PE RVU:** 3.03 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA **RUC Recommendation:** 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**95924** Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2015 Medicare Utilization:** 15,219 **2007 Work RVU:** **2017 Work RVU:** 1.73 **2007 NF PE RVU:** **2017 NF PE RVU:** 2.47 **2007 Fac PE RVU** **2017 Fac PE RVU:**NA **RUC Recommendation:** 1.73 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95925</b>	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b> AAN, AANEM, ACNS, AAPMR	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 11,046	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.63 <b>2007 Fac PE RVU</b> NA	<b>2017 Work RVU:</b> 0.54 <b>2017 NF PE RVU:</b> 3.33 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.54 and New PE Inputs		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

<b>95926</b>	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b> AAN, AANEM, ACNS, AAPMR	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 12,993	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.59 <b>2007 Fac PE RVU</b> NA	<b>2017 Work RVU:</b> 0.54 <b>2017 NF PE RVU:</b> 3.21 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.54 and New PE Inputs		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95928</b>	Central motor evoked potential study (transcranial motor stimulation); upper limbs	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 385	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> 3.25 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 1.50 <b>2017 NF PE RVU:</b> 4.45 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>Result:</b> Maintain	

<b>95929</b>	Central motor evoked potential study (transcranial motor stimulation); lower limbs	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 1,456	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> 3.48 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 1.50 <b>2017 NF PE RVU:</b> 4.64 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>Result:</b> Maintain	

<b>95930</b>	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	<b>Global:</b> XXX	<b>Issue:</b> Visual Evoked Potential Testing	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry), ACNS	<b>First Identified:</b> October 2015	<b>2015 Medicare Utilization:</b> 87,558	<b>2007 Work RVU:</b> 0.35 <b>2007 NF PE RVU:</b> 2.34 <b>2007 Fac PE RVU</b> NA <b>2017 Work RVU:</b> 0.35 <b>2017 NF PE RVU:</b> 3.28 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.35			<b>Referred to CPT</b> May 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95934</b>	<b>H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.51 <b>2007 NF PE RVU:</b> 0.55 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>95936</b>	<b>H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.55 <b>2007 NF PE RVU:</b> 0.49 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>95938</b>	<b>Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs</b>	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 68,410	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 0.86 and new PE inputs			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.86 <b>2017 NF PE RVU:</b> 8.75 <b>2017 Fac PE RVU:</b> NA <b>Result:</b> Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

<b>95939</b>	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 28,491	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> 2.25 <b>2017 NF PE RVU:</b> 11.87 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.25 and new PE inputs		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>95940</b>	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	<b>Global:</b> XXX	<b>Issue:</b> Intraoperative Neurophysiology Monitoring	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b> 14,330	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> 0.60 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 0.28
<b>RUC Recommendation:</b> 0.60		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>95941</b>	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	<b>Global:</b> XXX	<b>Issue:</b> Intraoperative Neurophysiology Monitoring	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.00 <b>2017 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**95943** Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change

**Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent** **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2015 Medicare Utilization:** 38,336 **2007 Work RVU:** **2017 Work RVU:** 0.00  
**RUC Meeting:** October 2012 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.00  
**2007 Fac PE RVU** **2017 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Carrier Price **Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95950** Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours

**Global:** XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2015 Medicare Utilization:** 872 **2007 Work RVU:** 1.51 **2017 Work RVU:** 1.51  
**RUC Meeting:** February 2010 **2007 NF PE RVU:** 4.18 **2017 NF PE RVU:** 7.81  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** 1.51 and new PE inputs **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95951** Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours

**Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

**Most Recent** **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 Medicare Utilization:** 127,858 **2007 Work RVU:** 0.00 **2017 Work RVU:** 0.00  
**RUC Meeting:** January 2017 **2007 NF PE RVU:** 0 **2017 NF PE RVU:** 0.00  
**2007 Fac PE RVU** 0 **2017 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** June 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95953** Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended **Global:** XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** February 2009

**2015 Medicare Utilization:** 22,187

**2007 Work RVU:** 3.30

**2017 Work RVU:** 3.08

**2007 NF PE RVU:** 7.52

**2017 NF PE RVU:** 8.71

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** 3.08

**Referred to CPT**

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

**95954** Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test) **Global:** XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** S **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** February 2008

**2015 Medicare Utilization:** 1,224

**2007 Work RVU:** 2.45

**2017 Work RVU:** 2.45

**2007 NF PE RVU:** 4.38

**2017 NF PE RVU:** 10.16

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**95956** Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse **Global:** XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** October 2008

**2015 Medicare Utilization:** 5,668

**2007 Work RVU:** 3.08

**2017 Work RVU:** 3.61

**2007 NF PE RVU:** 15.47

**2017 NF PE RVU:** 42.06

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** 3.61. CPT Assistant article published

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2009

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95957</b>	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram (EEG) Exended Monitoring	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 50	<b>Specialty Developing Recommendation:</b> AAN	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 58,093	<b>2007 Work RVU:</b> 1.98 <b>2017 Work RVU:</b> 1.98 <b>2007 NF PE RVU:</b> 3.37 <b>2017 NF PE RVU:</b> 6.52 <b>2007 Fac PE RVU:</b> NA <b>2017 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.98			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>95970</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	<b>Global:</b> XXX	<b>Issue:</b> Implanted Neurostimulator Electronic Analysis	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51	<b>Specialty Developing Recommendation:</b> AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 30,542	<b>2007 Work RVU:</b> 0.45 <b>2017 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.86 <b>2017 NF PE RVU:</b> 1.44 <b>2007 Fac PE RVU:</b> 0.14 <b>2017 Fac PE RVU:</b> 0.20
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016	<b>Result:</b> Maintain
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<b>95971</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	<b>Global:</b> XXX	<b>Issue:</b> Analysis of implanted neurostimulator pulse generator system	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACOG, ASA, AUA, ISIS	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 15,918	<b>2007 Work RVU:</b> 0.78 <b>2017 Work RVU:</b> 0.78 <b>2007 NF PE RVU:</b> 0.66 <b>2017 NF PE RVU:</b> 0.58 <b>2007 Fac PE RVU:</b> 0.22 <b>2017 Fac PE RVU:</b> 0.31 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.78			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95972</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	<b>Global:</b> XXX	<b>Issue:</b> Analysis of implanted neurostimulator pulse generator system	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 21</b>	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACOG, ASA, AUA, ISIS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 50,801	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> 1.21 <b>2007 Fac PE RVU:</b> 0.48 <b>2017 Work RVU:</b> 0.80 <b>2017 NF PE RVU:</b> 0.77 <b>2017 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b> May 2014 February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>95973</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Implanted Neurostimulator Electronic Analysis	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 21</b>	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACOG, ASA, AUA, ISIS	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 1,307	<b>2007 Work RVU:</b> 0.92 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU:</b> 0.32 <b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

# Status Report: CMS Requests and Relativity Assessment Issues

**95974** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour

**Global:** XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

**Most Recent** **Tab** 51 **Specialty Developing** AAN **First** **2015** **2007 Work RVU:** 3.00 **2017 Work RVU:** 3.00  
**RUC Meeting:** January 2016 **Recommendation:** **Identified:** July 2015 **Medicare** **2007 NF PE RVU:** 1.65 **2017 NF PE RVU:** 2.60  
**Utilization:** 15,283 **2007 Fac PE RVU** 1.19 **2017 Fac PE RVU:**1.39

**RUC Recommendation:** Refer to CPT **Referred to CPT** June 2017 **Result:**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jul 2016

**95975** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

**Most Recent** **Tab** 51 **Specialty Developing** AAN **First** **2015** **2007 Work RVU:** 1.70 **2017 Work RVU:** 1.70  
**RUC Meeting:** January 2016 **Recommendation:** **Identified:** July 2015 **Medicare** **2007 NF PE RVU:** 0.86 **2017 NF PE RVU:** 1.32  
**Utilization:** 283 **2007 Fac PE RVU** 0.67 **2017 Fac PE RVU:**0.80

**RUC Recommendation:** Refer to CPT **Referred to CPT** June 2017 **Result:**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jul 2016

**95978** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour

**Global:** XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

**Most Recent** **Tab** 51 **Specialty Developing** AAN **First** **2015** **2007 Work RVU:** 3.50 **2017 Work RVU:** 3.50  
**RUC Meeting:** January 2016 **Recommendation:** **Identified:** July 2015 **Medicare** **2007 NF PE RVU:** 1.91 **2017 NF PE RVU:** 3.22  
**Utilization:** 34,432 **2007 Fac PE RVU** 1.24 **2017 Fac PE RVU:**1.63

**RUC Recommendation:** Refer to CPT **Referred to CPT** June 2017 **Result:**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jul 2016

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95979</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Electronic Analysis of Implanted Neurostimulator Pulse Generator System	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> AAN	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 5,871	<b>2007 Work RVU:</b> 1.64 <b>2007 NF PE RVU:</b> 0.84 <b>2007 Fac PE RVU:</b> 0.64	<b>2017 Work RVU:</b> 1.64 <b>2017 NF PE RVU:</b> 1.28 <b>2017 Fac PE RVU:</b> 0.77
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016	<b>Result:</b>	
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<b>95980</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	<b>Global:</b> XXX	<b>Issue:</b> Electronic Analysis of Implanted Neurostimulator Pulse Generator System	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 395	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2017 Work RVU:</b> 0.80 <b>2017 NF PE RVU:</b> NA <b>2017 Fac PE RVU:</b> 0.35
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>95981</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	<b>Global:</b> XXX	<b>Issue:</b> Electronic Analysis of Implanted Neurostimulator Pulse Generator System	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 600	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2017 Work RVU:</b> 0.30 <b>2017 NF PE RVU:</b> 0.57 <b>2017 Fac PE RVU:</b> 0.17
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	



# Status Report: CMS Requests and Relativity Assessment Issues

**95982** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming

**Global:** XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 51 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2015 Medicare Utilization:** 1,036 **2007 Work RVU:** **2017 Work RVU:** 0.65 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.76 **2007 Fac PE RVU** **2017 Fac PE RVU:**0.30 **Result:** Maintain

**RUC Recommendation:** Refer to CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95990** Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;

**Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2015 Medicare Utilization:** 2,924 **2007 Work RVU:** 0.00 **2017 Work RVU:** 0.00 **2007 NF PE RVU:** 1.53 **2017 NF PE RVU:** 2.53 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA **Result:** Maintain

**RUC Recommendation:** 0.00 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95991** Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

**Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2015 Medicare Utilization:** 14,238 **2007 Work RVU:** 0.77 **2017 Work RVU:** 0.77 **2007 NF PE RVU:** 1.53 **2017 NF PE RVU:** 2.54 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**0.30 **Result:** Maintain

**RUC Recommendation:** 0.77 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**96101** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing**  
**Recommendation:** APA  
(psychology)

**First**  
**Identified:** July 2015

**2015**  
**Medicare**  
**Utilization:** 222,013

**2007 Work RVU:** 1.86

**2017 Work RVU:** 1.86

**2007 NF PE RVU:** 0.58

**2017 NF PE RVU:** 0.32

**2007 Fac PE RVU** 0.56

**2017 Fac PE RVU:**0.30

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

**96102** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing**  
**Recommendation:** APA  
(psychology)

**First**  
**Identified:** July 2015

**2015**  
**Medicare**  
**Utilization:** 42,505

**2007 Work RVU:** 0.50

**2017 Work RVU:** 0.50

**2007 NF PE RVU:** 0.8

**2017 NF PE RVU:** 1.22

**2007 Fac PE RVU** 0.15

**2017 Fac PE RVU:**0.14

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

**96103** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing**  
**Recommendation:** APA  
(Psychology)

**First**  
**Identified:** April 2013

**2015**  
**Medicare**  
**Utilization:** 113,328

**2007 Work RVU:** 0.51

**2017 Work RVU:** 0.51

**2007 NF PE RVU:** 0.49

**2017 NF PE RVU:** 0.23

**2007 Fac PE RVU** 0.15

**2017 Fac PE RVU:**0.20

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>96105</b>	<b>Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour</b>	<b>Global:</b> XXX	<b>Issue:</b> Psychological and Neuro-psychological Testing	<b>Screen:</b> CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> ASHA, AAN	<b>First Identified:</b> January 2016	<b>2015 Medicare Utilization:</b> 406	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.83 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 1.75 <b>2017 NF PE RVU:</b> 1.22 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT. 1.75		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>96110</b>	<b>Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument</b>	<b>Global:</b> XXX	<b>Issue:</b> Psychological and Neuro-psychological Testing	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAN, APA (psychology)	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.18 <b>2007 Fac PE RVU</b> NA <b>Result:</b>	<b>2017 Work RVU:</b> 0.00 <b>2017 NF PE RVU:</b> 0.26 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>96111</b>	<b>Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Psychological and Neuro-psychological Testing	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAN, APA (psychology)	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b> 1,070	<b>2007 Work RVU:</b> 2.60 <b>2007 NF PE RVU:</b> 0.96 <b>2007 Fac PE RVU</b> .92 <b>Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> 2.60 <b>2017 NF PE RVU:</b> 0.97 <b>2017 Fac PE RVU:</b> 0.80
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**96116** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 18

**Specialty Developing**  
**Recommendation:** AAN, APA  
(psychology)

**First**  
**Identified:** July 2015

**2015**  
**Medicare**  
**Utilization:** 145,203

**2007 Work RVU:** 1.86

**2017 Work RVU:** 1.86

**2007 NF PE RVU:** 0.76

**2017 NF PE RVU:** 0.65

**2007 Fac PE RVU** 0.59

**2017 Fac PE RVU:**0.49

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

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

**96118** Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing**  
**Recommendation:** APA  
(psychology)

**First**  
**Identified:** July 2015

**2015**  
**Medicare**  
**Utilization:** 632,034

**2007 Work RVU:** 1.86

**2017 Work RVU:** 1.86

**2007 NF PE RVU:** 1.25

**2017 NF PE RVU:** 0.82

**2007 Fac PE RVU** 0.56

**2017 Fac PE RVU:**0.29

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

**96119** Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing**  
**Recommendation:** APA  
(psychology)

**First**  
**Identified:** July 2015

**2015**  
**Medicare**  
**Utilization:** 165,817

**2007 Work RVU:** 0.55

**2017 Work RVU:** 0.55

**2007 NF PE RVU:** 1.15

**2017 NF PE RVU:** 1.67

**2007 Fac PE RVU** 0.17

**2017 Fac PE RVU:**0.10

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

## Status Report: CMS Requests and Relativity Assessment Issues

**96120** Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing**  
**Recommendation:** APA  
(Psychology)

**First**  
**Identified:** April 2013

**2015**  
**Medicare**  
**Utilization:** 26,799

**2007 Work RVU:** 0.51

**2017 Work RVU:** 0.51

**2007 NF PE RVU:** 1.04

**2017 NF PE RVU:** 0.81

**2007 Fac PE RVU** 0.15

**2017 Fac PE RVU:**0.19

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

**Result:** Deleted from CPT

**96125** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

**Global:** XXX

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing**  
**Recommendation:** APA  
(psychology)

**First**  
**Identified:** January 2016

**2015**  
**Medicare**  
**Utilization:** 2,168

**2007 Work RVU:**

**2017 Work RVU:** 1.70

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.51

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

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

**Result:**

**96127** Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

**Global:** XXX

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 18

**Specialty Developing**  
**Recommendation:** APA  
(psychology)

**First**  
**Identified:** January 2016

**2015**  
**Medicare**  
**Utilization:** 3,614

**2007 Work RVU:**

**2017 Work RVU:** 0.00

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.15

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

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

**Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

**96360** Intravenous infusion, hydration; initial, 31 minutes to 1 hour

**Global:** XXX

**Issue:** IV Hydration

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2017

**Tab** 25

**Specialty Developing  
Recommendation:** ASCO, ASH

**First  
Identified:** July 2015

**2015  
Medicare  
Utilization:** 233,462

**2007 Work RVU:**

**2017 Work RVU:** 0.17

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.43

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96361** Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** IV Hydration

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2017

**Tab** 25

**Specialty Developing  
Recommendation:** ASCO, ASH

**First  
Identified:** July 2015

**2015  
Medicare  
Utilization:** 534,727

**2007 Work RVU:**

**2017 Work RVU:** 0.09

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.33

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.09

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96365** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

**Global:** XXX

**Issue:** Intravenous Infusion  
Therapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2013

**Tab** 28

**Specialty Developing  
Recommendation:** ACRh,  
ASCO, ASH,  
ISDA

**First  
Identified:** September 2011

**2015  
Medicare  
Utilization:** 1,257,029

**2007 Work RVU:**

**2017 Work RVU:** 0.21

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.70

**2007 Fac PE RVU**

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.21

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>96366</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravenous Infusion Therapy	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ISDA	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 599,152	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 0.18 <b>2017 NF PE RVU:</b> 0.34 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.18	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>96367</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravenous Infusion Therapy	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ISDA	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 1,721,686	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 0.19 <b>2017 NF PE RVU:</b> 0.66 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.19	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>96368</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravenous Infusion Therapy	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ISDA	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 145,066	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2017 Work RVU:</b> 0.17 <b>2017 NF PE RVU:</b> 0.40 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.17	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**96372** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular **Global:** XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 26

**Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh

**First Identified:** April 2013

**2015 Medicare Utilization:** 9,162,353

**2007 Work RVU:**

**2017 Work RVU:** 0.17

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.54

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96374** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug **Global:** XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 26

**Specialty Developing Recommendation:** ASCO, ASH, ACRh

**First Identified:** July 2015

**2015 Medicare Utilization:** 286,473

**2007 Work RVU:**

**2017 Work RVU:** 0.18

**2007 NF PE RVU:**

**2017 NF PE RVU:** 1.40

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96375** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 26

**Specialty Developing Recommendation:** ASCO, ASH, ACRh

**First Identified:** July 2015

**2015 Medicare Utilization:** 1,467,262

**2007 Work RVU:**

**2017 Work RVU:** 0.10

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.52

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.10

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**96377** Application of on-body injector (includes cannula insertion) for timed subcutaneous injection

**Global:** XXX

**Issue:** Application of On-body Injector with Subcutaneous Injection

**Screen:** should be on N/R LOI just added to track

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 26

**Specialty Developing Recommendation:** ASCO, ASH

**First Identified:** January 2016

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Not Part of RAW

**RUC Recommendation:** 0.17

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**963X0**

**Global:**

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** January 2017

**Tab** 18

**Specialty Developing Recommendation:**

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**963X1**

**Global:**

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** January 2017

**Tab** 18

**Specialty Developing Recommendation:**

**First Identified:** January 2017

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

963X2

Global:

Issue: Psychological and Neuro-psychological Testing

Screen: CMS High Expenditure Procedural Codes2

Complete? No

Most Recent  
RUC Meeting: January 2017

Tab 18

Specialty Developing  
Recommendation:

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result:

RUC Recommendation: Refer to CPT

Referred to CPT June 2017

Referred to CPT Asst ☐ Published in CPT Asst:

963X3

Global:

Issue: Psychological and Neuro-psychological Testing

Screen: CMS High Expenditure Procedural Codes2

Complete? No

Most Recent  
RUC Meeting: January 2017

Tab 18

Specialty Developing  
Recommendation:

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result:

RUC Recommendation: Refer to CPT

Referred to CPT June 2017

Referred to CPT Asst ☐ Published in CPT Asst:

963X4

Global:

Issue: Psychological and Neuro-psychological Testing

Screen: CMS High Expenditure Procedural Codes2

Complete? No

Most Recent  
RUC Meeting: January 2017

Tab 18

Specialty Developing  
Recommendation:

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result:

RUC Recommendation: Refer to CPT

Referred to CPT June 2017

Referred to CPT Asst ☐ Published in CPT Asst:

963X5

Global:

Issue: Psychological and Neuro-psychological Testing

Screen: CMS High Expenditure Procedural Codes2

Complete? No

Most Recent  
RUC Meeting: January 2017

Tab 18

Specialty Developing  
Recommendation:

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result:

RUC Recommendation: Refer to CPT

Referred to CPT June 2017

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

963X6

Global:

Issue: Psychological and Neuro-psychological Testing

Screen: CMS High Expenditure Procedural Codes2

Complete? No

Most Recent  
RUC Meeting: January 2017

Tab 18

Specialty Developing  
Recommendation:

First  
Identified: January 2017

2015  
Medicare  
Utilization:

2007 Work RVU:

2017 Work RVU:

2007 NF PE RVU:

2017 NF PE RVU:

2007 Fac PE RVU

2017 Fac PE RVU:

Result:

RUC Recommendation: Refer to CPT

Referred to CPT June 2017

Referred to CPT Asst ☐ Published in CPT Asst:

96401 Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

Global: XXX

Issue: Chemotherapy Administration

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 27

Specialty Developing  
Recommendation: ASBMT, ASCO, ASH, ACRh

First  
Identified: July 2015

2015  
Medicare  
Utilization: 766,535

2007 Work RVU: 0.21

2017 Work RVU: 0.21

2007 NF PE RVU: 1.34

2017 NF PE RVU: 1.84

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.21

Referred to CPT N/A

Referred to CPT Asst ☐ Published in CPT Asst:

96402 Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic

Global: XXX

Issue: Chemotherapy Administration

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 27

Specialty Developing  
Recommendation: ASBMT, ASCO, ASH, AUA

First  
Identified: July 2015

2015  
Medicare  
Utilization: 384,120

2007 Work RVU: 0.19

2017 Work RVU: 0.19

2007 NF PE RVU: 0.94

2017 NF PE RVU: 0.71

2007 Fac PE RVU NA

2017 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.19

Referred to CPT N/A

Referred to CPT Asst ☐ Published in CPT Asst:

96405 Chemotherapy administration; intralesional, up to and including 7 lesions

Global: 000

Issue: Chemotherapy Administration

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent  
RUC Meeting: April 2008

Tab 55

Specialty Developing  
Recommendation: ASCO

First  
Identified: NA

2015  
Medicare  
Utilization: 2,824

2007 Work RVU: 0.52

2017 Work RVU: 0.52

2007 NF PE RVU: 2.71

2017 NF PE RVU: 1.76

2007 Fac PE RVU 0.24

2017 Fac PE RVU:0.31

Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>96406</b>	<b>Chemotherapy administration; intralesional, more than 7 lesions</b>	<b>Global:</b> 000	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 55	<b>Specialty Developing Recommendation:</b> ASCO	<b>First Identified:</b> NA	<b>2015 Medicare Utilization:</b> 253	<b>2007 Work RVU:</b> 0.80 <b>2007 NF PE RVU:</b> 3.08 <b>2007 Fac PE RVU</b> 0.29 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.80 <b>2017 NF PE RVU:</b> 2.53 <b>2017 Fac PE RVU:</b> 0.47

<b>96409</b>	<b>Chemotherapy administration; intravenous, push technique, single or initial substance/drug</b>	<b>Global:</b> XXX	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ASBMT, ASCO, ASH	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 143,179	<b>2007 Work RVU:</b> 0.24 <b>2007 NF PE RVU:</b> 2.88 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.24			<b>Referred to CPT</b> N/A <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.24 <b>2017 NF PE RVU:</b> 2.82 <b>2017 Fac PE RVU:</b> NA

<b>96411</b>	<b>Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ASBMT, ASCO, ASH	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 201,063	<b>2007 Work RVU:</b> 0.20 <b>2007 NF PE RVU:</b> 1.58 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.20			<b>Referred to CPT</b> N/A <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.20 <b>2017 NF PE RVU:</b> 1.52 <b>2017 Fac PE RVU:</b> NA

## *Status Report: CMS Requests and Relativity Assessment Issues*

96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug				Global: XXX	Issue: Chemotherapy Administration	Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	Complete? Yes					
Most Recent RUC Meeting:	January 2013	Tab 29	Specialty Developing Recommendation:	ACRrh, ASCO, ASH, ASBMT	First Identified:	February 2010	2015 Medicare Utilization:	1,820,054	2007 Work RVU:	0.28	2017 Work RVU:	0.28	
RUC Recommendation:				0.28 and new PE inputs				Referred to CPT		2007 NF PE RVU:	4.05	2017 NF PE RVU:	3.53
								Referred to CPT Asst	<input type="checkbox"/>	2007 Fac PE RVU	NA	2017 Fac PE RVU:	NA
								Published in CPT Asst:		Result:	Maintain		
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)				Global: ZZZ	Issue: Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes					
Most Recent RUC Meeting:	January 2013	Tab 29	Specialty Developing Recommendation:	ACRrh, ASCO, ASH, ASBMT	First Identified:	January 2012	2015 Medicare Utilization:	957,455	2007 Work RVU:	0.19	2017 Work RVU:	0.19	
RUC Recommendation:				0.19 and new PE inputs				Referred to CPT		2007 NF PE RVU:	0.74	2017 NF PE RVU:	0.59
								Referred to CPT Asst	<input type="checkbox"/>	2007 Fac PE RVU	NA	2017 Fac PE RVU:	NA
								Published in CPT Asst:		Result:	Maintain		
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump				Global: XXX	Issue: Chemotherapy Administration	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes					
Most Recent RUC Meeting:	October 2010	Tab 20	Specialty Developing Recommendation:	ACRrh, ASCO, ASH	First Identified:	February 2010	2015 Medicare Utilization:	116,894	2007 Work RVU:	0.21	2017 Work RVU:	0.21	
RUC Recommendation:				New PE inputs				Referred to CPT		2007 NF PE RVU:	4.47	2017 NF PE RVU:	3.65
								Referred to CPT Asst	<input type="checkbox"/>	2007 Fac PE RVU	NA	2017 Fac PE RVU:	NA
								Published in CPT Asst:		Result:	PE Only		

## Status Report: CMS Requests and Relativity Assessment Issues

**96417** Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 29

**Specialty Developing Recommendation:**

ACRh, ASCO, ASH, ASBMT

**First Identified:** January 2012

**2015 Medicare Utilization:** 467,461

**2007 Work RVU:** 0.21

**2017 Work RVU:** 0.21

**2007 NF PE RVU:** 1.89

**2017 NF PE RVU:** 1.59

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.21 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96440** Chemotherapy administration into pleural cavity, requiring and including thoracentesis

**Global:** 000

**Issue:** Chemotherapy Administration

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** R

**Specialty Developing Recommendation:**

**First Identified:** NA

**2015 Medicare Utilization:** 41

**2007 Work RVU:** 2.37

**2017 Work RVU:** 2.12

**2007 NF PE RVU:** 7.48

**2017 NF PE RVU:** 19.41

**2007 Fac PE RVU** 1.17

**2017 Fac PE RVU:**0.99

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96567** Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session

**Global:** XXX

**Issue:** Photodynamic Therapy

**Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 16

**Specialty Developing Recommendation:** AAD

**First Identified:** February 2008

**2015 Medicare Utilization:** 134,450

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 2.4

**2017 NF PE RVU:** 3.80

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.00 PE Only

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**96910** Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B **Global:** XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 44 **Specialty Developing** AAD  
**RUC Meeting:** April 2016 **Recommendation:**

**First**  
**Identified:** July 2015

**2015**  
**Medicare**  
**Utilization:** 391,331

**2007 Work RVU:** 0.00 **2017 Work RVU:** 0.00

**2007 NF PE RVU:** 1.24 **2017 NF PE RVU:** 2.00

**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** PE Only

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

**96920** Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

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

**First**  
**Identified:** October 2008

**2015**  
**Medicare**  
**Utilization:** 106,782

**2007 Work RVU:** 1.15 **2017 Work RVU:** 1.15

**2007 NF PE RVU:** 2.8 **2017 NF PE RVU:** 3.20

**2007 Fac PE RVU** 0.57 **2017 Fac PE RVU:**0.71

**Result:** Maintain

**RUC Recommendation:** 1.15

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2016

**96921** Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

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

**First**  
**Identified:** February 2008

**2015**  
**Medicare**  
**Utilization:** 30,372

**2007 Work RVU:** 1.17 **2017 Work RVU:** 1.30

**2007 NF PE RVU:** 2.82 **2017 NF PE RVU:** 3.49

**2007 Fac PE RVU** 0.57 **2017 Fac PE RVU:**0.80

**Result:** Increase

**RUC Recommendation:** 1.30

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2016

## Status Report: CMS Requests and Relativity Assessment Issues

**96922** Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm      **Global:** 000      **Issue:** Laser Treatment – Skin      **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis      **Complete?** Yes

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

**First Identified:** October 2008      **2015 Medicare Utilization:** 16,883

**2007 Work RVU:** 2.10      **2017 Work RVU:** 2.10  
**2007 NF PE RVU:** 3.77      **2017 NF PE RVU:** 4.50  
**2007 Fac PE RVU:** 0.73      **2017 Fac PE RVU:** 1.27  
**Result:** Maintain

**RUC Recommendation:** 2.10

**Referred to CPT**  
**Referred to CPT Asst** ☒      **Published in CPT Asst:** Sep 2016

**96X73**      **Global:**      **Issue:** Photodynamic Therapy      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017      **Tab** 16      **Specialty Developing Recommendation:** AAD

**First Identified:** January 2017      **2015 Medicare Utilization:**

**2007 Work RVU:**      **2017 Work RVU:**  
**2007 NF PE RVU:**      **2017 NF PE RVU:**  
**2007 Fac PE RVU:**      **2017 Fac PE RVU:**  
**Result:** Increase

**RUC Recommendation:** 0.48

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**96X74**      **Global:**      **Issue:** Photodynamic Therapy      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017      **Tab** 16      **Specialty Developing Recommendation:** AAD

**First Identified:** January 2017      **2015 Medicare Utilization:**

**2007 Work RVU:**      **2017 Work RVU:**  
**2007 NF PE RVU:**      **2017 NF PE RVU:**  
**2007 Fac PE RVU:**      **2017 Fac PE RVU:**  
**Result:** Increase

**RUC Recommendation:** 1.01

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

## 97001 Physical therapy evaluation

Global: XXX

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent Tab 17 Specialty Developing  
RUC Meeting: October 2015 Recommendation:

First  
Identified: September 2011

2015  
Medicare  
Utilization: 2,503,430

2007 Work RVU: 1.20

2017 Work RVU:

2007 NF PE RVU: 0.73

2017 NF PE RVU:

2007 Fac PE RVU NA

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## 97002 Physical therapy re-evaluation

Global: XXX

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent Tab 17 Specialty Developing  
RUC Meeting: October 2015 Recommendation:

First  
Identified: February 2015

2015  
Medicare  
Utilization: 533,642

2007 Work RVU: 0.60

2017 Work RVU:

2007 NF PE RVU: 0.43

2017 NF PE RVU:

2007 Fac PE RVU NA

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## 97003 Occupational therapy evaluation

Global: XXX

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent Tab 17 Specialty Developing  
RUC Meeting: October 2015 Recommendation:

First  
Identified: February 2015

2015  
Medicare  
Utilization: 190,584

2007 Work RVU: 1.20

2017 Work RVU:

2007 NF PE RVU: 0.86

2017 NF PE RVU:

2007 Fac PE RVU NA

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## 97004 Occupational therapy re-evaluation

Global: XXX

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent Tab 17 Specialty Developing  
RUC Meeting: October 2015 Recommendation:

First  
Identified: February 2015

2015  
Medicare  
Utilization: 30,994

2007 Work RVU: 0.60

2017 Work RVU:

2007 NF PE RVU: 0.64

2017 NF PE RVU:

2007 Fac PE RVU NA

2017 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:



## Status Report: CMS Requests and Relativity Assessment Issues

**97010** Application of a modality to 1 or more areas; hot or cold packs

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** No

**Most Recent RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing Recommendation:** APTA

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.06

**2017 Work RVU:** 0.06

**2007 NF PE RVU:** 0.06

**2017 NF PE RVU:** 0.10

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

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

**97012** Application of a modality to 1 or more areas; traction, mechanical

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing Recommendation:** APTA

**First Identified:**

**2015 Medicare Utilization:** 565,044

**2007 Work RVU:** 0.25

**2017 Work RVU:** 0.25

**2007 NF PE RVU:** 0.13

**2017 NF PE RVU:** 0.20

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.25

**Referred to CPT**

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

**97014** Application of a modality to 1 or more areas; electrical stimulation (unattended)

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 29

**Specialty Developing Recommendation:** APTA

**First Identified:**

**2015 Medicare Utilization:**

**2007 Work RVU:** 0.18

**2017 Work RVU:** 0.18

**2007 NF PE RVU:** 0.19

**2017 NF PE RVU:** 0.26

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**97016** Application of a modality to 1 or more areas; vasopneumatic devices

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Codes Reported Together 75% or More- Part1 / High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 29 Specialty Developing Recommendation:** APTA

**First Identified:** February 2010

**2015 Medicare Utilization:** 480,543

**2007 Work RVU:** 0.18

**2017 Work RVU:** 0.18

**2007 NF PE RVU:** 0.2

**2017 NF PE RVU:** 0.36

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**97018** Application of a modality to 1 or more areas; paraffin bath

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Codes Reported Together 75% or More- Part1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 29 Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2010

**2015 Medicare Utilization:** 133,725

**2007 Work RVU:** 0.06

**2017 Work RVU:** 0.06

**2007 NF PE RVU:** 0.12

**2017 NF PE RVU:** 0.24

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.06

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**97022** Application of a modality to 1 or more areas; whirlpool

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 29 Specialty Developing Recommendation:** APTA

**First Identified:**

**2015 Medicare Utilization:** 176,554

**2007 Work RVU:** 0.17

**2017 Work RVU:** 0.17

**2007 NF PE RVU:** 0.24

**2017 NF PE RVU:** 0.49

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**97032** Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes      **Global:** XXX      **Issue:** Physical Medicine and Rehabilitation Services - Modalities      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 29**      **Specialty Developing Recommendation:**      APTA

**First Identified:** July 2015

**2015 Medicare Utilization:** 1,149,079

**2007 Work RVU:** 0.25  
**2007 NF PE RVU:** 0.17  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2017 Work RVU:** 0.25  
**2017 NF PE RVU:** 0.28  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.25

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

**97033** Application of a modality to 1 or more areas; iontophoresis, each 15 minutes      **Global:** XXX      **Issue:** Physical Medicine and Rehabilitation Services - Modalities      **Screen:** Physical Medicine and Rehabilitation Services      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 29**      **Specialty Developing Recommendation:**      APTA

**First Identified:**

**2015 Medicare Utilization:** 109,729

**2007 Work RVU:** 0.26  
**2007 NF PE RVU:** 0.31  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2017 Work RVU:** 0.26  
**2017 NF PE RVU:** 0.35  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.26

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

**97034** Application of a modality to 1 or more areas; contrast baths, each 15 minutes      **Global:** XXX      **Issue:** Physical Medicine and Rehabilitation Services - Modalities      **Screen:** Physical Medicine and Rehabilitation Services      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 29**      **Specialty Developing Recommendation:**      APTA, AOTA

**First Identified:**

**2015 Medicare Utilization:** 7,932

**2007 Work RVU:** 0.21  
**2007 NF PE RVU:** 0.16  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2017 Work RVU:** 0.21  
**2017 NF PE RVU:** 0.29  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** 0.21

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97035</b>	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Low Value-High Volume / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> October 2010	<b>2015 Medicare Utilization:</b> 2,790,964	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 0.1 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.21 <b>2017 NF PE RVU:</b> 0.14 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.21		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>97110</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> AOTA, APTA	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 49,007,989	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.28 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.45 <b>2017 NF PE RVU:</b> 0.45 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>97112</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 9,838,766	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.32 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 0.45 <b>2017 NF PE RVU:</b> 0.49 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97113</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> July 2015	<b>2015 Medicare Utilization:</b> 1,641,331	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 0.43 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 0.44 <b>2017 NF PE RVU:</b> 0.77 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.48		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>97116</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 1,879,655	<b>2007 Work RVU:</b> 0.40 <b>2007 NF PE RVU:</b> 0.25 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 0.40 <b>2017 NF PE RVU:</b> 0.39 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>97140</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 23,114,335	<b>2007 Work RVU:</b> 0.43 <b>2007 NF PE RVU:</b> 0.26 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2017 Work RVU:</b> 0.43 <b>2017 NF PE RVU:</b> 0.41 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.43		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>97150</b>	Therapeutic procedure(s), group (2 or more individuals)	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> April 2011	<b>2015 Medicare Utilization:</b> 914,212	<b>2007 Work RVU:</b> 0.27 <b>2007 NF PE RVU:</b> 0.19 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2017 Work RVU:</b> 0.29 <b>2017 NF PE RVU:</b> 0.19 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.29		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>97161</b>	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AOTA, APTA	<b>First Identified:</b> February 2015	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2017 Work RVU:</b> 1.20 <b>2017 NF PE RVU:</b> 0.98 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.75		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Global: XXX	Issue: Physical Medicine and Rehabilitation Services	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes		
Most Recent RUC Meeting:	October 2015	Tab 17	Specialty Developing Recommendation: AOTA, APTA	First Identified: February 2015	2015 Medicare Utilization:	2007 Work RVU:	2017 Work RVU: 1.20
RUC Recommendation:	1.18			Referred to CPT February 2015		2007 NF PE RVU:	2017 NF PE RVU: 0.98
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU Result: Decrease	2017 Fac PE RVU:NA

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97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Global: XXX	Issue: Physical Medicine and Rehabilitation Services	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes		
Most Recent RUC Meeting:	October 2015	Tab 17	Specialty Developing Recommendation: AOTA, APTA	First Identified: February 2015	2015 Medicare Utilization:	2007 Work RVU:	2017 Work RVU: 1.20
RUC Recommendation:	1.50			Referred to CPT February 2015		2007 NF PE RVU:	2017 NF PE RVU: 0.98
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU Result: Maintain	2017 Fac PE RVU:NA

## Status Report: CMS Requests and Relativity Assessment Issues

**97164** Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 17 Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 0.75

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.73

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.75

**Referred to CPT** February 2015

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

**Result:** Increase

**97165** Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 17 Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 1.20

**2007 NF PE RVU:**

**2017 NF PE RVU:** 0.91

**2007 Fac PE RVU**

**2017 Fac PE RVU:** NA

**RUC Recommendation:** 0.88

**Referred to CPT** February 2015

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

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.			Global: XXX	Issue: Physical Medicine and Rehabilitation Services	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes		
Most Recent RUC Meeting:	October 2015	Tab 17	Specialty Developing Recommendation:	AOTA, APTA	First Identified:	February 2015	2015 Medicare Utilization:	2007 Work RVU:	2017 Work RVU: 1.20
								2007 NF PE RVU:	2017 NF PE RVU: 0.91
								2007 Fac PE RVU	2017 Fac PE RVU:NA
RUC Recommendation:	1.20				Referred to CPT	February 2015		Result: Maintain	
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		

97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.			Global: XXX	Issue: Physical Medicine and Rehabilitation Services	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes			
Most Recent RUC Meeting:	October 2015	Tab 17	Specialty Developing Recommendation:	AOTA, APTA	First Identified:	February 2015	2015 Medicare Utilization:	2007 Work RVU:	2017 Work RVU:	1.20
								2007 NF PE RVU:	2017 NF PE RVU:	0.91
								2007 Fac PE RVU	2017 Fac PE RVU:	NA
RUC Recommendation:	1.70				Referred to CPT	February 2015		Result:	Increase	
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:			

## Status Report: CMS Requests and Relativity Assessment Issues

97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Global: XXX	Issue: Physical Medicine and Rehabilitation Services	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 17 Specialty Developing Recommendation: AOTA, APTA	First Identified: February 2015	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2017 Work RVU: 0.75 2017 NF PE RVU: 0.65 2017 Fac PE RVU:NA
RUC Recommendation: 0.80		Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Therapeutic	Screen: CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 29 Specialty Developing Recommendation: APTA, AOTA	First Identified: September 2011	2015 Medicare Utilization: 9,559,035	2007 Work RVU: 0.44 2007 NF PE RVU: 0.34 2007 Fac PE RVU NA Result: Maintain	2017 Work RVU: 0.44 2017 NF PE RVU: 0.54 2017 Fac PE RVU:NA
RUC Recommendation: 0.44		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	Global: XXX	Issue: Cognitive Function Intervention	Screen: High Volume Growth2 / High Volume Growth3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 29 Specialty Developing Recommendation: APTA, AOTA, ASHA, APA (psychology)	First Identified: April 2013	2015 Medicare Utilization: 308,359	2007 Work RVU: 0.44 2007 NF PE RVU: 0.21 2007 Fac PE RVU NA	2017 Work RVU: 0.44 2017 NF PE RVU: 0.30 2017 Fac PE RVU:0.16
RUC Recommendation: Deleted from CPT		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>97533</b> Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 29 Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 9,270	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 0.25 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase <b>2017 Work RVU:</b> 0.44 <b>2017 NF PE RVU:</b> 0.38 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.48	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>97535</b> Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 29 Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> October 2012	<b>2015 Medicare Utilization:</b> 1,144,163	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.34 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2017 Work RVU:</b> 0.45 <b>2017 NF PE RVU:</b> 0.52 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Article no longer necessary			
<b>97537</b> Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 29 Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b>	<b>2015 Medicare Utilization:</b> 4,398	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.27 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase <b>2017 Work RVU:</b> 0.45 <b>2017 NF PE RVU:</b> 0.39 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.48	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97542</b>	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 29</b>	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2013	<b>2015 Medicare Utilization:</b> 32,538	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.28 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.45 <b>2017 NF PE RVU:</b> 0.40 <b>2017 Fac PE RVU:</b> NA
<hr/>					
<b>97597</b>	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	<b>Global:</b> 000	<b>Issue:</b> Excision and Debridement	<b>Screen:</b> Site of Service Anomaly / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APTA, APMA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 1,037,269	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 0.77 <b>2007 Fac PE RVU</b> 0.53 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> Review 2017. 0.54			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.51 <b>2017 NF PE RVU:</b> 1.60 <b>2017 Fac PE RVU:</b> 0.13
<hr/>					
<b>97598</b>	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Excision and Debridement	<b>Screen:</b> Site of Service Anomaly / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APTA, APMA	<b>First Identified:</b> September 2007	<b>2015 Medicare Utilization:</b> 147,347	<b>2007 Work RVU:</b> 0.80 <b>2007 NF PE RVU:</b> 0.91 <b>2007 Fac PE RVU</b> 0.64 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> Review 2017. 0.40			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.24 <b>2017 NF PE RVU:</b> 0.45 <b>2017 Fac PE RVU:</b> 0.06

## Status Report: CMS Requests and Relativity Assessment Issues

97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Active Wound Care Management	Screen: Physical Medicine and Rehabilitation Services	Complete? Yes	
Most Recent RUC Meeting: April 2016	Tab 47	Specialty Developing Recommendation: AAOS, ACS, APMA, ASPS	First Identified:	2015 Medicare Utilization: 1	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0 Result: Maintain	2017 Work RVU: 0.00 2017 NF PE RVU: 0.00 2017 Fac PE RVU:0.00
RUC Recommendation: Maintain		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Global: XXX	Issue: Negative Pressure Wound Therapy	Screen: High Volume Growth2	Complete? Yes	
Most Recent RUC Meeting: April 2016	Tab 47	Specialty Developing Recommendation: AAOS, ACS, APMA, ASPS	First Identified: April 2013	2015 Medicare Utilization: 46,027	2007 Work RVU: 0.55 2007 NF PE RVU: 0.36 2007 Fac PE RVU 0.2 Result: Maintain	2017 Work RVU: 0.55 2017 NF PE RVU: 0.60 2017 Fac PE RVU:0.14
RUC Recommendation: 0.55		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Global: XXX	Issue: Negative Pressure Wound Therapy	Screen: High Volume Growth2	Complete? Yes	
Most Recent RUC Meeting: April 2016	Tab 47	Specialty Developing Recommendation: APMA, ACS, AAOS, ASPS	First Identified: April 2013	2015 Medicare Utilization: 14,142	2007 Work RVU: 0.60 2007 NF PE RVU: 0.37 2007 Fac PE RVU 0.21 Result: Maintain	2017 Work RVU: 0.60 2017 NF PE RVU: 0.76 2017 Fac PE RVU:0.15
RUC Recommendation: 0.60		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

**97607** Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing**  
**Recommendation:** APMA, ACS, AAOS, ASPS

**First**  
**Identified:** May 2013

**2015**  
**Medicare**  
**Utilization:** 1,219

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 0.00  
**2017 NF PE RVU:** 0.00  
**2017 Fac PE RVU:** 0.00

**RUC Recommendation:** 0.11

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

**97608** Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing**  
**Recommendation:** APMA, ACS, AAOS, ASPS

**First**  
**Identified:** May 2013

**2015**  
**Medicare**  
**Utilization:** 421

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2017 Work RVU:** 0.00  
**2017 NF PE RVU:** 0.00  
**2017 Fac PE RVU:** 0.00

**RUC Recommendation:** 0.46

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

**97610** Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing**  
**Recommendation:**

**First**  
**Identified:**

**2015**  
**Medicare**  
**Utilization:** 1,580

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Maintain

**2017 Work RVU:** 0.35  
**2017 NF PE RVU:** 3.03  
**2017 Fac PE RVU:** 0.09

**RUC Recommendation:** Maintain

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

## Status Report: CMS Requests and Relativity Assessment Issues

**97755** Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** No

**Most Recent**  
**RUC Meeting:** April 2016

**Tab** 47 **Specialty Developing** APMA, ACS, AAOS, ASPS  
**Recommendation:**

**First Identified:** February 2008

**2015**  
**Medicare**  
**Utilization:** 2,431

**2007 Work RVU:** 0.62

**2017 Work RVU:** 0.62

**2007 NF PE RVU:** 0.28

**2017 NF PE RVU:** 0.37

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** June 2017

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

**97760** Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 29 **Specialty Developing** APTA, AOTA  
**Recommendation:**

**First Identified:** April 2016

**2015**  
**Medicare**  
**Utilization:** 57,165

**2007 Work RVU:** 0.45

**2017 Work RVU:** 0.45

**2007 NF PE RVU:** 0.36

**2017 NF PE RVU:** 0.61

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.50

**Referred to CPT** September 2016

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

**97761** Prosthetic training, upper and/or lower extremity(s), each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017

**Tab** 29 **Specialty Developing** APTA  
**Recommendation:**

**First Identified:** April 2016

**2015**  
**Medicare**  
**Utilization:** 6,154

**2007 Work RVU:** 0.45

**2017 Work RVU:** 0.45

**2007 NF PE RVU:** 0.29

**2017 NF PE RVU:** 0.47

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.50

**Referred to CPT** September 2016

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



# Status Report: CMS Requests and Relativity Assessment Issues

**97762** Checkout for orthotic/prosthetic use, established patient, each 15 minutes      **Global:** XXX      **Issue:** Orthotic Management and Prosthetic Training      **Screen:** Physical Medicine and Rehabilitation Services      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017      **Tab** 29      **Specialty Developing Recommendation:** APTA      **First Identified:** April 2016      **2015 Medicare Utilization:** 14,278      **2007 Work RVU:** 0.25      **2017 Work RVU:** 0.25  
**2007 NF PE RVU:** 0.5      **2017 NF PE RVU:** 1.10  
**2007 Fac PE RVU:** NA      **2017 Fac PE RVU:** NA  
**Result:** Deleted from CPT  
**RUC Recommendation:** Deleted from CPT      **Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**977X1**      **Global:**      **Issue:** Orthotic Management and Prosthetic Training      **Screen:** Physical Medicine and Rehabilitation Services      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017      **Tab** 29      **Specialty Developing Recommendation:** APTA, AOTA      **First Identified:** April 2016      **2015 Medicare Utilization:**      **2007 Work RVU:**      **2017 Work RVU:**  
**2007 NF PE RVU:**      **2017 NF PE RVU:**  
**2007 Fac PE RVU:**      **2017 Fac PE RVU:**  
**Result:** Increase  
**RUC Recommendation:** 0.48      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97802** Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes      **Global:** XXX      **Issue:** Medical Nutrition Therapy      **Screen:** CMS Request - Medical Nutrition Therapy      **Complete?** Yes

**Most Recent RUC Meeting:** April 2008      **Tab** 53      **Specialty Developing Recommendation:** ADA, AGA, AACE      **First Identified:** NA      **2015 Medicare Utilization:** 218,581      **2007 Work RVU:** 0.45      **2017 Work RVU:** 0.53  
**2007 NF PE RVU:** 0.39      **2017 NF PE RVU:** 0.43  
**2007 Fac PE RVU:** 0.38      **2017 Fac PE RVU:** 0.37  
**Result:** Increase  
**RUC Recommendation:** 0.53      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97803** Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes      **Global:** XXX      **Issue:** Medical Nutrition Therapy      **Screen:** CMS Request - Medical Nutrition Therapy      **Complete?** Yes

**Most Recent RUC Meeting:** April 2008      **Tab** 53      **Specialty Developing Recommendation:** ADA, AGA, AACE      **First Identified:** NA      **2015 Medicare Utilization:** 187,689      **2007 Work RVU:** 0.37      **2017 Work RVU:** 0.45  
**2007 NF PE RVU:** 0.38      **2017 NF PE RVU:** 0.38  
**2007 Fac PE RVU:** 0.38      **2017 Fac PE RVU:** 0.31  
**Result:** Increase  
**RUC Recommendation:** 0.45      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>97X11</b>				<b>Global:</b>	<b>Issue:</b> Cognitive Function Intervention	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2017	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b>	
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> September 2016	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>2007 Fac PE RVU</b>	<b>2017 Fac PE RVU:</b>	
					<b>Result:</b> Decrease		

<b>98925</b>	<b>Osteopathic manipulative treatment (OMT); 1-2 body regions involved</b>			<b>Global:</b> 000	<b>Issue:</b> Osteopathic Manipulative Treatment	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> AOA	<b>First Identified:</b> February 2010	<b>2015 Medicare Utilization:</b> 76,509	<b>2007 Work RVU:</b> 0.45	<b>2017 Work RVU:</b> 0.46	
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> 0.31	<b>2017 NF PE RVU:</b> 0.40	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>2007 Fac PE RVU</b> 0.14	<b>2017 Fac PE RVU:</b> 0.19	
					<b>Result:</b> Increase		

<b>98926</b>	<b>Osteopathic manipulative treatment (OMT); 3-4 body regions involved</b>			<b>Global:</b> 000	<b>Issue:</b> Osteopathic Manipulative Treatment	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> AOA	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 110,823	<b>2007 Work RVU:</b> 0.65	<b>2017 Work RVU:</b> 0.71	
<b>RUC Recommendation:</b> 0.75			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> 0.4	<b>2017 NF PE RVU:</b> 0.54	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>2007 Fac PE RVU</b> 0.23	<b>2017 Fac PE RVU:</b> 0.27	
					<b>Result:</b> Increase		

<b>98927</b>	<b>Osteopathic manipulative treatment (OMT); 5-6 body regions involved</b>			<b>Global:</b> 000	<b>Issue:</b> Osteopathic Manipulative Treatment	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> AOA	<b>First Identified:</b> October 2009	<b>2015 Medicare Utilization:</b> 95,246	<b>2007 Work RVU:</b> 0.87	<b>2017 Work RVU:</b> 0.96	
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> 0.49	<b>2017 NF PE RVU:</b> 0.68	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>2007 Fac PE RVU</b> 0.28	<b>2017 Fac PE RVU:</b> 0.34	
					<b>Result:</b> Increase		

# Status Report: CMS Requests and Relativity Assessment Issues

**98928 Osteopathic manipulative treatment (OMT); 7-8 body regions involved**      **Global:** 000      **Issue:** Osteopathic Manipulative Treatment      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** February 2011      **Tab** 34      **Specialty Developing Recommendation:** AOA      **First Identified:** February 2010      **2015 Medicare Utilization:** 94,313      **2007 Work RVU:** 1.03      **2017 Work RVU:** 1.21  
**2007 NF PE RVU:** 0.57      **2017 NF PE RVU:** 0.79  
**2007 Fac PE RVU:** 0.32      **2017 Fac PE RVU:** 0.42  
**Result:** Increase

**RUC Recommendation:** 1.25      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**98929 Osteopathic manipulative treatment (OMT); 9-10 body regions involved**      **Global:** 000      **Issue:** Osteopathic Manipulative Treatment      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** February 2011      **Tab** 34      **Specialty Developing Recommendation:** AOA      **First Identified:** February 2010      **2015 Medicare Utilization:** 63,020      **2007 Work RVU:** 1.19      **2017 Work RVU:** 1.46  
**2007 NF PE RVU:** 0.65      **2017 NF PE RVU:** 0.93  
**2007 Fac PE RVU:** 0.35      **2017 Fac PE RVU:** 0.52  
**Result:** Increase

**RUC Recommendation:** 1.50      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**      **Global:** 000      **Issue:** Chiropractic Manipulative Treatment      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012      **Tab** 25      **Specialty Developing Recommendation:** ACA      **First Identified:** September 2011      **2015 Medicare Utilization:** 6,229,362      **2007 Work RVU:** 0.45      **2017 Work RVU:** 0.46  
**2007 NF PE RVU:** 0.23      **2017 NF PE RVU:** 0.32  
**2007 Fac PE RVU:** 0.12      **2017 Fac PE RVU:** 0.16  
**Result:** Increase

**RUC Recommendation:** 0.46      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**      **Global:** 000      **Issue:** Chiropractic Manipulative Treatment      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012      **Tab** 25      **Specialty Developing Recommendation:** ACA      **First Identified:** September 2011      **2015 Medicare Utilization:** 13,261,425      **2007 Work RVU:** 0.65      **2017 Work RVU:** 0.71  
**2007 NF PE RVU:** 0.29      **2017 NF PE RVU:** 0.42  
**2007 Fac PE RVU:** 0.17      **2017 Fac PE RVU:** 0.25  
**Result:** Increase

**RUC Recommendation:** 0.71      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**98942** Chiropractic manipulative treatment (CMT); spinal, 5 regions **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2015 Medicare Utilization:** 1,199,168 **2007 Work RVU:** 0.87 **2017 Work RVU:** 0.96 **2007 NF PE RVU:** 0.36 **2017 NF PE RVU:** 0.51 **2007 Fac PE RVU:** 0.23 **2017 Fac PE RVU:** 0.34 **Result:** Increase

**RUC Recommendation:** 0.96

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

**98943** Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions **Global:** XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2015 Medicare Utilization:** 1 **2007 Work RVU:** 0.40 **2017 Work RVU:** 0.46 **2007 NF PE RVU:** 0.22 **2017 NF PE RVU:** 0.28 **2007 Fac PE RVU:** 0.14 **2017 Fac PE RVU:** 0.18 **Result:** Increase

**RUC Recommendation:** 0.46

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

**99143** Deleted from CPT **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2015 Medicare Utilization:** 17 **2007 Work RVU:** 0.00 **2017 Work RVU:** **2007 NF PE RVU:** 0 **2017 NF PE RVU:** **2007 Fac PE RVU:** 0 **2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**99144 Deleted from CPT**

**Global:** XXX

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015 Medicare Utilization:** 528,060

**2007 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2007 Fac PE RVU** 0

**2017 Work RVU:**

**2017 NF PE RVU:**

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**99148 Deleted from CPT**

**Global:** XXX

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015 Medicare Utilization:** 9

**2007 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2007 Fac PE RVU** 0

**2017 Work RVU:**

**2017 NF PE RVU:**

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**99149 Deleted from CPT**

**Global:** XXX

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015 Medicare Utilization:** 5,080

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**99150 Deleted from CPT**

**Global:** ZZZ

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015 Medicare Utilization:** 1,042

**2007 Work RVU:** 0.00

**2017 Work RVU:**

**2007 NF PE RVU:** 0

**2017 NF PE RVU:**

**2007 Fac PE RVU** 0

**2017 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	Global: XXX	Issue: Moderate Sedation Services	Screen: Moderate Sedation Review	Complete? Yes	
Most Recent RUC Meeting: October 2015	Tab 14	Specialty Developing Recommendation: AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI	First Identified: January 2014	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 0.50 2017 NF PE RVU: 1.63 2017 Fac PE RVU:0.12
RUC Recommendation: 0.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	

99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	Global: XXX	Issue: Moderate Sedation Services	Screen: Moderate Sedation Review	Complete? Yes	
Most Recent RUC Meeting: October 2015	Tab 14	Specialty Developing Recommendation: AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI	First Identified: January 2014	2015 Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 0.25 2017 NF PE RVU: 1.18 2017 Fac PE RVU:0.08
RUC Recommendation: 0.25			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

**99155** Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age

**Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 1.90

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.56

**RUC Recommendation:** 1.90

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**99156** Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older

**Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015 Medicare Utilization:**

**2007 Work RVU:**

**2017 Work RVU:** 1.65

**2007 NF PE RVU:**

**2017 NF PE RVU:** NA

**2007 Fac PE RVU**

**2017 Fac PE RVU:**0.35

**RUC Recommendation:** 1.84

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**99174** Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report **Global:** XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 0.00 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.00 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.00 **RUC Recommendation:** PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**99177** Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis **Global:** XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 0.00 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.00 **2007 Fac PE RVU:** **2017 Fac PE RVU:** 0.00 **RUC Recommendation:** PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**99183** Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session **Global:** XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2015 Medicare Utilization:** 579,575 **2007 Work RVU:** 2.34 **2017 Work RVU:** 2.11 **2007 NF PE RVU:** 3.08 **2017 NF PE RVU:** 0.78 **2007 Fac PE RVU:** 0.69 **2017 Fac PE RVU:** 0.78 **RUC Recommendation:** 2.11 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

<b>99363</b> Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)		<b>Global:</b> XXX	<b>Issue:</b> Home INR Monitoring	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.65 <b>2007 NF PE RVU:</b> 1.29 <b>2007 Fac PE RVU</b> 0.38 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 1.65 <b>2017 NF PE RVU:</b> 1.83 <b>2017 Fac PE RVU:</b> 0.63
<hr/>					
<b>99364</b> Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)		<b>Global:</b> XXX	<b>Issue:</b> Home INR Monitoring	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2016	<b>2015 Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> 0.63 <b>2007 NF PE RVU:</b> 0.38 <b>2007 Fac PE RVU</b> 0.15 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2017 Work RVU:</b> 0.63 <b>2017 NF PE RVU:</b> 0.55 <b>2017 Fac PE RVU:</b> 0.24
<hr/>					

## Status Report: CMS Requests and Relativity Assessment Issues

**99375** Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 47 Specialty Developing Recommendation:** No Interest

**First Identified:** April 2016

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.73 **2017 Work RVU:** 1.73

**2007 NF PE RVU:** 1.35 **2017 NF PE RVU:** 1.12

**2007 Fac PE RVU:** 1.26 **2017 Fac PE RVU:** 0.66

**Result:** Remove from screen

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

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

**99378** Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 47 Specialty Developing Recommendation:** No Interest

**First Identified:** April 2016

**2015 Medicare Utilization:**

**2007 Work RVU:** 1.73 **2017 Work RVU:** 1.73

**2007 NF PE RVU:** 1.64 **2017 NF PE RVU:** 1.12

**2007 Fac PE RVU:** 1.56 **2017 Fac PE RVU:** 0.66

**Result:** Remove from screen

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

993X1

Global: Issue: Home INR Monitoring Screen: High Volume Growth3 Complete? Yes

Most Recent Tab 19 Specialty Developing  
RUC Meeting: January 2017 Recommendation:

First 2015  
Identified: September 2016 Medicare  
Utilization:

2007 Work RVU: 2017 Work RVU:  
2007 NF PE RVU: 2017 NF PE RVU:  
2007 Fac PE RVU 2017 Fac PE RVU:  
Result: PE Only

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

993X2

Global: Issue: Home INR Monitoring Screen: High Volume Growth3 Complete? Yes

Most Recent Tab 19 Specialty Developing  
RUC Meeting: January 2017 Recommendation:

First 2015  
Identified: September 2016 Medicare  
Utilization:

2007 Work RVU: 2017 Work RVU:  
2007 NF PE RVU: 2017 NF PE RVU:  
2007 Fac PE RVU 2017 Fac PE RVU:  
Result: Maintain

RUC Recommendation: 0.18

Referred to CPT September 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

99497 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

Global: XXX Issue: Advance Care Planning Screen: RUC Referral to CPT Assistant Complete? No

Most Recent Tab 19 Specialty Developing  
RUC Meeting: January 2014 Recommendation: AAFP, AAN, ACP, ACCP, AGS, ATS

First 2015  
Identified: January 2014 Medicare  
Utilization:

2007 Work RVU: 2017 Work RVU: 1.50  
2007 NF PE RVU: 2017 NF PE RVU: 0.72  
2007 Fac PE RVU 2017 Fac PE RVU: 0.58  
Result:

RUC Recommendation: Review in 3 years and refer to CPT Assistant

Referred to CPT  
Referred to CPT Asst ☒ Published in CPT Asst: Dec 2014

# Status Report: CMS Requests and Relativity Assessment Issues

**99498** Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

**Most Recent RUC Meeting:** January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2015 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** 1.40 **2007 NF PE RVU:** **2017 NF PE RVU:** 0.54 **2007 Fac PE RVU Result:** **2017 Fac PE RVU:**0.54  
**RUC Recommendation:** Review in 3 years and refer to CPT Assistant **Referred to CPT Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2014

**G0101** Cervical or vaginal cancer screening; pelvic and clinical breast examination **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2015 Medicare Utilization:** 1,020,256 **2007 Work RVU:** 0.45 **2017 Work RVU:** 0.45 **2007 NF PE RVU:** 0.51 **2017 NF PE RVU:** 0.59 **2007 Fac PE RVU NA** **2017 Fac PE RVU:**0.30 **Result:** Remove from Screen  
**RUC Recommendation:** Remove from screen **Referred to CPT Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0102** Prostate cancer screening; digital rectal examination **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 Medicare Utilization:** 44,055 **2007 Work RVU:** 0.17 **2017 Work RVU:** 0.17 **2007 NF PE RVU:** 0.37 **2017 NF PE RVU:** 0.38 **2007 Fac PE RVU 0.06** **2017 Fac PE RVU:**0.07 **Result:** Remove from screen  
**RUC Recommendation:** Remove from screen **Referred to CPT Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>G0104</b>	<b>Colorectal cancer screening; flexible sigmoidoscopy</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, SAGES, ACS	<b>First Identified:</b> January 2014	<b>2015 Medicare Utilization:</b> 2,417	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 2.33 <b>2007 Fac PE RVU:</b> 0.53 <b>2017 Work RVU:</b> 0.84 <b>2017 NF PE RVU:</b> 3.78 <b>2017 Fac PE RVU:</b> 0.68
<b>RUC Recommendation:</b> 0.84			<b>Referred to CPT</b> October 2013	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>G0105</b>	<b>Colorectal cancer screening; colonoscopy on individual at high risk</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015 Medicare Utilization:</b> 231,556	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> 6.2 <b>2007 Fac PE RVU:</b> 1.57 <b>2017 Work RVU:</b> 3.26 <b>2017 NF PE RVU:</b> 5.26 <b>2017 Fac PE RVU:</b> 1.71
<b>RUC Recommendation:</b> 3.36			<b>Referred to CPT</b>	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>G0108</b>	<b>Diabetes outpatient self-management training services, individual, per 30 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015 Medicare Utilization:</b> 133,902	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.77 <b>2007 Fac PE RVU:</b> NA <b>2017 Work RVU:</b> 0.90 <b>2017 NF PE RVU:</b> 0.56 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey for April 2017			<b>Referred to CPT</b>	<b>Result:</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>G0109</b>	<b>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015 Medicare Utilization:</b> 102,580	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.44 <b>2007 Fac PE RVU:</b> NA <b>2017 Work RVU:</b> 0.25 <b>2017 NF PE RVU:</b> 0.15 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey for April 2017			<b>Referred to CPT</b>	<b>Result:</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**G0121** Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, ACS, SAGES

**First Identified:** September 2011

**2015 Medicare Utilization:** 249,253

**2007 Work RVU:** 3.69  
**2007 NF PE RVU:** 6.2  
**2007 Fac PE RVU** 1.57

**2017 Work RVU:** 3.26  
**2017 NF PE RVU:** 5.26  
**2017 Fac PE RVU:**1.71

**RUC Recommendation:** 3.36

**Referred to CPT**

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

**Result:** Decrease

**G0127** Trimming of dystrophic nails, any number

**Global:** 000

**Issue:**

**Screen:** CMS-Other - Utilization over 500,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 51

**Specialty Developing Recommendation:**

APMA

**First Identified:** April 2011

**2015 Medicare Utilization:** 832,187

**2007 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.28  
**2007 Fac PE RVU** 0.07

**2017 Work RVU:** 0.17  
**2017 NF PE RVU:** 0.47  
**2017 Fac PE RVU:**0.04

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**Result:** Remove from Screen

**G0166** External counterpulsation, per treatment session

**Global:** XXX

**Issue:** RAW

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab** 35

**Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015 Medicare Utilization:** 147,935

**2007 Work RVU:** 0.07  
**2007 NF PE RVU:** 3.81  
**2007 Fac PE RVU** NA

**2017 Work RVU:** 0.07  
**2017 NF PE RVU:** 3.80  
**2017 Fac PE RVU:**NA

**RUC Recommendation:** Survey for April 2017

**Referred to CPT**

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

**Result:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>G0168</b>	Wound closure utilizing tissue adhesive(s) only			<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2016	<b>2015 Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2017 Work RVU:</b> 0.45	
					<b>2007 NF PE RVU:</b>	<b>2017 NF PE RVU:</b> 2.39	
					<b>2007 Fac PE RVU Result:</b>	<b>2017 Fac PE RVU:</b> 0.29	
<b>RUC Recommendation:</b>			<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<hr/>							
<b>G0179</b>	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period			<b>Global:</b> XXX	<b>Issue:</b> Physician Recertification	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 1,076,434	<b>2007 Work RVU:</b> 0.45	<b>2017 Work RVU:</b> 0.45	
					<b>2007 NF PE RVU:</b> 0.89	<b>2017 NF PE RVU:</b> 0.69	
					<b>2007 Fac PE RVU</b> NA	<b>2017 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> RUC recommended to survey but no specialty society interest followed.			<b>Referred to CPT</b>		<b>Result:</b> Remove from screen		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<hr/>							
<b>G0180</b>	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period			<b>Global:</b> XXX	<b>Issue:</b> Physician Recertification	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> October 2008	<b>2015 Medicare Utilization:</b> 1,301,985	<b>2007 Work RVU:</b> 0.67	<b>2017 Work RVU:</b> 0.67	
					<b>2007 NF PE RVU:</b> 1.09	<b>2017 NF PE RVU:</b> 0.80	
					<b>2007 Fac PE RVU</b> NA	<b>2017 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> RUC recommended to survey but no specialty society interest followed.			<b>Referred to CPT</b>		<b>Result:</b> Remove from screen		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

**G0181** Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period

**Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 47** **Specialty Developing Recommendation:** No Interest

**First Identified:** October 2008

**2015 Medicare Utilization:** 422,467

**2007 Work RVU:** 1.73 **2017 Work RVU:** 1.73  
**2007 NF PE RVU:** 1.32 **2017 NF PE RVU:** 1.20  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Remove from screen

**RUC Recommendation:** Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

**Referred to CPT**

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

**G0182** Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision

**Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 47** **Specialty Developing Recommendation:** No Interest

**First Identified:** April 2016

**2015 Medicare Utilization:** 32,128

**2007 Work RVU:** 1.73 **2017 Work RVU:** 1.73  
**2007 NF PE RVU:** 1.46 **2017 NF PE RVU:** 1.23  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Remove from screen

**RUC Recommendation:** Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

**Referred to CPT**

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

**G0202** Screening mammography, producing direct digital image, bilateral, all views

**Global:** XXX **Issue:** Mammography

**Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 20** **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2015 Medicare Utilization:** 5,730,627

**2007 Work RVU:** 0.70 **2017 Work RVU:** 0.76  
**2007 NF PE RVU:** 2.74 **2017 NF PE RVU:** 3.04  
**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT** October 2015

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



## Status Report: CMS Requests and Relativity Assessment Issues

**G0204** Diagnostic mammography, producing direct digital image, bilateral, all views    **Global:** XXX    **Issue:** Mammography    **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000    **Complete?** Yes

**Most Recent**    **Tab** 20    **Specialty Developing**    ACR  
**RUC Meeting:** January 2016    **Recommendation:**

**First Identified:** February 2008    **2015 Medicare Utilization:** 626,561

**2007 Work RVU:** 0.87    **2017 Work RVU:** 1.00  
**2007 NF PE RVU:** 2.87    **2017 NF PE RVU:** 3.70  
**2007 Fac PE RVU** NA    **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT**    October 2015  
**Referred to CPT Asst** ☐    **Published in CPT Asst:**

**G0206** Diagnostic mammography, producing direct digital image, unilateral, all views    **Global:** XXX    **Issue:** Mammography    **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000    **Complete?** Yes

**Most Recent**    **Tab** 20    **Specialty Developing**    ACR  
**RUC Meeting:** January 2016    **Recommendation:**

**First Identified:** February 2008    **2015 Medicare Utilization:** 776,397

**2007 Work RVU:** 0.70    **2017 Work RVU:** 0.81  
**2007 NF PE RVU:** 2.31    **2017 NF PE RVU:** 2.89  
**2007 Fac PE RVU** NA    **2017 Fac PE RVU:**NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT**    October 2015  
**Referred to CPT Asst** ☐    **Published in CPT Asst:**

**G0237** Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)    **Global:** XXX    **Issue:** Respiratory Therapy    **Screen:** CMS Fastest Growing    **Complete?** Yes

**Most Recent**    **Tab** 38    **Specialty Developing**    ACCP/ATS  
**RUC Meeting:** February 2009    **Recommendation:**

**First Identified:** February 2008    **2015 Medicare Utilization:** 98,495

**2007 Work RVU:** 0.00    **2017 Work RVU:** 0.00  
**2007 NF PE RVU:** 0.41    **2017 NF PE RVU:** 0.27  
**2007 Fac PE RVU** NA    **2017 Fac PE RVU:**NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

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

# Status Report: CMS Requests and Relativity Assessment Issues

**G0238** Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring) **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab 38 Specialty Developing Recommendation:** ACCP/ATS

**First Identified:** February 2008

**2015 Medicare Utilization:** 140,633

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 0.43

**2017 NF PE RVU:** 0.28

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

**Result:** Remove from Screen

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

**G0248** Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results

**Global:** XXX **Issue:** Home INR Monitoring

**Screen:** High Volume Growth3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 19 Specialty Developing Recommendation:** ACC

**First Identified:** January 2016

**2015 Medicare Utilization:** 37,327

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 5.8

**2017 NF PE RVU:** 3.07

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** Created Category I code, recommend CMS delete G code

**Referred to CPT** September 2016

**Result:** Deleted from CPT

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

**G0249** Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests

**Global:** XXX **Issue:** Home INR Monitoring

**Screen:** CMS Fastest Growing / High Volume Growth3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 19 Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2015 Medicare Utilization:** 1,243,471

**2007 Work RVU:** 0.00

**2017 Work RVU:** 0.00

**2007 NF PE RVU:** 3.57

**2017 NF PE RVU:** 3.09

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**RUC Recommendation:** Created Category I code, recommend CMS delete G code

**Referred to CPT** September 2016

**Result:** Deleted from CPT

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

## Status Report: CMS Requests and Relativity Assessment Issues

**G0250** Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests **Global:** XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

**Most Recent** **Tab** 19 **Specialty Developing** ACC  
**RUC Meeting:** January 2017 **Recommendation:**

**First Identified:** February 2008 **2015 Medicare Utilization:** 276,809

**2007 Work RVU:** 0.18 **2017 Work RVU:** 0.18

**2007 NF PE RVU:** 0.07 **2017 NF PE RVU:** 0.07

**2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

**Result:** Deleted from CPT

**RUC Recommendation:** Created Category I code, recommend CMS delete G code

**Referred to CPT** September 2016

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

**G0268** Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing **Global:** 000 **Issue:** Removal of Wax **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** AAO-HNS  
**RUC Meeting:** February 2009 **Recommendation:**

**First Identified:** October 2008 **2015 Medicare Utilization:** 141,527

**2007 Work RVU:** 0.61 **2017 Work RVU:** 0.61

**2007 NF PE RVU:** 0.63 **2017 NF PE RVU:** 0.80

**2007 Fac PE RVU** 0.23 **2017 Fac PE RVU:**0.27

**Result:** Remove from Screen

**RUC Recommendation:**

**Referred to CPT**

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

**G0270** Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** S **Specialty Developing** ADA  
**RUC Meeting:** February 2008 **Recommendation:**

**First Identified:** February 2008 **2015 Medicare Utilization:** 48,177

**2007 Work RVU:** 0.37 **2017 Work RVU:** 0.45

**2007 NF PE RVU:** 0.38 **2017 NF PE RVU:** 0.38

**2007 Fac PE RVU** 0.38 **2017 Fac PE RVU:**0.31

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**G0283** Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** October 2010

**2015 Medicare Utilization:** 7,032,754

**2007 Work RVU:** 0.18

**2017 Work RVU:** 0.18

**2007 NF PE RVU:** 0.12

**2017 NF PE RVU:** 0.20

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**G0389** Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening

**Global:** XXX

**Issue:** Abdominal Aorta Ultrasound Screening

**Screen:** Final Rule for 2015 / High Volume Growth4

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS

**First Identified:** July 2014

**2015 Medicare Utilization:** 95,243

**2007 Work RVU:** 0.58

**2017 Work RVU:**

**2007 NF PE RVU:** 1.81

**2017 NF PE RVU:**

**2007 Fac PE RVU** NA

**2017 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT** May 2015

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2017

**G0402** Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment

**Global:** XXX

**Issue:** RAW

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** No

**Most Recent RUC Meeting:** October 2016

**Tab** 35 **Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015 Medicare Utilization:** 398,037

**2007 Work RVU:**

**2017 Work RVU:** 2.43

**2007 NF PE RVU:**

**2017 NF PE RVU:** 2.12

**2007 Fac PE RVU**

**2017 Fac PE RVU:**1.02

**Result:**

**RUC Recommendation:** Survey for April 2017

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>G0403</b>	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015 Medicare Utilization:</b> 114,725	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b>	<b>2017 Work RVU:</b> 0.17 <b>2017 NF PE RVU:</b> 0.29 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey for April 2017		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>G0416</b>	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	<b>Global:</b> XXX	<b>Issue:</b> Prostate Biopsy - Pathology	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ASC, CAP	<b>First Identified:</b> July 2014	<b>2015 Medicare Utilization:</b> 114,727	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2017 Work RVU:</b> 3.60 <b>2017 NF PE RVU:</b> 9.97 <b>2017 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 4.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>G0436</b>	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015 Medicare Utilization:</b> 188,560	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Deleted from CPT	<b>2017 Work RVU:</b> <b>2017 NF PE RVU:</b> <b>2017 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Code Deleted		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>G0438</b>	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit		Global: XXX	Issue: RAW	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting:	Tab 47	Specialty Developing Recommendation: No Interest	First Identified: April 2013	2015 Medicare Utilization: 1,205,553	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 2.43 2017 NF PE RVU: 2.26 2017 Fac PE RVU:NA
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.			Referred to CPT		Result: Remove from screen	
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
<hr/>						
<b>G0439</b>	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit		Global: XXX	Issue: RAW	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting:	Tab 47	Specialty Developing Recommendation: No Interest	First Identified: April 2013	2015 Medicare Utilization: 4,438,288	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 1.50 2017 NF PE RVU: 1.68 2017 Fac PE RVU:NA
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.			Referred to CPT		Result: Remove from screen	
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
<hr/>						
<b>G0442</b>	Annual alcohol misuse screening, 15 minutes		Global: XXX	Issue: RAW	Screen: CMS-Other - Utilization over 100,000	Complete? No
Most Recent RUC Meeting:	Tab 35	Specialty Developing Recommendation:	First Identified: April 2016	2015 Medicare Utilization: 216,933	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2017 Work RVU: 0.18 2017 NF PE RVU: 0.32 2017 Fac PE RVU:0.08
RUC Recommendation: Survey for April 2017			Referred to CPT		Result:	
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

## Status Report: CMS Requests and Relativity Assessment Issues

### G0444 Annual depression screening, 15 minutes

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? No

Most Recent  
RUC Meeting: October 2016

Tab 35

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015  
Medicare  
Utilization: 535,925

2007 Work RVU:

2017 Work RVU: 0.18

2007 NF PE RVU:

2017 NF PE RVU: 0.32

2007 Fac PE RVU

2017 Fac PE RVU:0.08

Result:

RUC Recommendation: Survey for April 2017

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### G0447 Face-to-face behavioral counseling for obesity, 15 minutes

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? No

Most Recent  
RUC Meeting: October 2016

Tab 35

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015  
Medicare  
Utilization: 168,211

2007 Work RVU:

2017 Work RVU: 0.45

2007 NF PE RVU:

2017 NF PE RVU: 0.25

2007 Fac PE RVU

2017 Fac PE RVU:0.19

Result:

RUC Recommendation: Survey for April 2017

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### G0453 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? Yes

Most Recent  
RUC Meeting: October 2016

Tab 35

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015  
Medicare  
Utilization: 366,858

2007 Work RVU:

2017 Work RVU: 0.60

2007 NF PE RVU:

2017 NF PE RVU: NA

2007 Fac PE RVU

2017 Fac PE RVU:0.28

Result: Remove from screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

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**G0456** Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2014

**Tab 17** **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** November 2012

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Remove from Screen

**RUC Recommendation:** No specialty society interest

**Referred to CPT** May 2013

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

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**G0457** Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2014

**Tab 17** **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** November 2012

**2015**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**

**2017 Work RVU:**

**2007 NF PE RVU:**

**2017 NF PE RVU:**

**2007 Fac PE RVU**

**2017 Fac PE RVU:**

**Result:** Remove from Screen

**RUC Recommendation:** No specialty society interest

**Referred to CPT** May 2013

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



## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

10021	<b>Fine needle aspiration; without imaging guidance</b>	<a href="#"><u>Screen</u></a> CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> AAACE, ASBS, ASC, CAP, ES, AAOHNS, ACS	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** The specialty societies gave two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution will be developed. The specialty societies also requested that these two codes be moved to the 2019 CPT cycle, due to the high workload currently involving the societies.

10022	<b>Fine needle aspiration; with imaging guidance</b>	<a href="#"><u>Screen</u></a> CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> AAACE, ASBS, ASC, CAP, ES, ACR, SIR	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** The specialty societies gave two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution will be developed. The specialty societies also requested that these two codes be moved to the 2019 CPT cycle, due to the high workload currently involving the societies.

11100	<b>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion</b>	<a href="#"><u>Screen</u></a> MPC List / CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> AAD	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** Prior to the January 2016 RUC meeting, the specialty society notified the RUC that their survey data displayed a bimodal distribution of responses with more outliers than usual. The specialty explained that the code descriptions do not distinguish between different types of biopsies and thus they would like to bring the biopsy of skin lesion codes back to the CPT Editorial Panel in May 2016 for refinement of the codes. The RUC recommends referring CPT codes 11100 and 11101 to the CPT Editorial Panel. At the May CPT meeting the Editorial Panel requested that the specialty society resubmit a new CCP for September 2016. In September 2016, the Editorial Panel again postponed this issue until February 2017 and requested that the specialty society specifically address the type of biopsy (punch, shave, incisional), introductory language regarding specific conditions (inflammatory and neoplastic) and differentiate between partial and full-thickness biopsies.

11101	<b>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)</b>	<a href="#"><u>Screen</u></a> Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> AAD	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** Prior to the January 2016 RUC meeting, the specialty society notified the RUC that their survey data displayed a bimodal distribution of responses with more outliers than usual. The specialty explained that the code descriptions do not distinguish between different types of biopsies and thus they would like to bring the biopsy of skin lesion codes back to the CPT Editorial Panel in May 2016 for refinement of the codes. The RUC recommends referring CPT codes 11100 and 11101 to the CPT Editorial Panel. At the May CPT meeting the Editorial Panel requested that the specialty society resubmit a new CCP for September 2016. In September 2016, the Editorial Panel again postponed this issue until February 2017 and requested that the specialty society specifically address the type of biopsy (punch, shave, incisional), introductory language regarding specific conditions (inflammatory and neoplastic) and differentiate between partial and full-thickness biopsies.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

<b>27370 Injection of contrast for knee arthrography</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> October 2016	<u><a href="#">Specialty Society:</a></u> AAPMR, ACR	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In October 2016, the RUC went through the long history of trying to address this potentially misvalued service. The specialty societies explained that the high volume growth for this procedure is likely due to its being reported incorrectly as arthrocentesis or aspiration. The correct reporting of those services is CPT code 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance (work RVU= 0.79). The RUC extensively discussed the appropriate options to address the rising inappropriate utilization of this procedure. The RUC noted that deleting this code and then bundling it into the arthrography base procedures would not be ideal because it would involve edits to over 70 codes. The RUC also discussed that this procedure could become an add-on code. However, the RUC came to agreement that this code should be referred to CPT for deletion and replacement of a new code. The members agreed that this is the most efficient way to stem the rising inappropriate volume. The RUC recommends that CPT code 27370 be referred to the CPT Editorial Panel for deletion and be replaced with a new code.

<b>36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age</b>	<u><a href="#">Screen</a></u> Identified in RUC review of other services	<u><a href="#">RUC Meeting</a></u> October 2016	<u><a href="#">Specialty Society:</a></u> ACR, SIR	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In October 2016, The RUC noted that CPT code 36569 is typically reported with codes 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (work RVU= 0.30) and 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (work RVU= 0.38). These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age and 36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access). The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.

<b>36569 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> October 2016	<u><a href="#">Specialty Society:</a></u> ACR, SIR	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In October 2016, The RUC noted that CPT code 36569 is typically reported with codes 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (work RVU= 0.30) and 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (work RVU= 0.38). These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age and 36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access). The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

<b>36584</b>	<b>Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access</b>	<u><a href="#">Screen</a></u> Identified in RUC review of other services	<u><a href="#">RUC Meeting</a></u> October 2016	<u><a href="#">Specialty Society:</a></u> ACR, SIR	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In October 2016, The RUC noted that CPT code 36569 is typically reported with codes 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (work RVU= 0.30) and 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (work RVU= 0.38). These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age and 36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access). The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.

<b>50395</b>	<b>Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More-Part2	<u><a href="#">RUC Meeting</a></u> January 2015	<u><a href="#">Specialty Society:</a></u> ACR, SIR	<u><a href="#">CPT Meeting</a></u>
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**Background:** In January 2015, the specialties indicated that CPT code 50395 Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous, which was identified as part of the family, will be referred to the CPT Editorial Panel to clear up any confusion with overlap in physician work with 50432. The RUC recommends CPT code 50395 be referred to the CPT Editorial Panel.

<b>64550</b>	<b>Application of surface (transcutaneous) neurostimulator</b>	<u><a href="#">Screen</a></u> Final Rule for 2015	<u><a href="#">RUC Meeting</a></u> January 2017	<u><a href="#">Specialty Society:</a></u> AANS, CNS, AOTA	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In September 2016, the CPT Editorial Panel deleted code 64565 to report percutaneous placement of a neuromuscular neurostimulator electrode, and added parenthetical notes to direct users to report the appropriate codes for TENS, PENS, and PNT services throughout the family of codes. Transcutaneous electrical nerve stimulator (TENS) is an electronic device that applies electrical stimulation to the surface of the skin at the site of pain and has been used to relieve chronic intractable pain, post-surgical pain, and pain associated with active or post-trauma injury unresponsive to other standard pain therapies. TENS consist of an electrical pulse generator, usually battery operated, connected by wire to two or more electrodes, which are applied to the surface of the skin at the site of the pain. Occupational Therapy has been identified as the dominant provider of CPT code 64550, however occupational therapy practitioners indicated it is not the best practice for TENS to be used for occupational therapy interventions and as such do not have evidence base in the profession. Occasionally a trial of TENS is done in the clinic over 1-2 therapy visits and, if the patient has had a favorable response, the patient can usually be taught to use a TENS unit in the home for pain control (TENS units are available in drug stores for purchase). Consequently, it is unnecessary for a patient to continue treatment for pain with a TENS unit in the clinic setting. Use of this code would seldom fall under a therapy plan of treatment. The occupational therapy specialty believes that occupational therapists have reported CPT code 64550 in error. Two other codes exist that relate to electric stimulation and are more frequently reported by occupational therapy and are valued the same as 64550:

1. CPT 97014/G0283, supervised electric stimulation and
2. CPT 97032, attended manual electric stimulation.

CPT 97014/G0283 is appropriate for pad-based e-stimulation, which requires supervision only. CPT code 97014 Application of a modality to one or more areas; electrical stimulation (unattended) is an invalid code for Medicare which requires that G0283 be reported. CPT 97032 can only be used when stimulation is manually applied. The requirement for constant attendance is derived from the manual-application requirement and is based on different stimulation frequencies necessitating one-on-one supervision. Additionally, CPT codes 64550 and 97032 each have an identical work value of 0.18 RVU which indicates that both codes have been identified as requiring the same amount of therapist work.

The AMA RUC Health Care Professionals Advisory Committee (HCPAC) refers CPT code 64550 to the CPT Editorial Panel and recommends that the code be deleted. Additionally, the HCPAC recommends that instructions following the deleted code 64550 should direct users to instead report 97032 for electrical stimulation requiring constant attendance or 97014 for electrical stimulation requiring supervision only.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

76881	<b>Ultrasound, extremity, nonvascular, real-time with image documentation; complete</b>	<a href="#"><u>Screen</u></a> CMS Fastest Growing / New Technology/New Services	<a href="#"><u>RUC Meeting</u></a> January 2017	<a href="#"><u>Specialty Society:</u></a> AAOS, ACR, ACRh, APMA	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. RUC recommended 0.72. This service was flagged as New Technology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data. In October 2016, the specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).

76882	<b>Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific</b>	<a href="#"><u>Screen</u></a> CMS Fastest Growing / New Technology/New Services	<a href="#"><u>RUC Meeting</u></a> January 2017	<a href="#"><u>Specialty Society:</u></a> AAOS, ACR, ACRh, APMA	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. RUC recommended 0.72. This service was flagged as New Technology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data. In October 2016, the specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).

77014	<b>Computed tomography guidance for placement of radiation therapy fields</b>	<a href="#"><u>Screen</u></a> CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> ASTRO, ACR	<a href="#"><u>CPT Meeting</u></a> September 2017
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**Background:** Revise based on CMS input regarding the radiation oncology services.

77058	<b>Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACR	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** In preparation to survey CPT codes 77058 and 77059, the specialty societies noted that these codes do not parallel the structure of other breast imaging families. For instance, the unilateral and bilateral coding language is not in alignment. Also, both procedures should include computer-aided detection (CAD). The Code Change Application (CCA) has been submitted for the upcoming February 2017 CPT Editorial Panel meeting. The RUC recommends CPT code 77058 and 77059 be referred to the CPT Editorial Panel.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

77059	<b>Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACR	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** In preparation to survey CPT codes 77058 and 77059, the specialty societies noted that these codes do not parallel the structure of other breast imaging families. For instance, the unilateral and bilateral coding language is not in alignment. Also, both procedures should include computer-aided detection (CAD). The Code Change Application (CCA) has been submitted for the upcoming February 2017 CPT Editorial Panel meeting. The RUC recommends CPT code 77058 and 77059 be referred to the CPT Editorial Panel.

78492	<b>Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress</b>	<a href="#"><u>Screen</u></a> High Volume Growth4	<a href="#"><u>RUC Meeting</u></a> January 2017	<a href="#"><u>Specialty Society:</u></a>	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** This service was identified by the High Volume Growth screen, with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. The Relativity Assessment Workgroup requested action plans for these services for the January 2017 meeting. In January 2017, the RUC recommended to refer this code to CPT Editorial Panel to undergo substantive descriptor changes to reflect newer technology aspects such as wall motion, ejection fraction, flow reserve, and technology updates for hardware and software. CPT 2019 cycle.

92275	<b>Electroretinography with interpretation and report</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> AAO, ASRS, AOA (optometry)	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In January 2016, the specialty society noted that they became aware of inappropriate use of this code for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 92275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes are necessary to ensure that the service for which 92275 was intended is clearly described as well as an accurate vignette and work descriptor is developed. The RUC recommends CPT code 92275 be referred to the CPT Editorial Panel. In May 2016 this issue was postponed until September 2016. In September 2016 the CPT Editorial Panel postponed this issue was postponed until Feb 2017 to with a request for the specialty societies to submit literature for all codes and utilize the regular code change application.

93279	<b>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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93280	<b>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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93281	<b>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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93282	<b>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> October 2016	<u><a href="#">Specialty Society:</a></u> ACC, HRS	<u><a href="#">CPT Meeting</a></u> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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93283	<b>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> October 2016	<u><a href="#">Specialty Society:</a></u> ACC, HRS	<u><a href="#">CPT Meeting</a></u> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

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93284	<b>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system</b>	<a href="#">Screen</a> CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> October 2016	<a href="#">Specialty Society:</a> ACC, HRS	<a href="#">CPT Meeting</a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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93285	<b>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system</b>	<a href="#">Screen</a> CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> October 2016	<a href="#">Specialty Society:</a> ACC, HRS	<a href="#">CPT Meeting</a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.



## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

93286	<b>Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

93287	<b>Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

93288	<b>Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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<b>93289</b>	<b>Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> October 2016	<u><a href="#">Specialty Society:</a></u> ACC, HRS	<u><a href="#">CPT Meeting</a></u> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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<b>93290</b>	<b>Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> October 2016	<u><a href="#">Specialty Society:</a></u> ACC, HRS	<u><a href="#">CPT Meeting</a></u> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

93291	<b>Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

93292	<b>Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

93293	<b>Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> January 2017	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

93296	<b>Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

93299	<b>Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> ACC, HRS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

95251	<b>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report</b>	<a href="#"><u>Screen</u></a> High Volume Growth	<a href="#"><u>RUC Meeting</u></a> October 2016	<a href="#"><u>Specialty Society:</u></a> AACE, ES	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In October 2016, at the Practice Expense Subcommittee, there was extensive discussion around the issue of what codes are appropriate to report when the patient owns the equipment versus when the practice owns the equipment. The specialties clarified that CPT code 95250 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording, since it is a PE-only code, should not be reported when the equipment is owned by the patient. In this scenario, only CPT code 95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report would be reported. The RUC agreed with the Subcommittee that it is important that either education or a CPT parenthetical be created to clarify the appropriate reporting of these services. The RUC recommends this service be referred to the CPT Editorial Panel Executive Committee to provide a solution to ensure correct coding occurs.

## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

95951	<b>Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours</b>	<u><a href="#">Screen</a></u> High Volume Growth4	<u><a href="#">RUC Meeting</a></u> January 2017	<u><a href="#">Specialty Society:</a></u>	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** This service was identified by the High Volume Growth screen, with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. The Relativity Assessment Workgroup requested action plans for these services for the January 2017 meeting. In January 2017, the RUC recommended that this service be referred to the CPT Editorial Panel June 2017/RUC Oct 2017 for needed changes, including code deletions, revision of code descriptors, and the addition of new codes to this family. Revisions to this family of codes are needed to recognize that video is now an element of most long term EEG monitoring tests and to better differentiate inpatient and ambulatory monitoring services.

95970	<b>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming</b>	<u><a href="#">Screen</a></u> Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3	<u><a href="#">RUC Meeting</a></u> January 2016	<u><a href="#">Specialty Society:</a></u> AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted. This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

95974	<b>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour</b>	<u><a href="#">Screen</a></u> CMS Request - Final Rule for 2016	<u><a href="#">RUC Meeting</a></u> January 2016	<u><a href="#">Specialty Society:</a></u> AAN	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted. This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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95975	<b>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)</b>	<a href="#"><u>Screen</u></a> CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> AAN	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted. This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

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95978	<b>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour</b>	<a href="#"><u>Screen</u></a> CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> AAN	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted. This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

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95979	<b>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)</b>	<a href="#"><u>Screen</u></a> CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> AAN	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted. This issue was postponed again for June 2017 CPT meeting based on the specialty society withdrawing to define.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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96101	<b>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</b>	<u><b>Screen</b></u> CMS High Expenditure Procedural Codes2	<u><b>RUC Meeting</b></u> January 2017	<u><b>Specialty Society:</b></u> APA (psychology)	<u><b>CPT Meeting</b></u> June 2017
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**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

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## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

96102	<b>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> January 2017	<u><a href="#">Specialty Society:</a></u> APA (psychology)	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

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Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.



## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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<b>96103</b>	<b>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report</b>	<u><a href="#">Screen</a></u> High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> January 2017	<u><a href="#">Specialty Society:</a></u> APA (Psychology)	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

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<b>96105</b>	<b>Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour</b>	<u><a href="#">Screen</a></u> CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> January 2017	<u><a href="#">Specialty Society:</a></u> ASHA, AAN	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

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96110	<b>Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument</b>	<a href="#"><u>Screen</u></a>	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a>	<a href="#"><u>CPT Meeting</u></a>
		CMS High Expenditure Procedural Codes2	January 2017	AAN, APA (psychology)	June 2017

**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

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96111	<b>Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report</b>	<a href="#"><u>Screen</u></a>	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a>	<a href="#"><u>CPT Meeting</u></a>
		CMS High Expenditure Procedural Codes2	January 2017	AAN, APA (psychology)	June 2017

**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

96116	<b>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> January 2017	<u><a href="#">Specialty Society:</a></u> AAN, APA (psychology)	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

96118	<b>Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> January 2017	<u><a href="#">Specialty Society:</a></u> APA (psychology)	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

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## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

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96119	<b>Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> January 2017	<u><a href="#">Specialty Society:</a></u> APA (psychology)	<u><a href="#">CPT Meeting</a></u> June 2017
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**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for CPT 2019. The RUC supports referral to CPT.

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96120	<b>Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report</b>	<u><a href="#">Screen</a></u> High Volume Growth2 / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> January 2017	<u><a href="#">Specialty Society:</a></u> APA (Psychology)	<u><a href="#">CPT Meeting</a></u> June 2017
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## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

96125	<b>Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> January 2017	<a href="#"><u>Specialty Society:</u></a> APA (psychology)	<a href="#"><u>CPT Meeting</u></a> June 2017
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96127	<b>Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> January 2017	<a href="#"><u>Specialty Society:</u></a> APA (psychology)	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

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97755	<b>Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes</b>	<a href="#"><u>Screen</u></a> High Volume Growth1	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APMA, ACS, AAOS, ASPS	<a href="#"><u>CPT Meeting</u></a> June 2017
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**Background:** In April 2016 the RAW reviewed the PM&R action plan timeline and recommends to refer to CPT for revision to reflect the current practice.

## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

21820	<b>Closed treatment of sternum fracture</b>	<u>Screen:</u> CMS Request - Final Rule for 2014 / Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre- time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** Added as part of 21800 family for Final Rule issue. In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

23540	<b>Closed treatment of acromioclavicular dislocation; without manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre- time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.



## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

23625	<b>Closed treatment of greater humeral tuberosity fracture; with manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

23650	<b>Closed treatment of shoulder dislocation, with manipulation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

23655	<b>Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

23665	<b>Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.



## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

24505	<b>Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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24600	<b>Treatment of closed elbow dislocation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

24605	<b>Treatment of closed elbow dislocation; requiring anesthesia</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Apr 2017
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25565	<b>Closed treatment of radial and ulnar shaft fractures; with manipulation</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

25605	<b>Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

25675	<b>Closed treatment of distal radioulnar dislocation with manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

26700	<b>Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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26750	<b>Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

26755	<b>Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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26770	<b>Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

27230	<b>Closed treatment of femoral fracture, proximal end, neck; without manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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27232	<b>Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

27240	<b>Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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27252	<b>Closed treatment of hip dislocation, traumatic; requiring anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

27265	<b>Closed treatment of post hip arthroplasty dislocation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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27266	<b>Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

27502	<b>Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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27510	<b>Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

27550	<b>Closed treatment of knee dislocation; without anesthesia</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27552	<b>Closed treatment of knee dislocation; requiring anesthesia</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

27752	<b>Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27762	<b>Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

27810	<b>Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27818	<b>Closed treatment of trimalleolar ankle fracture; with manipulation</b>	<u>Screen:</u> Site of Service Anomaly (99238-Only) / Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

27825	<b>Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27840	<b>Closed treatment of ankle dislocation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

28660	<b>Closed treatment of interphalangeal joint dislocation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Apr 2017
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends no clinical staff pre-service time.

36511	<b>Therapeutic apheresis; for white blood cells</b>	<u>Screen:</u> CMS Request - Final Rule for 2016	<u>RUC Meeting:</u> January 2017	<u>RUC Rec:</u> 2.00. Refer to CPT Assistant.	<u>Specialty Society:</u> CAP, RPA	<u>CPT Asst Status:</u>
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**Background:** In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to include immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant increase in time for Prepare room, equipment, supplies over how it was valued just a few years ago. The specialty explained that although Pathology is the dominant provider, they were not included in the survey when these services were previously reviewed and they do not feel that the clinical staff time was valued accurately at that time. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.



## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

### **36512 Therapeutic apheresis; for red blood cells**

#### **Screen:**

CMS Request - Final Rule for 2016

#### **RUC Meeting:**

January 2017

#### **RUC Rec:**

2.00. Refer to CPT Assistant.

#### **Specialty Society:**

CAP, RPA

#### **CPT Asst Status:**

**Background:** In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to include immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant increase in time for Prepare room, equipment, supplies over how it was valued just a few years ago. The specialty explained that although Pathology is the dominant provider, they were not included in the survey when these services were previously reviewed and they do not feel that the clinical staff time was valued accurately at that time. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

### **36513 Therapeutic apheresis; for platelets**

#### **Screen:**

CMS Request - Final Rule for 2016

#### **RUC Meeting:**

January 2017

#### **RUC Rec:**

2.00. Refer to CPT Assistant.

#### **Specialty Society:**

CAP, RPA

#### **CPT Asst Status:**

**Background:** In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to include immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant increase in time for Prepare room, equipment, supplies over how it was valued just a few years ago. The specialty explained that although Pathology is the dominant provider, they were not included in the survey when these services were previously reviewed and they do not feel that the clinical staff time was valued accurately at that time. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

<b>36514 Therapeutic apheresis; for plasma pheresis</b>	<u><b>Screen:</b></u> CMS Request - Final Rule for 2016	<u><b>RUC Meeting:</b></u> January 2017	<u><b>RUC Rec:</b></u> 1.81. Refer to CPT Assistant	<u><b>Specialty Society:</b></u> CAP, RPA	<u><b>CPT Asst Status:</b></u>
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**Background:** In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant increase in time for Prepare room, equipment, supplies over how it was valued just a few years ago. The specialty explained that although Pathology is the dominant provider, they were not included in the survey when these services were previously reviewed and they do not feel that the clinical staff time was valued accurately at that time. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

<b>36515 Therapeutic apheresis; with extracorporeal immunoabsorption and plasma reinfusion</b>	<u><b>Screen:</b></u> CMS Request - Final Rule for 2016	<u><b>RUC Meeting:</b></u> January 2017	<u><b>RUC Rec:</b></u> Deleted from CPT	<u><b>Specialty Society:</b></u> CAP, RPA	<u><b>CPT Asst Status:</b></u>
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**Background:** In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services.

<b>36522 Photopheresis, extracorporeal</b>	<u><b>Screen:</b></u> CMS Request - Final Rule for 2016	<u><b>RUC Meeting:</b></u> January 2017	<u><b>RUC Rec:</b></u> 1.75. Refer to CPT Assistant	<u><b>Specialty Society:</b></u> CAP, RPA	<u><b>CPT Asst Status:</b></u>
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**Background:** In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant increase in time for Prepare room, equipment, supplies over how it was valued just a few years ago. The specialty explained that although Pathology is the dominant provider, they were not included in the survey when these services were previously reviewed and they do not feel that the clinical staff time was valued accurately at that time. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.



## *New Technology/New Services List*

<i>CPT Code</i>	<i>2016 Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
192X1		Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	October 2021		<input type="checkbox"/>
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018		<input type="checkbox"/>
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>

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20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		<input type="checkbox"/>
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		<input type="checkbox"/>
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		<input type="checkbox"/>
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018		<input type="checkbox"/>
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
228X0		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		<input type="checkbox"/>
228X4		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		<input type="checkbox"/>
228X5		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		<input type="checkbox"/>
228XX		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		<input type="checkbox"/>
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>



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22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018		<input type="checkbox"/>
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019		<input type="checkbox"/>



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27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	<input type="checkbox"/>
29583	Application of multi-layer compression system; upper arm and forearm	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	<input type="checkbox"/>
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	<input type="checkbox"/>
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>

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29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑

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31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		<input type="checkbox"/>

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31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		<input type="checkbox"/>
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		<input type="checkbox"/>
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
32X99		Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	October 2021		<input type="checkbox"/>
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>



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33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		<input type="checkbox"/>
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		<input type="checkbox"/>

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33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		<input type="checkbox"/>
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		<input type="checkbox"/>
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	<input type="checkbox"/>
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	<input type="checkbox"/>
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	<input type="checkbox"/>
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	<input type="checkbox"/>
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2017	<input type="checkbox"/>
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>

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33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>
333X3		Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	October 2020		<input type="checkbox"/>
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		<input type="checkbox"/>
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		<input type="checkbox"/>

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33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	October 2019		<input type="checkbox"/>
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>

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33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>

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33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>

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33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		<input type="checkbox"/>
339X1		Jan 2017	Artificial Heart System Procedure	09	CPT 2018	October 2021		<input type="checkbox"/>
339X2		Jan 2017	Artificial Heart System Procedure	09	CPT 2018	October 2021		<input type="checkbox"/>
339X3		Jan 2017	Artificial Heart System Procedure	09	CPT 2018	October 2021		<input type="checkbox"/>
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		<input type="checkbox"/>



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36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		<input type="checkbox"/>
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		<input type="checkbox"/>
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		<input type="checkbox"/>
364X1		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		<input type="checkbox"/>
364X2		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		<input type="checkbox"/>
364X3		Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		<input type="checkbox"/>
364X4		Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		<input type="checkbox"/>
364X5		Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		<input type="checkbox"/>
364X6		Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		<input type="checkbox"/>

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37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018		<input type="checkbox"/>
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		<input type="checkbox"/>
38221	Diagnostic bone marrow; biopsy(ies),	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		<input type="checkbox"/>
382X3	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		<input type="checkbox"/>
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018		<input type="checkbox"/>

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43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019		<input type="checkbox"/>
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy- Pancreatascopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	<input checked="" type="checkbox"/>
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
432X1		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		<input type="checkbox"/>
432X2		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		<input type="checkbox"/>
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	<input checked="" type="checkbox"/>
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018).	<input type="checkbox"/>
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2018		<input type="checkbox"/>

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46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2018		<input type="checkbox"/>
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018		<input type="checkbox"/>
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>

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50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>

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50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		<input type="checkbox"/>
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		<input type="checkbox"/>
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		<input type="checkbox"/>
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	<input checked="" type="checkbox"/>
55X87		Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	October 2021		<input type="checkbox"/>
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>

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58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
585X1		Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020		<input type="checkbox"/>
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		<input type="checkbox"/>
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		<input type="checkbox"/>

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61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		<input type="checkbox"/>
630X1		Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020		<input type="checkbox"/>
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (September 2019).	<input checked="" type="checkbox"/>
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>

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65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	<input checked="" type="checkbox"/>
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	<input checked="" type="checkbox"/>
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65785	Implantation of intrastomal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019		<input type="checkbox"/>
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	<input type="checkbox"/>
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	<input type="checkbox"/>

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66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017		<input type="checkbox"/>
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	<input checked="" type="checkbox"/>
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	<input checked="" type="checkbox"/>
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>

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75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	<input type="checkbox"/>



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76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	<input type="checkbox"/>
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		<input type="checkbox"/>
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		<input type="checkbox"/>
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		<input type="checkbox"/>
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2017		<input type="checkbox"/>

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77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	<input checked="" type="checkbox"/>
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>

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78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	<input type="checkbox"/>

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							<p>parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be</p>	

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							postponed and reviewed in 2 years after the CPT Assistant article is published.	

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78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	<input type="checkbox"/>

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							<p>parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be</p>	

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							postponed and reviewed in 2 years after the CPT Assistant article is published.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		<input type="checkbox"/>
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		<input type="checkbox"/>
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑



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81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	(HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-2a/b (T145M) Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (I843S) Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-4a/b (R143Q) Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-5a/b (K505E) Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-6a/b (R489Q) Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-9a/b (V837M) Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-15a/b (S682Y) IL28B (interleukin 28B [interferon, lambda 3]) (eg, drug response), rs12979860 variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB							



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	(nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), V174A variant SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), exon 7 deletion SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

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81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), evaluation to detect abnormal (eg, expanded) alleles APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ATXN1 (ataxin 1) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN2 (ataxin 2) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease), evaluation to detect abnormal (eg, expanded) alleles ATXN7 (ataxin 7) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN10 (ataxin 10) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CNBP (CCHC-type zinc finger, nucleic acid binding protein) (eg, myotonic dystrophy type 2), evaluation to detect abnormal (eg, expanded) alleles CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), evaluation to detect abnormal (eg, expanded) alleles CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed DMPK (dystrophin myotonia-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation analysis, qualitative,							

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	and quantitative, if performed ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFR4 (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed FXN (frataxin) (eg, Friedreich ataxia), evaluation to detect abnormal (expanded) alleles GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-							

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	<p>2A&gt;G, P171S, del5kb, N314D, L218L/N314D)  H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE) HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, expanded) alleles IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81402) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T&gt;G, m.8993T&gt;C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G&gt;A, m.3460G&gt;A, m.14484T&gt;C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial</p>							

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	encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PABPN1 (poly[A] binding protein, nuclear 1) (eg, oculopharyngeal muscular dystrophy), evaluation to detect abnormal (eg, expanded) alleles PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PPP2R2B (protein phosphatase 2, regulatory subunit B, beta) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9							

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	(septin 9) (eg, colon cancer), methylation analysis SMN1/SMN2 (survival of motor neuron 1, telomeric/survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy), dosage analysis (eg, carrier testing) (For duplication/deletion analysis of SMN1/SMN2, use 81401) SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed TBP (TATA box binding protein) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), tandem repeat variant VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>



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81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis Human erythrocyte antigen gene analyses (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M) JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg,							

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	myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

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81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), characterization of alleles (eg, expanded size and methylation status) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	gene sequence CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXP1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) FXN (frataxin) (eg, Friedreich ataxia), full gene sequence GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha							

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	<p>globin 2) (eg, alpha thalassemia), duplication/deletion analysis (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HBB (hemoglobin, beta, Beta-Globin) (eg, thalassemia), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta-and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence</p>							

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	<p>NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer), targeted sequence analysis (eg, exons 9 and 20) PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Rengenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma),</p>							

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	common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial							



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	respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence							

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81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	<p>nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation</p>							

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	initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, thalassemia), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene							

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	sequence IDS (iduronate 2-sulfatase) (eg, mucopolysaccharidosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8,							

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	23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined							

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	<p>pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2</p>							

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	<p>suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [<i>S. cerevisiae</i>]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram</p>							



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	syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

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81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome),	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	<p>full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the cytogenomic microarray analysis for neoplasia) (Do not report 88271 when</p>							

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	performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain							

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	containing [ <i>S. cerevisiae</i> ]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [ <i>E. coli</i> ]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALT (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2							

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	domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KAL1 (Kallmann syndrome 1 sequence) (eg, Kallmann syndrome), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNH2 full gene sequence in conjunction with 81280) KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNQ1 full gene sequence with 81280) KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-							

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	associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene							

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	sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic							



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	cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence							

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	SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

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<i>CPT Code</i>	<i>2016 Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	<p>SJ) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B</p>							

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	(vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

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81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>2016 Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	<input checked="" type="checkbox"/>
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017		<input type="checkbox"/>
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdissection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	<input checked="" type="checkbox"/>
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdissection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	<input checked="" type="checkbox"/>



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88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	<input type="checkbox"/>

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90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	<input type="checkbox"/>
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	<input type="checkbox"/>
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	October 2019		<input type="checkbox"/>
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	<input checked="" type="checkbox"/>
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>

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92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018		<input type="checkbox"/>
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	October 2019		<input type="checkbox"/>
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		<input type="checkbox"/>
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		<input type="checkbox"/>

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93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>



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93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017		<input type="checkbox"/>
935X1		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		<input type="checkbox"/>
935X2		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		<input type="checkbox"/>
935X3		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		<input type="checkbox"/>

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93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		<input type="checkbox"/>
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input type="checkbox"/>

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95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input type="checkbox"/>
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input type="checkbox"/>
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>

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97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		<input type="checkbox"/>
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		<input type="checkbox"/>
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		<input type="checkbox"/>
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		<input type="checkbox"/>
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018		<input type="checkbox"/>

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98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<input checked="" type="checkbox"/>

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99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>



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99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>

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99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2017		<input type="checkbox"/>
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	<input checked="" type="checkbox"/>
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2017		<input type="checkbox"/>

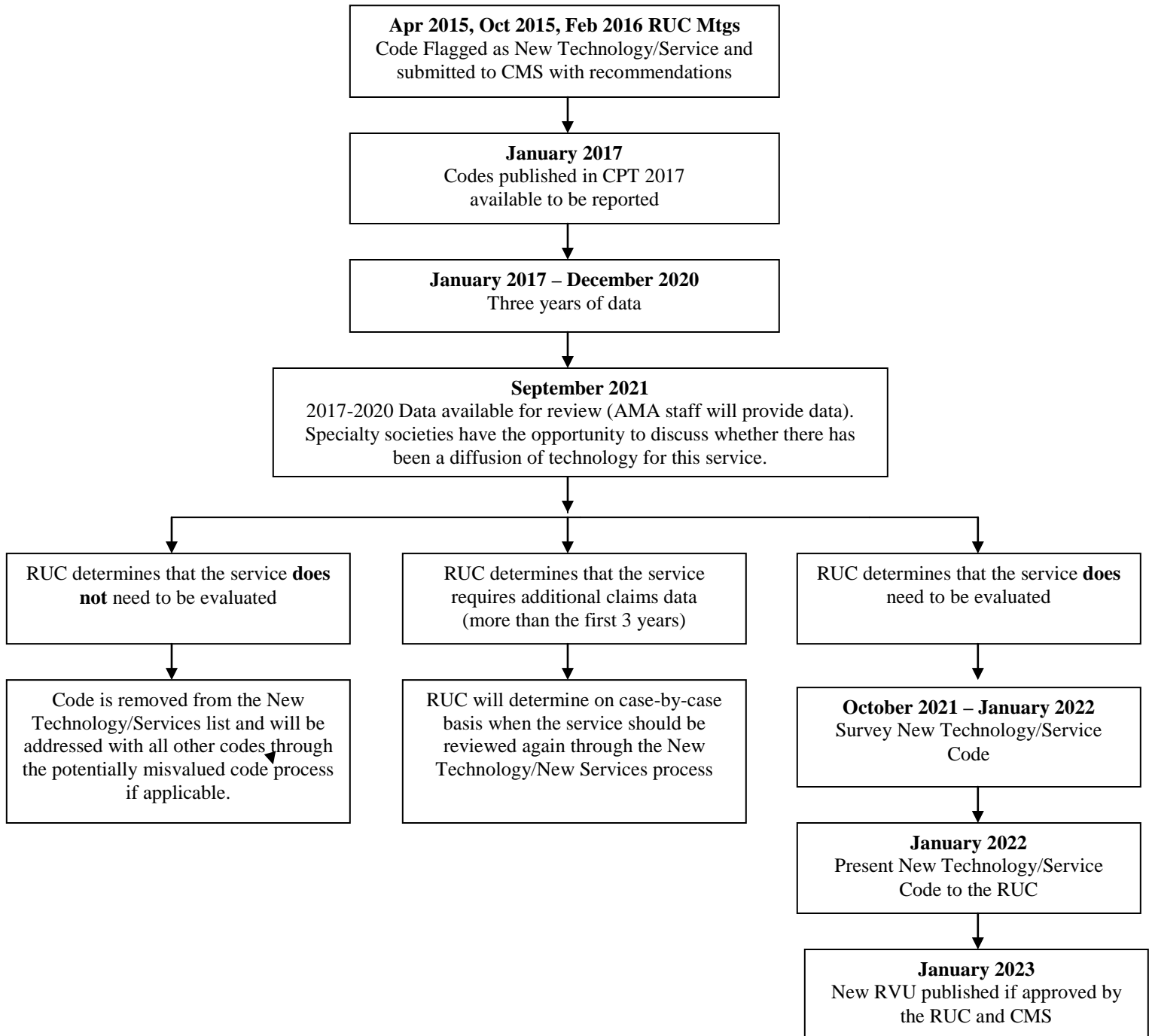
<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	October 2018		<input type="checkbox"/>
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	8	CPT 2013	October 2017		<input type="checkbox"/>
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017		<input type="checkbox"/>
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	October 2017		<input type="checkbox"/>

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99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	October 2017		<input type="checkbox"/>
994X1		Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		<input type="checkbox"/>
994X2		Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		<input type="checkbox"/>
994X3		Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		<input type="checkbox"/>
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018).	<input type="checkbox"/>
G0507		Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		<input type="checkbox"/>

## New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

### Example



## Specialty and Acronym

### Society

### Acronym

Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Disability Evaluating Physicians	AADEP
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA
American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Occupational and Environmental Medicine	ACOEM
American College of Phlebology	ACPh
American College of Physicians	ACP

American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACR <sub>h</sub>
American College of Surgeons	ACS
American Congress of Obstetricians and Gynecologists	ACOG
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Osteopathic Association	AOA-Ortho
American Orthopaedic Foot and Ankle Society	AOFAS
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA
American Psychological Association	APA-HCPAC
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Blood and Marrow Transplantation	ASBMT
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery Association	ASDSA
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society of Abdominal Surgeons	ASAS
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Maxillofacial Surgeons	ASMS
American Society of Neuroimaging	ASN

American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
Contractor Medical Directors	CMD
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Contact Lens Association of Ophthalmologists	CLAO
Endocrine Society	ES
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Spine Intervention Society	ISIS
Joint Council of Allergy, Asthma and Immunology	JCAAI
Medical Group Management Association	MGMA
Medicare Payment Advisory Commission	MedPAC
National Association of Social Workers	NASW
North American Spine Society	NASS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Society for Cardiovascular Angiography and Interventions	SCAI
The Triological Society	TTS



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
**\*CMS Request - Final Rule for 2016\***

January 2017

**Anesthesia for GI Procedures**

In the Final Rule for 2016, CMS stated that the anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used for anesthesia furnished in conjunction with lower GI procedures. In reviewing Medicare claims data, CMS noted that a separate anesthesia service is now reported more than 50 percent of the time when several types of colonoscopy procedures are reported. Given the significant change in the relative frequency with which anesthesia codes are reported with colonoscopy services, CMS believes the base units of the anesthesia services should be reexamined. Therefore, CMS identified CPT codes 00740 and 00810 as potentially misvalued.

The RUC reviewed CPT codes 00740 and 00810 in January 2016 and recommended:

1. An interim base unit of 5 for code 00740 and 00810 and notes the comparison to the RUC recommended values for moderate sedation, 99156 and 99157, results in a work RVU equivalent that is only slightly higher than moderate sedation service of the same number of minutes.
2. Referral to the Research Subcommittee for review of the vignettes and to develop a method on how to review the survey data to value these services. The RUC recommended that the specialty societies revise the vignette for the typical patient receiving anesthesia for an EGD for 00740 and for a patient receiving anesthesia for a colonoscopy (45378) for 00810.
3. Resurvey 00740 and 00810 for the April 2016 RUC meeting.

In April 2016, an Ad Hoc Anesthesia Workgroup was formed to discuss the issues surrounding these services. The specialty society requested and the Workgroup agreed that CPT codes 00740 and 00810 are too broad in the range of endoscopic procedures covered under each code and should be referred to the CPT Editorial Panel September 2016 meeting to request a new family of anesthesia codes to describe anesthesia for GI endoscopic procedures. The revised codes will specifically identify those patients undergoing both upper and lower gastrointestinal endoscopic procedures. The RUC recommends CPT codes 00740 and 00810 be referred to CPT to better define these services. The Anesthesia Workgroup also recommended an educational presentation be provided to the RUC on the existing survey and valuation process for anesthesia services since it has not been validated or used for a survey since 2007, including a specific example of how the data from a survey are used to value an anesthesia service.

In September 2016 the CPT Editorial Panel deleted two codes 00740 and 00810 and created two new codes for upper, two new codes for lower and one new code for upper and lower endoscopic procedures.

In January 2017, ASA provided an overview of the anesthesia payment system. The three main points discussed were that payment for anesthesia services are based on a different relative system, time is not a factor in establishing base unit value and payments for anesthesia services use a different formula.

*Payments for anesthesia services are based on a different relative system.*

The rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Noting that anesthesia base and time units include a combination of work, practice expense and professional liability. For 2017, the percentage of the anesthesia units allocated to physician work is 78.6%

*Time is not a factor in establishing base unit value.*

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

*Payments for anesthesia services use a different formula.*

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place). [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor. The 2017 Anesthesia Conversion Factor is \$22.0454.

***00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified***

The RUC reviewed the survey results from 86 anesthesiologists and determined that the median base unit of 5 appropriately accounts for the work required to administer anesthesia for these services. This new code is projected to represent about 89% of the utilization of the old 00740 service. The specialty society noted that 78% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00731 are equal or slightly more than those for the key reference service 00320 *Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older* (base unit = 6), which supports the base unit recommendation. The specialty society also compared the surveyed service 25 minutes of intra-service (induction period and post-

induction period) to the moderate sedation codes as this is a clinically comparable service to anesthesia (see table below). The specialty society indicated that anesthesia services have higher intensity and work than moderate sedation services. Therefore, choosing the median base unit of 5 appropriately values this service. If the 25<sup>th</sup> percentile 4 base units value is used, then the anesthesia service would be valued less than the moderate sedation services (2.76 vs. 2.90) and would cause a rank order anomaly. The recommended median base unit value maintains relativity of values across the entire fee schedule. Lastly, the specialty society indicated and the RUC agreed that a base unit value of 5 for 00731 is in the appropriate rank order compared to what is recommended for 00732. **The RUC recommends a base unit of 5 for CPT code 00731.**

*Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)*

<b>00731, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified</b>					
<b>Base Unit</b>	<b>Anesthesia Time*</b>	<b>Time Units**</b>	<b>Total Anesthesia Units</b>	<b>wAnesthesia Units***</b>	<b>wRVU Equivalent</b>
3	25	1.7	4.7	3.7	2.27
4	25	1.7	5.7	4.5	2.76
<b>5</b>	<b>25</b>	<b>1.7</b>	<b>6.7</b>	<b>5.2</b>	<b>3.26</b>
6	25	1.7	7.7	6.0	3.75
7	25	1.7	8.7	6.8	4.18

\*Median survey for induction and post-induction time which equals intra-service time for anesthesia care

\*\* Time Units = anesthesia time/15 to one decimal place

\*\*\* wAnesthesia Units = Total Anesthesia Units \* 0.786

The moderate sedation service median intra-service times are shown in the following table.

*Moderate Sedation Services wRVUs*

<b>Moderate Sedation for 25 min over age 5, different physician</b>	<b>wRVUs</b>
99156 x 1	1.65
99157 x 1	1.25
<b>Total</b>	<b>2.90</b>

**00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)**

The RUC reviewed the survey results from 63 anesthesiologists and determined that the median base unit of 6 appropriately accounts for the work required to administer anesthesia for these services. This new code is projected to represent about 11% of the utilization of the old 00740 service. The specialty society noted that 81% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00732 are equal or slightly more than those for the top two key reference services 00320 *Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older* (base unit = 6) and 00840 *Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified* (base unit= 6), which supports the base unit recommendation. The specialty society also compared the surveyed service 65 minutes of intra-service (induction period and post-induction period) to the moderate sedation codes as this is a clinically comparable service to anesthesia (see table below). Recommending the median base units of 6 values this anesthesia service less than the moderate sedation services (4.98 to 5.40 work RVUs). However, recommending the 75<sup>th</sup> percentile base unit of 7 would not maintain the relativity compared to the key reference services and would not maintain the proper rank order with 00731. The specialty society indicated that the post-induction period procedure anesthesia (PIPPA) intensity is the highest for this service compared to the other four anesthesia services that have a base unit of 6. The specialty societies indicated that CPT code 00732 is the most intense compared to those services and is therefore valued appropriately at 6 base units. The RUC agreed that the anesthesia work for ERCP is more intense than 00731. **The RUC recommends a base unit of 6 for CPT code 00732.**

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

<b>00732, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)</b>					
<b>Base Unit</b>	<b>Anesthesia Time*</b>	<b>Time Units**</b>	<b>Total Anesthesia Units</b>	<b>wAnesthesia Units***</b>	<b>wRVU Equivalent</b>
5	65	4.3	9.3	7.3	4.48
<b>6</b>	<b>65</b>	<b>4.3</b>	<b>10.3</b>	<b>8.1</b>	<b>4.98</b>
7	65	4.3	11.3	8.9	5.47
8	65	4.3	12.3	9.7	5.96

\*Median survey for induction and post-induction time which equals intra-service time for anesthesia care

\*\* Time Units = anesthesia time/15 to one decimal place

\*\*\* wAnesthesia Units = Total Anesthesia Units \* 0.786

\*\*\*\* \$ Paid CMS = wAnesthesia Units \* Anesthesia CF

The moderate sedation service median intra-service times are shown in the following table.

*Moderate Sedation Services wRVUs*

<b>Moderate Sedation for 65 min over age 5, different physician</b>	<b>wRVUs</b>
99156 x 1	1.65
99157 x 3	3.75
<b>Total</b>	<b>5.40</b>

**00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified**

The RUC reviewed the survey results from 53 anesthesiologists and determined that the survey 25<sup>th</sup> percentile base unit of 4 appropriately accounts for the work required to administer anesthesia for these services. The RUC noted that this service will typically be reported 1,205,000 times for Medicare patients and therefore did not meet the threshold of 75 surveys. The recommend value for this service will be interim and the specialty society will need to resurvey for the April 2017 RUC meeting.

This new code represents about 70% of the Medicare utilization of the old 00810 service. The specialty society noted that 87% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00811 are equal or slightly more than those for the top two key reference services 00914 *Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate* (base unit = 5) and 00830 *Anesthesia for hernia repairs in lower abdomen; not otherwise specified* (base unit = 4), which supports the base unit recommendation. The RUC noted that the overall intensity for the lower GI anesthesia services is less than the upper GI services 00731 and 00732. Therefore, the survey 25<sup>th</sup> percentile and median base unit of 4 is more appropriate than the initial specialty society recommendation of 5 base units, the survey 75% percentile. **The RUC recommends an interim base unit of 4 for CPT code 00811. The specialty society will resurvey and present for April 2017.**

**00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy**

The RUC reviewed the survey results from 47 anesthesiologists and determined that the survey median base unit of 4 appropriately accounts for the work required to administer anesthesia for these services. The RUC noted that this service will typically be reported 515,000 and therefore did not meet the threshold of 50 surveys. The recommend value for this service will be interim and the specialty society will need to resurvey for the April 2017 RUC meeting.

This new code represents about 30% of the Medicare utilization of the old 00810 service. The specialty society noted that 90% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00812 are slightly less intense than those for the top two key reference services 00910 *Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise*

*specified* (base unit = 3) and 00914 *Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate* (base unit = 5), which supports the base unit recommendation. Based on the RUC reviewer comments, screening colonoscopies typically may be less intense than the diagnostic or procedural colonoscopy, therefore are recommending 4 base units. Additionally, the survey respondents indicated that the PIPPA for 00812 is higher/more intense for this service than the other two anesthesia services with a base unit of 4, thus supporting the value. The RUC agreed that this service should be valued lower than the anesthesia for upper GI services CPT codes 00731 and 00732 and thus is valued appropriately. **The RUC recommends an interim base unit of 4 for CPT code 00812. The specialty society will resurvey and present for April 2017.**

***00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum***

The RUC reviewed the survey results from 47 anesthesiologists and determined that the survey median base unit of 5 appropriately accounts for the work required to administer anesthesia for these services. This new code represents less than 1% of the old 00810 service. The specialty society noted that 85% of the respondents felt that the vignette was typical. The survey respondents indicated that the intensity and complexity measures for 00813 are equal or slightly more than those for the top two key reference services 00320 *Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older* (base unit = 6) and 00830 *Anesthesia for hernia repairs in lower abdomen; not otherwise specified* (base unit = 4), which supports the base unit recommendation. The RUC noted that this service includes anesthesia for the combined upper and lower GI procedures, codes 00731 and 00811. Therefore, a base unit of 5 places this service in the proper rank order with this family of services. **The RUC recommends a base unit of 5 for CPT code 00813.**

**Practice Expense**

The specialty society requested the standard 8 minutes of colorectal service time as is consistent for all anesthesia codes. The RUC recommends the direct practice expense inputs as submitted by the specialty society.

**Work Neutrality:**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Base Unit Recommendation
<b>Anesthesia Upper Abdomen</b>				
<b>D 00740</b>	-	<del>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum</del>  (00740 has been deleted. To report, see 00731, 00732)	-	5
●00731	N1	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	XXX	5
●00732	N2	endoscopic retrograde cholangiopancreatography (ERCP)  (For combined upper and lower gastrointestinal endoscopic procedures, use 00813)	XXX	6

<b>Lower Abdomen</b>				
<b>D</b> 00810	-	<del>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum</del>  (00810 has been deleted. To report, see 00811, 00812, 00813)	-	5
●00811	N3	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	XXX	4 (Interim)
●00812	N4	screening colonoscopy  (Report 00812 to describe anesthesia for any screening colonoscopy regardless of ultimate findings)	XXX	4 (Interim)
●00813	N5	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	XXX	5



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
ANESTHESIA SUMMARY OF RECOMMENDATION**

CPT Code:00731      Tracking Number: N1      Original Specialty Recommended Base Unit Value: **5**  
    Presented Recommended Base Unit Value: **5**  
 Global Period:XXX      RUC Recommended Base Unit Value: **5**

CPT Descriptor: Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 63-year-old patient with abdominal pain and persistent dyspepsia undergoes EGD. Evaluation of the upper GI track is performed and multiple biopsies are taken for histology and Helicobacter pylori (H. pylori) rapid urease test.

Percentage of Survey Respondents who found Vignette to be Typical: 77.91%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and possible intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR) or GI suite). In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during the procedure. Induce or start anesthesia care. If medically indicated, place an artificial airway (may range from oral or nasal airway to intubation) to maintain ventilation. A GI bite block (mouth guard) is placed between the teeth to prevent patient from biting on the endoscope. Position patient initially in the left lateral position, but during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. If the patient is in the lateral position, ensure pressure points such as behind the dependent shoulder, the dependent eye and ear are protected. The resulting position along with the presence of the endoscope may compromise access to the airway should it be necessary to assist ventilation during the procedure. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout the procedure. At the end of the procedure, emerge the patient and then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to the recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)	01/2017
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<b>Presenter(s):</b>	Marc Leib, MD; Richard Rosenquist, MD					
<b>Specialty(s):</b>	American Society of Anesthesiologists					
<b>CPT Code:</b>	00731					
<b>Sample Size:</b>	3190	<b>Resp n:</b>	86	<b>Resp :</b> 2.69%		
<b>Description of Sample:</b>	Random					
		<b><u>Low</u></b>	<b><u>25<sup>th</sup> pctl</u></b>	<b><u>Median*</u></b>	<b><u>75th pctl</u></b>	<b><u>High</u></b>
<b>Service Performance Rate</b>		0.00	20.00	<b>50.00</b>	100.00	5000.00
<b>Survey Base Unit Values:</b>		1.00	4.00	<b>5.00</b>	6.00	8.00
<b>Pre-Anesthesia Time:</b>						
<b>Evaluation</b>		<b>2.00</b>	<b>10.00</b>	<b>10.00</b>	<b>15.00</b>	<b>30.00</b>
<b>Equipment/Supply Preparation</b>		<b>0.00</b>	<b>5.00</b>	<b>9.00</b>	<b>10.00</b>	<b>30.00</b>
<b>Intra-op Anesthesia Time:</b>						
<b>Induction Period</b>		2.00	5.00	<b>5.00</b>	7.00	15.00
<b>Post-Induction Period</b>		2.00	12.75	<b>20.00</b>	30.00	55.00
<b>Post-Anesthesia Time:</b>				<b>10.00</b>		

**SPECIALTY SOCIETY RECOMMENDED DATA**

<b>CPT Code:</b> 00731	
	<b><u>Specialty Recommended</u></b>
<b>Base Unit Value:</b>	<b>5.00</b>
<b>Pre-Anesthesia Time:</b>	
<b>Evaluation</b>	<b>10.00</b>
<b>Equipment/Supply Preparation</b>	<b>9.00</b>
<b>Intra-op Anesthesia Time:</b>	
<b>Induction Period</b>	<b>5.00</b>
<b>Pos-Induction Period</b>	<b>20.00</b>
<b>Post-Anesthesia Time:</b>	<b>10.00</b>

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00320	XXX	6	Other

CPT Descriptor Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00910	XXX	3	Other

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
		0	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36      % of respondents: 41.8 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 16      % of respondents: 18.6 %

**TIME ESTIMATES (Median)**

	CPT Code: 00731	Top Key CPT Code: 00320	2nd Key CPT Code: 00910
Median Pre-Service Time		0.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	9.00		
Median Intra-Service Time		0.00	0.00
Induction Period	5.00		
Post-Induction Period	20.00		
Median Post-service Time	10.00	0.00	0.00
Median Total Time	54.00	129.00	87.00

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.00	0.31
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.11	0.31
Urgency of medical decision making	-0.03	0.31

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.03	0.19
Physical effort required	0.19	0.19

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.44	0.75
Outcome depends on the skill and judgment of physician	0.36	0.56

Estimated risk of malpractice suit with poor outcome	0.47	0.63
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**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.19	0.69
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**Post-Induction Anesthesia****Time-Intensity Allocation**

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	39.60
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	29.10
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	16.50
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	8.00
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	6.80
<b>Total (must total 100%)</b>	100.00%

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**ADDITIONAL RATIONALE**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Background**

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the procedures in which these anesthesia services were administered. The RUC recommended maintaining the

existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the following family of codes were established for CPT 2018:

- 00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- 00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
- 00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

### **Overview of Anesthesia Base Unit Methodology**

As a reminder, payment for anesthesia services is different than for RBRVS codes.

*Payment for anesthesia services is based on a different relative system.*

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

*Time is not a factor in establishing base unit value.*

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

*Payments for anesthesia services use a different formula.*

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

*The anesthesia conversion factor is different than the RBRVS conversion factor.*

- 2017 RBRVS Conversion Factor = \$35.8887
- 2017 Anesthesia Conversion Factor = \$22.0454

#### *Example Payment Calculation for Anesthesia Procedure Code*

Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units ( $35/15 = 2.3$ ) and the payment calculation would be (5 base units + 2.3 time units) x \$22.0454 per unit =  $7.3 \times \$22.0454 = \$160.93$ . This includes work, practice expense and professional liability.

#### **January 2017 RUC Work Survey and ASA Recommendation**

ASA surveyed 00731 for the January 2017 RUC meeting. A total of 86 responses were received from a random sample of 3,190 ASA members (2.7% response rate). ASA convened an Expert Panel to review the survey data. *ASA is recommending the median value of 5 base units for 00731.*

#### **Rationale for Recommendation**

ASA is basing its recommendation of the median value of 5 base units for code 00731 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

#### *Comparison to Key Reference Services*

Survey respondents chose the following key reference services:

	<b>Code Number</b>	<b>Description</b>	<b>Base Unit</b>
Top Key Code	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	6
2 <sup>nd</sup> Key Code	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	3

Survey respondents found 00731 to be near or slightly more intense than anesthesia procedure code 00320, with intensity ratings ranging from -0.3 to .47. They also found 00731 to be more intense than 00910, with intensity ratings ranging from 0.19 to 0.75.

It is the opinion of our Expert Panel that these ratings of the intensity factors among 00731 and the key reference services fall appropriately in-line and they support the recommended median value of 5 base units.

#### *Comparison to Moderate Sedation Services*

When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not

possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services using the same intra-service time.

To convert anesthesia base units to wRVUs, ASA used the **AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

<b>wRVUs vs Anesthesia Base Units</b>	
<b>2017 RBRVS CF/ RVU</b>	\$35.8887
<b>2017 Anesthesia CF/ ASA unit</b>	\$22.0454
<b>% Base Units that is work</b>	0.786

<b>Moderate Sedation Services</b>	
<b>Code</b>	<b>wRVUs</b>
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for *different possible base units* and median survey time for 00731 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

<b>00731, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified</b>						
<b>Base Unit</b>	<b>Anesthesia Time*</b>	<b>Time Units**</b>	<b>Total Anesthesia Units</b>	<b>wAnesthesia Units***</b>	<b>\$ Paid CMS****</b>	<b>wRVU Equivalent</b>
3	25	1.7	4.7	3.7	\$81.57	2.27
4	25	1.7	5.7	4.5	\$99.20	2.76
<b>5</b>	<b>25</b>	<b>1.7</b>	<b>6.7</b>	<b>5.2</b>	<b>\$116.84</b>	<b>3.26</b>
6	25	1.7	7.7	6.0	\$134.48	3.75
7	25	1.7	8.7	6.8	\$149.91	4.18

\*Median survey for induction and post-induction time which equals intra-service time for anesthesia care

\*\* Time Units = anesthesia time/15 to one decimal place

\*\*\* wAnesthesia Units = Total Anesthesia Units \* 0.786

\*\*\*\* \$ Paid CMS = wAnesthesia Units \* Anesthesia CF

\*\*\*\*\*wRVU Equivalent = \$ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.



*Moderate Sedation Services wRVUs*

<b>Moderate Sedation for 25 min over age 5, different physician</b>	<b>wRVUs</b>
99156 x 1	1.65
99157 x 1	1.25
<b>Total</b>	<b>2.90</b>

Using this analysis, if the 25th percentile for base unit value is used, then the anesthesia service would be valued LESS than the moderate sedation services (2.76 vs. 2.90). Because anesthesia services have higher intensity and work than moderate sedation services, choosing the 25th percentile would cause a rank order anomaly. The recommended median base unit value maintains relativity of values across the entire fee schedule and is consistent with the other two methodologies for determining value of base unit (comparison to key reference codes and appropriate rank order within the family). Therefore, the ASA recommends the median value of 5 base units and feels the comparison to moderate sedation services supports the median value.

*Appropriate Rank Order in the Family*

Based on the recommended values, 00731 is less than 00732 which describes anesthesia for ERCP. The intensity/complexity and pre/post work is greater for 00732. Therefore Expert Panel believes that the value of 5 base units for 00731 is appropriate.

		<b>00731</b>	<b>00732</b>	<b>00811</b>	<b>00812</b>	<b>00813**</b>
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
<b>Respondents</b>		86	63	53	47	47
<b>Total Sent</b>		3190	3195	3197	3197	3197
<b>Response Rate</b>		2.7%	2.0%	1.7%	1.5%	1.5%
<b>Base Units</b>	<b>Low</b>	1	2	3	3	3
	<b>25th</b>	4	5	4	3	4
	<b>Med.</b>	5*	6*	4	4*	5
	<b>75th</b>	6	7	5*	5	7
	<b>High</b>	8	18	15	8	10

\*Recommended value

\*\* Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

**ASA's Recommendations for 00731 in the Anesthesia for GI Procedure Family**

ASA recommends a value of 5 base units for anesthesia procedure code 00731, *Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified.*

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 00740

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3,534,000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology	Frequency 1,767,000	Percentage	50%
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Specialty CRNA	Frequency 1,767,000	Percentage	50.00%
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Specialty	Frequency	Percentage
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,178,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Anesthesia	Frequency 589,000	Percentage	50.00%
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Specialty CRNA	Frequency 589,000	Percentage	50.00%
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Specialty	Frequency	Percentage
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Do many physicians perform this service across the United States? Yes

CPT Descriptor: Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)

Vignette Used in Survey: A 68-year-old patient presents with abdominal pain and abnormal laboratory tests (AST, ALT, alkaline phosphatase, total bilirubin, amylase). Imaging studies show an apparent retained common bile duct stone. Therapeutic ERCP with stone removal is performed.

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

**Description of Intra-Service Work:** Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR), radiology suite or GI suite). In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], and end-tidal CO<sub>2</sub> [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and correct procedure. Preoxygenate the patient and then induce and intubate the patient. After the airway is secured, place the GI bite block (mouth guard) between the teeth to prevent patient from biting on the endoscope. Place the patient in the prone position, place a pillow under their right chest for slight tilt, ensure neck extension is neutral with head toward right shoulder and pressure points are padded (e.g., head on foam or towel ring to prevent pressure on down orbit, nose, ear, or mouth). Since fluoroscopy is generally used during this procedure, confirm that necessary x-ray protection is placed on the patient. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout. At the end of the procedure, turn patient supine, emerge the patient and extubate when medically appropriate. Then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017
<b>Presenter(s):</b>	Marc Leib, MD; Richard Rosenquist, MD

<b>Specialty(s):</b>		American Society for Anesthesiologists					
<b>CPT Code:</b>		00732					
<b>Sample Size:</b>		3195	<b>Resp n:</b>	63	<b>Resp :</b> 1.97%		
<b>Description of Sample:</b>		Random					
			<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>			0.00	12.00	<b>25.00</b>	42.50	1400.00
<b>Survey Base Unit Values:</b>			2.00	5.00	<b>6.00</b>	7.00	18.00
<b>Pre-Anesthesia Time:</b>							
<b>Evaluation</b>			<b>5.00</b>	<b>10.00</b>	<b>15.00</b>	<b>15.00</b>	<b>35.00</b>
<b>Equipment/Supply Preparation</b>			<b>0.00</b>	<b>7.50</b>	<b>10.00</b>	<b>15.00</b>	<b>30.00</b>
<b>Intra-op Anesthesia Time:</b>							
<b>Induction Period</b>			2.00	5.00	<b>10.00</b>	10.00	20.00
<b>Post-Induction Period</b>			5.00	30.00	<b>55.00</b>	60.00	150.00
<b>Post-Anesthesia Time:</b>					<b>10.00</b>		

**SPECIALTY SOCIETY RECOMMENDED DATA**

<b>CPT Code:</b> 00732	
	<b><u>Specialty Recommended</u></b>
<b>Base Unit Value:</b>	<b>6.00</b>
<b>Pre-Anesthesia Time:</b>	
<b>Evaluation</b>	<b>15.00</b>
<b>Equipment/Supply Preparation</b>	<b>10.00</b>
<b>Intra-op Anesthesia Time:</b>	
<b>Induction Period</b>	<b>10.00</b>
<b>Pos-Induction Period</b>	<b>55.00</b>
<b>Post-Anesthesia Time:</b>	<b>10.00</b>

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00320	XXX	6	Other

CPT Descriptor Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00840	XXX	6	Other

CPT Descriptor Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
		0	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20      % of respondents: 31.7 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 13      % of respondents: 20.6 %

**TIME ESTIMATES (Median)**

	CPT Code: 00732	Top Key CPT Code: 00320	2nd Key CPT Code: 00840
Median Pre-Service Time		0.00	0.00
Evaluation	15.00		
Equipment/Supply Preparation	10.00		
Median Intra-Service Time		0.00	0.00
Induction Period	10.00		
Post-Induction Period	55.00		
Median Post-service Time	10.00	0.00	0.00
<b>Median Total Time</b>	<b>100.00</b>	<b>129.00</b>	<b>185.00</b>

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.30	0.46
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.30	0.62
Urgency of medical decision making	0.15	0.77

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.15	0.62
Physical effort required	0.50	0.77

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.60	0.77
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Outcome depends on the skill and judgment of physician	0.30	0.54
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Estimated risk of malpractice suit with poor outcome	0.55	0.69
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**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.60	0.85
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**Post-Induction Anesthesia**  
**Time-Intensity Allocation**

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	33.40
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	30.30
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	19.80
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	9.90
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	6.60
<b>Total (must total 100%)</b>	100.00%

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**ADDITIONAL RATIONALE**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Background**

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reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

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- 2017 Anesthesia Conversion Factor = \$22.0454

#### *Example Payment Calculation for Anesthesia Procedure Code*

Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units ( $35/15 = 2.3$ ) and the payment calculation would be (5 base units + 2.3 time units) x \$22.0454 per unit =  $7.3 \times \$22.0454 = \$160.93$ . This includes work, practice expense and professional liability.

#### **January 2017 RUC Work Survey and ASA Recommendation**

ASA surveyed 00732 for the January 2017 RUC meeting. A total of 63 responses were received from a random sample of 3,195 ASA members (2.0% response rate). ASA convened an Expert Panel to review the survey data. *ASA is recommending the median value of 6 base units for 00732.*

#### **Rationale for Recommendation**

ASA is basing its recommendation of the median value of 6 base units for code 00732 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

#### *Comparison to Key Reference Services*

Survey respondents chose the following key reference services:

	<b>Code Number</b>	<b>Description</b>	<b>Base Unit</b>
Top Key Code	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	6
2 <sup>nd</sup> Key Code	00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	6

Survey respondents found 00732 to be near or slightly more intense than anesthesia procedure code 00320, with intensity ratings ranging from 0.15 to 0.60. They also found 00732 to be more intense than 00840, with intensity ratings ranging from 0.46 to 0.85.

It is the opinion of our Expert Panel that these ratings of the intensity factors among 00732 and the key reference services fall appropriately in-line and supports the recommended median value of 6 base units.

#### *Comparison to Moderate Sedation Services*

When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is

reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

<b>wRVUs vs Anesthesia Base Units</b>	
<b>2017 RBRVS CF/ RVU</b>	\$35.8887
<b>2017 Anesthesia CF/ ASA unit</b>	\$22.0454
<b>% Base Units that is work</b>	0.786

<b>Moderate Sedation Services</b>	
<b>Code</b>	<b>wRVUs</b>
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 00732 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)

<b>00732, Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)</b>						
<b>Base Unit</b>	<b>Anesthesia Time*</b>	<b>Time Units**</b>	<b>Total Anesthesia Units</b>	<b>wAnesthesia Units***</b>	<b>\$ Paid CMS****</b>	<b>wRVU Equivalent</b>
5	65	4.3	9.3	7.3	\$160.93	4.48
<b>6</b>	<b>65</b>	<b>4.3</b>	<b>10.3</b>	<b>8.1</b>	<b>\$178.57</b>	<b>4.98</b>
7	65	4.3	11.3	8.9	\$196.20	5.47
8	65	4.3	12.3	9.7	\$213.84	5.96

\*Median survey for induction and post-induction time which equals intra-service time for anesthesia care

\*\* Time Units = anesthesia time/15 to one decimal place

\*\*\* wAnesthesia Units = Total Anesthesia Units \* 0.786

\*\*\*\* \$ Paid CMS = wAnesthesia Units \* Anesthesia CF

\*\*\*\*\*wRVU Equivalent = \$ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

*Moderate Sedation Services wRVUs*

<b>Moderate Sedation for 65 min over age 5, different physician</b>	<b>wRVUs</b>
99156 x 1	1.65
99157 x 3	3.75
<b>Total</b>	<b>5.40</b>

Using this analysis, if the median value (6 base units) from the survey was used, the anesthesia service would be valued LESS than the moderate sedation services (4.98 to 5.40 work RVUs). The ASA's Expert Panel felt that recommending the 75th percentile for base unit would keep relativity as compared to moderate sedation services, but did not feel it would be consistent with the other two methods in determining value of the base unit (comparison to key reference codes and appropriate rank order within the family). Therefore, ASA recommends the median value of 6 anesthesia base units and feels the comparison to moderate sedation services supports an even higher value.

*Appropriate Rank Order in the Family*

Compared to the other code for 00731, anesthesia for upper endoscopy, the ASA Expert Panel believes that 00732 should have a higher base unit value than 00731. The intra-anesthesia intensity and complexity is greater for this anesthetic than for anesthesia services described under 00731. Also, the pre-anesthesia and post-anesthesia work is greater for services described by 00732 than for those described by 00731. This procedure is typically performed in the prone position, making access to the airway more difficult than it is in 00731. The recommended median value of 6 base units establishes appropriate rank order in the family.

		<b>00731</b>	<b>00732</b>	<b>00811</b>	<b>00812</b>	<b>00813**</b>
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
<b>Respondents</b>		86	63	53	47	47
<b>Total Sent</b>		3190	3195	3197	3197	3197
<b>Response Rate</b>		2.7%	2.0%	1.7%	1.5%	1.5%
<b>Base Units</b>	<b>Low</b>	1	2	3	3	3
	<b>25th</b>	4	5	4	3	4
	<b>Med.</b>	5*	6*	4	4*	5
	<b>75th</b>	6	7	5*	5	7
	<b>High</b>	8	18	15	8	10

\*Recommended value

\*\* Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

**ASA's Recommendations for 00732 in the Anesthesia for GI Procedure Family**

ASA recommends the median value of 6 base units for anesthesia procedure code 00732, *Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)*.

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 00740

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 429,000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology	Frequency 214,5000	Percentage	50%
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Specialty CRNA	Frequency 214,500	Percentage	50%
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Specialty	Frequency	Percentage
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 143,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Anesthesiology	Frequency 71500	Percentage	50.00%
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Specialty CRNA	Frequency 71500	Percentage	50.00%
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Specialty	Frequency	Percentage
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Do many physicians perform this service across the United States? Yes



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
ANESTHESIA SUMMARY OF RECOMMENDATION**

CPT Code:00811	Tracking Number: N3	Original Specialty Recommended Base Unit Value: <b>5</b>
		Presented Recommended Base Unit Value: <b>5</b>
Global Period:XXX		RUC Recommended Base Unit Value: <b>4</b>

CPT Descriptor: Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 66-year-old patient presents with diarrhea, anemia, and intermittent rectal bleeding. Colonoscopy with biopsies of a lesion is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 86.79%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and possible intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR) or GI suite). Administer fluids to counteract volume changes as a result of bowel prep, medications and underlying comorbidities. In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during the procedure. Induce or start anesthesia care. If medically indicated, place an artificial airway (may range from oral or nasal airway to intubation) to maintain ventilation. Position patient initially in the left lateral position, but during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. If the patient is in the lateral position, ensure pressure points such as behind the dependent shoulder, the dependent eye and ear are protected. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout the procedure. Administer medications to counter physiologic changes such as hypotension and tachycardia resulting from a combination of bowel prep, medications, and underlying comorbidities. At the end of the procedure, emerge the patient and then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017
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<b>Presenter(s):</b>		Marc Leib, MD; Richard Rosenquist, MD					
<b>Specialty(s):</b>		American Society of Anesthesiologists					
<b>CPT Code:</b>		00811					
<b>Sample Size:</b>	3197	<b>Resp n:</b>	53	<b>Resp :</b> 1.65%			
<b>Description of Sample:</b>		Random					
			<b><u>Low</u></b>	<b><u>25<sup>th</sup> pctl</u></b>	<b><u>Median*</u></b>	<b><u>75th pctl</u></b>	<b><u>High</u></b>
<b>Service Performance Rate</b>			0.00	15.00	<b>50.00</b>	100.00	2340.00
<b>Survey Base Unit Values:</b>			3.00	4.00	<b>4.00</b>	5.00	15.00
<b>Pre-Anesthesia Time:</b>							
<b>Evaluation</b>			<b>5.00</b>	<b>10.00</b>	<b>10.00</b>	<b>15.00</b>	<b>30.00</b>
<b>Equipment/Supply Preparation</b>			<b>0.00</b>	<b>5.00</b>	<b>10.00</b>	<b>10.00</b>	<b>30.00</b>
<b>Intra-op Anesthesia Time:</b>							
<b>Induction Period</b>			2.00	5.00	<b>5.00</b>	8.00	40.00
<b>Post-Induction Period</b>			2.00	10.00	<b>20.00</b>	30.00	180.00
<b>Post-Anesthesia Time:</b>					<b>10.00</b>		

**SPECIALTY SOCIETY RECOMMENDED DATA**

<b>CPT Code:</b> 00811	
	<b><u>Specialty Recommended</u></b>
<b>Base Unit Value:</b>	<b>5.00</b>
<b>Pre-Anesthesia Time:</b>	
<b>Evaluation</b>	<b>10.00</b>
<b>Equipment/Supply Preparation</b>	<b>10.00</b>
<b>Intra-op Anesthesia Time:</b>	
<b>Induction Period</b>	<b>5.00</b>
<b>Pos-Induction Period</b>	<b>20.00</b>
<b>Post-Anesthesia Time:</b>	<b>10.00</b>

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00914	XXX	5	Other

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00830	XXX	4	Other

CPT Descriptor Anesthesia for hernia repairs in lower abdomen; not otherwise specified

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
		0	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 10      **% of respondents:** 18.8 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 10      **% of respondents:** 18.8 %

### TIME ESTIMATES (Median)

	CPT Code: 00811	Top Key CPT Code: 00914	2nd Key CPT Code: 00830
Median Pre-Service Time		0.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	10.00		
Median Intra-Service Time		0.00	0.00
Induction Period	5.00		
Post-Induction Period	20.00		
Median Post-service Time	10.00	0.00	0.00
<b>Median Total Time</b>	<b>55.00</b>	<b>126.00</b>	<b>124.00</b>

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Top Key  
Ref Code

2<sup>nd</sup> Key  
Ref Code

### Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	0.20	0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.20	0.10
Urgency of medical decision making	0.30	0.20

### Technical Skill/Physical Effort (Mean)

Technical skill required	0.20	0.10
Physical effort required	0.40	0.30

### Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.10	0.30
Outcome depends on the skill and judgment of physician	0.30	0.10

Estimated risk of malpractice suit with poor outcome	0.40	0.10
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**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.40	0.20
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**Post-Induction Anesthesia****Time-Intensity Allocation**

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	47.70
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	27.40
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	12.40
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	6.70
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	5.90
<b>Total (must total 100%)</b>	100.00%

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**ADDITIONAL RATIONALE**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Background**

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the

procedures in which these anesthesia services were administered. The RUC recommended maintaining the existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the following family of codes were established for CPT 2018:

- 00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- 00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
- 00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

### **Overview of Anesthesia Base Unit Methodology**

As a reminder, payment for anesthesia services is different than for RBRVS codes.

*Payment for anesthesia services is based on a different relative system.*

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

*Time is not a factor in establishing base unit value.*

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

*Payments for anesthesia services use a different formula.*

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-

minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

*The anesthesia conversion factor is different than the RBRVS conversion factor.*

- 2017 RBRVS Conversion Factor = \$35.8887
- 2017 Anesthesia Conversion Factor = \$22.0454

#### *Example Payment Calculation for Anesthesia Procedure Code*

Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units ( $35/15 = 2.3$ ) and the payment calculation would be (5 base units + 2.3 time units) x \$22.0454 per unit =  $7.3 \times \$22.0454 = \$160.93$ . This includes work, practice expense and professional liability.

#### **January 2017 RUC Work Survey and ASA Recommendation**

ASA surveyed 00811 for the January 2017 RUC meeting. A total of 53 responses were received from a random sample of 3,197 ASA members (1.7% response rate). ASA convened an expert panel to review the survey data. *ASA is recommending the 75<sup>th</sup> percentile of 5 base units.*

#### **Rationale for Recommendation**

ASA is basing its recommendation of the 75<sup>th</sup> percentile value of 5 base units for code 00811 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

#### **Comparison to Key Reference Services**

Survey respondents chose the following key reference services:

	<b>Code Number</b>	<b>Description</b>	<b>Base Unit</b>
Top Key Code	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	5
2 <sup>nd</sup> Key Code	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	4

Survey respondents found 00811 to be near or slightly more complex/intense than anesthesia procedure code 00914 (ratings ranging from 0.10 to 0.40) and 00830 (ratings ranging from 0.10 to 0.30).

It is the opinion of our expert panel that these ratings of the intensity factors among 00811 and the key reference services fall appropriately in-line and they support the recommended 75<sup>th</sup> percentile value of 5 base units.

#### *Comparison to Moderate Sedation Services*

When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that

rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

<b>wRVUs vs Anesthesia Base Units</b>	
<b>2017 RBRVS CF/ RVU</b>	\$35.8887
<b>2017 Anesthesia CF/ ASA unit</b>	\$22.0454
<b>% Base Units that is work</b>	0.786

<b>Moderate Sedation Services</b>	
<b>Code</b>	<b>wRVUs</b>
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 00811 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs ( wRVUs)

<b>00811, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified</b>						
<b>Base Unit</b>	<b>Anesthesia Time*</b>	<b>Time Units**</b>	<b>Total Anesthesia Units</b>	<b>wAnesthesia Units***</b>	<b>\$ Paid CMS****</b>	<b>wRVU Equivalent</b>
3	25	1.7	4.7	3.7	\$ 81.57	2.27
4	25	1.7	5.7	4.5	\$ 99.20	2.76
<b>5</b>	<b>25</b>	<b>1.7</b>	<b>6.7</b>	<b>5.3</b>	<b>\$ 116.84</b>	<b>3.26</b>
6	25	1.7	7.7	6.1	\$ 134.48	3.75
7	25	1.7	8.7	6.8	\$ 149.91	4.18

\*Median survey for induction and post-induction time which equals intra-service time for anesthesia care

\*\* Time Units = anesthesia time/15 to one decimal place

\*\*\* wAnesthesia Units = Total Anesthesia Units \* 0.786

\*\*\*\* \$ Paid CMS = wAnesthesia Units \* Anesthesia CF

\*\*\*\*\*wRVU Equivalent = \$ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

*Moderate Sedation Services wRVUs*

Moderate Sedation for 25 min over age 5, different physician	wRVUs
99156 x 1	1.65
99157 x 1	1.25
<b>Total</b>	<b>2.90</b>

Using this analysis, if the median value for base unit value is used, then the anesthesia service would be valued LESS than the moderate sedation services (2.76 vs. 2.90). Because anesthesia services have higher intensity and work than moderate sedation services, choosing the median value would cause a rank order anomaly. The recommended 75<sup>th</sup> percentile base unit value maintains relativity of values across the entire fee schedule and is consistent with the other two methodologies for determining value of base unit (comparison to key reference codes and appropriate rank order within the family). Therefore, the ASA recommends the 75<sup>th</sup> percentile value of 5 anesthesia base units and feels the comparison to moderate sedation services supports the median value.

#### *Appropriate Rank Order in the Family*

Within this new family of anesthesia for GI endoscopic procedures, 00811 should be valued at the same level as 00731, but not as much as 00732. When compared to 00731, there are more instances in which there may be unanticipated stimulation due to intermittent insufflation and possible tissue excision during the procedures. The 75<sup>th</sup> percentile base unit value maintains appropriate rank order within the entire family of anesthesia for GI endoscopic procedure codes.

		00731	00732	00811	00812	00813**
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
<b>Respondents</b>		86	63	53	47	47
<b>Total Sent</b>		3190	3195	3197	3197	3197
<b>Response Rate</b>		2.7%	2.0%	1.7%	1.5%	1.5%
<b>Base Units</b>	<b>Low</b>	1	2	3	3	3
	<b>25th</b>	4	5	4	3	4
	<b>Med.</b>	5*	6*	4	4*	5
	<b>75th</b>	6	7	5*	5	7
	<b>High</b>	8	18	15	8	10

\*Recommended value

\*\*Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

#### **ASA's Recommendations for 00811 in the Anesthesia for GI Procedure Family**

ASA recommends the 75<sup>th</sup> percentile value of 5 base units for anesthesia procedure code 00811, *Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified.*

#### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 00810

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology

How often? Commonly

Specialty CRNA

How often? Commonly

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3,165,000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology

Frequency 1,807,500

Percentage

50%

Specialty CRNA

Frequency 1,807,500

Percentage

50.00%

Specialty

Frequency

Percentage

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,205,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Anesthesiology

Frequency 602500

Percentage

50.00%

Specialty CRNA

Frequency 602500

Percentage

50.00%

Specialty

Frequency

Percentage

Do many physicians perform this service across the United States? Yes

CPT Descriptor: Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017
<b>Presenter(s):</b>	Marc Leib, MD; Richard Rosenquist, MD



Specialty(s):		American Society of Anesthesiologists					
CPT Code:		00812					
Sample Size:		3197	Resp n:	47	Resp : 1.47%		
Description of Sample:		Random					
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	High
Service Performance Rate			0.00	22.50	50.00	100.00	500.00
Survey Base Unit Values:			3.00	3.00	4.00	5.00	8.00
Pre-Anesthesia Time:							
Evaluation			3.00	7.00	10.00	15.00	30.00
Equipment/Supply Preparation			0.00	5.00	10.00	10.00	20.00
Intra-op Anesthesia Time:							
Induction Period			2.00	5.00	5.00	7.00	15.00
Post-Induction Period			2.00	10.00	20.00	30.00	60.00
Post-Anesthesia Time:					10.00		

**SPECIALTY SOCIETY RECOMMENDED DATA**

<b>CPT Code:</b> 00812	
	<b><u>Specialty Recommended</u></b>
<b>Base Unit Value:</b>	<b>4.00</b>
<b>Pre-Anesthesia Time:</b>	
<b>Evaluation</b>	<b>10.00</b>
<b>Equipment/Supply Preparation</b>	<b>10.00</b>
<b>Intra-op Anesthesia Time:</b>	
<b>Induction Period</b>	<b>5.00</b>
<b>Pos-Induction Period</b>	<b>20.00</b>
<b>Post-Anesthesia Time:</b>	<b>10.00</b>

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00910	XXX	3	Other

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00914	XXX	5	Other

CPT Descriptor Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
		0	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 11      **% of respondents:** 23.4 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 7      **% of respondents:** 14.8 %

### TIME ESTIMATES (Median)

	CPT Code: 00812	Top Key CPT Code: 00910	2nd Key CPT Code: 00914
Median Pre-Service Time		0.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	10.00		
Median Intra-Service Time		0.00	0.00
Induction Period	5.00		
Post-Induction Period	20.00		
Median Post-service Time	10.00	0.00	0.00
<b>Median Total Time</b>	<b>55.00</b>	<b>87.00</b>	<b>126.00</b>

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Top Key  
Ref Code

2<sup>nd</sup> Key  
Ref Code

### Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	-0.09	-0.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	-0.14
Urgency of medical decision making	-0.09	-0.29

### Technical Skill/Physical Effort (Mean)

Technical skill required	-0.18	0.29
Physical effort required	-0.09	0.14

### Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.18	-0.29
Outcome depends on the skill and judgment of physician	-0.09	0.14

Estimated risk of malpractice suit with poor outcome	0.09	0.29
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**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.18	0.00
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**Post-Induction Anesthesia****Time-Intensity Allocation**

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	52.00
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	26.20
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	11.20
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	6.20
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	4.40
<b>Total (must total 100%)</b>	99.00%

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**ADDITIONAL RATIONALE**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Background**

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the procedures in which these anesthesia services were administered. The RUC recommended maintaining the

existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the following family of codes were established for CPT 2018:

- 00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- 00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
- 00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

### **Overview of Anesthesia Base Unit Methodology**

As a reminder, payment for anesthesia services is different than for RBRVS codes.

*Payment for anesthesia services is based on a different relative system.*

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

*Time is not a factor in establishing base unit value.*

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

*Payments for anesthesia services use a different formula.*

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- $[\text{Anesthesia Base Units} + \text{Time Units}] \times \text{Anesthesia Conversion Factor}$

*The anesthesia conversion factor is different than the RBRVS conversion factor.*

- 2017 RBRVS Conversion Factor = \$35.8887
- 2017 Anesthesia Conversion Factor = \$22.0454

*Example payment calculation for anesthesia procedure code.*

Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units ( $35/15 = 2.3$ ) and the payment calculation would be (5 base units + 2.3 time units)  $\times$  \$22.0454 per unit =  $7.3 \times \$22.0454 = \$160.93$ . This includes work, practice expense and professional liability.

### **January 2017 RUC Work Survey and ASA Recommendation**

ASA surveyed 00812 for the January 2017 RUC meeting. A total of 47 responses were received from a random sample of 3,197 ASA members (1.5% response rate). ASA convened an Expert Panel to review the survey data. *ASA is recommending the median of 4 base units for 00812.*

### **Rationale for Recommendation**

ASA is basing its recommendation of the median value of 4 base units for code 00812 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

#### *Comparison to Key Reference Services*

Survey respondents chose the following key reference services:

	<b>Code Number</b>	<b>Description</b>	<b>Base Unit</b>
Top Key Code	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	3
2 <sup>nd</sup> Key Code	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	5

Survey respondents found 00812 to be around the same complexity/intensity than key reference code 00910 (ratings range from -0.18 to 0.09) and 00914 (ratings from -0.29 to 0.29). It is the opinion of our Expert Panel that these ratings of the intensity factors among 00812 and the key reference services fall appropriately in-line and they support the recommended median value of 4 base units.

#### *Comparison to Moderate Sedation Services*

When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching

the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA used the **AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

<b>wRVUs vs Anesthesia Base Units</b>	
<b>2017 RBRVS CF/ RVU</b>	\$35.8887
<b>2017 Anesthesia CF/ ASA unit</b>	\$22.0454
<b>% Base Units that is work</b>	0.786

<b>Moderate Sedation Services</b>	
<b>Code</b>	<b>wRVUs</b>
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 00812 in the table that follows.

Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs ( wRVUs)

<b>00812, Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy</b>						
<b>Base Unit</b>	<b>Anesthesia Time*</b>	<b>Time Units**</b>	<b>Total Anesthesia Units</b>	<b>wAnesthesia Units***</b>	<b>\$ Paid CMS****</b>	<b>wRVU Equivalent</b>
3	25	1.7	4.7	3.7	\$ 81.57	2.27
<b>4</b>	<b>25</b>	<b>1.7</b>	<b>5.7</b>	<b>4.5</b>	<b>\$ 99.20</b>	<b>2.76</b>
5	25	1.7	6.7	5.3	\$ 116.84	3.26
6	25	1.7	7.7	6.1	\$ 134.48	3.75
7	25	1.7	8.7	6.8	\$ 149.91	4.18

\*Median survey for induction and post-induction time which equals intra-service time for anesthesia care

\*\* Time Units = anesthesia time/15 to one decimal place

\*\*\* wAnesthesia Units = Total Anesthesia Units \* 0.786

\*\*\*\* \$ Paid CMS = wAnesthesia Units \* Anesthesia CF

\*\*\*\*\*wRVU Equivalent = \$ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

*Moderate Sedation Services wRVUs*

<b>Moderate Sedation for 25 min over age 5, different physician</b>	<b>wRVUs</b>
99156 x 1	1.65

99157 x 1	1.25
<b>Total</b>	<b>2.90</b>

If the median value (4 base units) from the survey is used, the anesthesia service would be valued LESS than the moderate sedation services (2.76 vs. 2.90 work RVUs). The ASA expert panel felt that recommending the 75<sup>th</sup> percentile for base unit would keep relativity as compared to moderate sedation, but did not feel it would be consistent with the other two methods in determining the value of the base unit (comparison to key reference codes and appropriate rank order within the family). Therefore, ASA is recommending the median value of 6 anesthesia units and feels the comparison to moderate sedation services supports an even higher value.

#### *Appropriate Rank Order in the Family*

Within this new family of anesthesia for lower GI procedures, ASA's Expert Panel believes the 00812 base unit should have a lower value than 00811. The Expert Panel decision is based on the fact that the typical patient presenting for screening colonoscopy requires less preoperative and postoperative work. The median value of 4 base units for this procedure maintains appropriate rank order within this family of anesthesia codes.

		<b>00731</b>	<b>00732</b>	<b>00811</b>	<b>00812</b>	<b>00813**</b>
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
<b>Respondents</b>		86	63	53	47	47
<b>Total Sent</b>		3190	3195	3197	3197	3197
<b>Response Rate</b>		2.7%	2.0%	1.7%	1.5%	1.5%
<b>Base Units</b>	<b>Low</b>	1	2	3	3	3
	<b>25th</b>	4	5	4	3	4
	<b>Med.</b>	5*	6*	4	4*	5
	<b>75th</b>	6	7	5*	5	7
	<b>High</b>	8	18	15	8	10

\*Recommended value

\*\* Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

#### **ASA's Recommendations for 00812 in the Anesthesia for GI Procedure Family**

Although this creates a rank order anomaly compared to moderate sedation for the same intra-anesthesia time, ASA recommends the median value of 4 base units for anesthesia procedure code 00812, *Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy*.

#### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.



- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 00810

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1,545,000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology	Frequency 772,500	Percentage	50%
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Specialty CRNA	Frequency 772,500	Percentage	50.00%
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Specialty	Frequency	Percentage
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 515000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. RUC Database

Specialty Anesthesia	Frequency 257500	Percentage	50.00%
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Specialty CRNA	Frequency 257500	Percentage	50.00%
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Specialty	Frequency	Percentage
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Do many physicians perform this service across the United States? Yes

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
ANESTHESIA SUMMARY OF RECOMMENDATION**

CPT Code:00813	Tracking Number: N5	Original Specialty Recommended Base Unit Value: <b>6</b>
		Presented Recommended Base Unit Value: <b>5</b>
Global Period:XXX		RUC Recommended Base Unit Value: <b>5</b>

CPT Descriptor: Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 68 year-old patient with persistent abdominal pain, positive fecal blood tests and mild anemia on lab exam presents for upper and lower GI endoscopic procedures to determine cause of occult bleeding.

Percentage of Survey Respondents who found Vignette to be Typical: 85.11%

Description of Pre-Service Work: Obtain a detailed medical history with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. Perform an expanded problem focused physical examination, including a thorough airway examination, auscultation of the heart and lungs and musculoskeletal and neurologic examinations if appropriate. Review pertinent laboratory data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and possible intubation with patient and/or family. Prepare anesthesia equipment and medications. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the procedure room (operating room (OR) or GI suite). Administer fluids to counteract volume changes as a result of bowel prep, medications and underlying comorbidities. In the procedure room, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in pre-surgical review, confirming correct patient and procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during the procedure. Induce or start anesthesia care. If medically indicated, place an artificial airway (may range from oral or nasal airway to intubation) to maintain ventilation. A GI bite block (mouth guard) is placed between the teeth to prevent patient from biting on the endoscope. Position patient initially in the left lateral position, but during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. If the patient is in the lateral position, ensure pressure points such as behind the dependent shoulder, the dependent eye and ear are protected. The resulting position along with the presence of the endoscope may compromise access to the airway should it be necessary to assist ventilation during the procedure. Provide anesthesia care titrating medications and monitoring and reassessing the patient throughout the procedure. Administer medications to counter physiologic changes such as hypotension and tachycardia resulting from a combination of bowel prep, medications, and underlying comorbidities. At the end of the upper endoscopy procedure, the patient's stretcher is turned 180 degrees. After the turning the bed, the patient's ventilation is reevaluated. Monitors and intravenous access are assessed. Although the initial position for the lower endoscopic procedure is the left lateral position, during procedure, may need to assist in positioning the patient in supine, right lateral, or prone as determined by the physician performing the procedure. At the end of the procedure, emerge the patient and then transfer patient to the post-anesthetic care unit and provide a post-anesthetic report to recovery room nursing staff. During the anesthesia care, personally document anesthesia care in the anesthesia record including vital signs (at least every 5 minutes), positioning, anesthesia procedures, medications, and significant events.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and medications. Make a postoperative evaluation in the post-anesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Provide any post-anesthesia care as needed in the PACU. Discharge patient from the unit.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		01/2017			
Presenter(s):	Marc Leib, MD; Richard Rosenquist, MD				
Specialty(s):	American Society of Anesthesiologists				
CPT Code:	00813				
Sample Size:	3197	Resp n:	47	Resp : 1.47%	
Description of Sample:	Random				
	Low	25 <sup>th</sup> pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	50.00	72.50	200.00
Survey Base Unit Values:	3.00	4.00	5.00	7.00	10.00
Pre-Anesthesia Time:					
Evaluation	5.00	10.00	10.00	15.00	30.00
Equipment/Supply Preparation	0.00	5.00	10.00	10.00	30.00
Intra-op Anesthesia Time:					
Induction Period	2.00	5.00	5.00	10.00	20.00
Post-Induction Period	2.00	20.00	35.00	52.50	180.00
Post-Anesthesia Time:			10.00		

**SPECIALTY SOCIETY RECOMMENDED DATA**

<b>CPT Code:</b> 00813	
	<b><u>Specialty Recommended</u></b>
<b>Base Unit Value:</b>	<b>6.00</b>
<b>Pre-Anesthesia Time:</b>	
<b>Evaluation</b>	<b>10.00</b>
<b>Equipment/Supply Preparation</b>	<b>10.00</b>
<b>Intra-op Anesthesia Time:</b>	
<b>Induction Period</b>	<b>5.00</b>
<b>Pos-Induction Period</b>	<b>35.00</b>
<b>Post-Anesthesia Time:</b>	<b>10.00</b>

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00320	XXX	6	Other

CPT Descriptor Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
00830	XXX	4	Other

CPT Descriptor Anesthesia for hernia repairs in lower abdomen; not otherwise specified

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Base Unit Value</u>	<u>Time Source</u>
		0	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 12      **% of respondents:** 25.5 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 8      **% of respondents:** 17.0 %

**TIME ESTIMATES (Median)**

	<b>CPT Code: 00813</b>	<b>Top Key CPT Code: 00320</b>	<b>2nd Key CPT Code: 00830</b>
Median Pre-Service Time		0.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	10.00		
Median Intra-Service Time		0.00	0.00
Induction Period	5.00		
Post-Induction Period	35.00		
Median Post-service Time	10.00	0.00	0.00
<b>Median Total Time</b>	<b>70.00</b>	<b>129.00</b>	<b>124.00</b>

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.42	0.38
Urgency of medical decision making	0.42	0.25

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.25	0.25
Physical effort required	0.42	0.50

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.50	0.50
Outcome depends on the skill and judgment of physician	0.58	0.38

Estimated risk of malpractice suit with poor outcome	0.58	0.13
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**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.42	0.50
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**Post-Induction Anesthesia****Time-Intensity Allocation**

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	45.80
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	28.00
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	14.50
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	7.30
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	4.40
<b>Total (must total 100%)</b>	99.00%

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**ADDITIONAL RATIONALE**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Background**

Anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used when anesthesia is furnished in conjunction with upper and lower GI procedures respectively. In the 2016 Final Rule, CMS identified these codes as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

In January 2016, ASA presented survey data supporting the current base unit values of these two codes. The RUC determined that the vignettes on the surveys for these codes did not describe the typical patient for the procedures in which these anesthesia services were administered. The RUC recommended maintaining the

existing values of 5 base units for both codes; referral to the Research Subcommittee for review of the vignettes and development of a method on how to review the survey data to value these services; and a resurvey of both 00740 and 00810.

Following the January 2016 RUC meeting, ASA re-examined CPT codes 00740 and 00810 and determined that the descriptors of these codes are too broad to reflect the range of endoscopic procedures covered under each code and made the decision to go to the CPT Editorial Panel to request a new family of anesthesia codes to describe anesthesia services provided during GI endoscopic procedures. At the October 2016 CPT Editorial Panel meeting the following family of codes were established for CPT 2018:

- 00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- 00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
- 00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

### **Overview of Anesthesia Base Unit Methodology**

As a reminder, payment for anesthesia services is different than for RBRVS codes.

*Payment for anesthesia services is based on a different relative system.*

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first worksheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second worksheet rank orders all anesthesia codes by increasing base unit values. As explained below, the rank order of anesthesia codes is independent of the intra-service times for the anesthesia procedures (or the underlying surgical procedures). Base units range from a low of 3 units to a high of 30 base units with the exception of three add-on codes. Note that anesthesia base and time units include a combination of work, practice expense and professional liability. The work component of each anesthesia base or time unit is 0.7860.

*Time is not a factor in establishing base unit value.*

Unlike other services valued under RBRVS, the intra-service time is not a factor that is considered when determining a base unit value. The base unit value reflects three major components of the anesthesia service: (1) the intensity and complexity of the intra-service anesthesia care (but not the length of time of that care); (2) the amount of pre-anesthesia service work (pre-anesthesia evaluation and preparation of equipment and medications); and (3) the amount of post-anesthesia service. Hence, two anesthesia CPT codes can have the same or similar base unit values but very different intra-service anesthesia times. The similarity of base unit values indicates that the two codes have similar intra-service intensity/complexity, pre-anesthesia work, and post-anesthesia work. Differences in intra-service anesthesia times are accounted for by reporting the actual time for each procedure, not through differences in base unit values. Similarly, two anesthesia CPT codes may have very different base unit values but similar intra-services times.

*Payments for anesthesia services use a different formula.*

Anesthesia services are valued based on the base unit value and time. For each anesthesia claim, time is separately calculated and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. Per CMS, 15 minutes equal 1 time unit. To determine the total number of time units, the reported number of minutes is divided by 15 and taken out to one decimal place. Although CMS uses a 15-minute time unit, CMS does not pay in 15-minute increments, but pays by the minute (divides minutes by 15 to determine the number of units to 1 decimal place).

- [Anesthesia Base Units + Time Units] x Anesthesia Conversion Factor

*The anesthesia conversion factor is different than the RBRVS conversion factor.*

- 2017 RBRVS Conversion Factor = \$35.8887
- 2017 Anesthesia Conversion Factor = \$22.0454

#### *Example Payment Calculation for Anesthesia Procedure Code*

Anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units ( $35/15 = 2.3$ ) and the payment calculation would be (5 base units + 2.3 time units) x \$22.0454 per unit =  $7.3 \times \$22.0454 = \$160.93$ . This includes work, practice expense and professional liability.

#### **January 2017 RUC Work Survey and ASA Recommendation**

ASA surveyed 00813 for the January 2017 RUC meeting. Anesthesia procedure code 00813 describes patients undergoing both upper and lower gastrointestinal endoscopic procedures sequentially on the same day. This code includes the additional anesthesia work during a combined procedure, such as repositioning, responding to physiologic changes when reinserting the scope into a different location, and other non-duplicative work involved in the additional procedure.

A total of 47 responses were received from a random sample of 3,197 ASA members (1.5% response rate). ASA convened an Expert Panel to review the survey data. ***ASA is recommending a value of 6 base units for 00813.***

#### **Rationale for Recommendation**

ASA is basing its recommendation of 6 base units for code 00813 on the following factors:

- comparison to key reference services
- comparison to moderate sedation services
- appropriate rank order within the family

#### *Comparison to Key Reference Services*

Survey respondents chose the following key reference services:

	<b>Code Number</b>	<b>Description</b>	<b>Base Unit</b>
Top Key Code	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	6
2 <sup>nd</sup> Key Code	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	4

Survey respondents found 00813 to be a little more complex/intense than anesthesia procedure code 00320 (ratings ranging from 0.25 to 0.58) and anesthesia procedure code 00830 (ratings ranging from 0.25 to 0.50).

It is the opinion of our Expert Panel that these ratings of the intensity factors among 00813 and the key reference services fall appropriately in-line and they support the recommended value of 6 base units.

#### *Comparison to Moderate Sedation Services*

When following the RUC's methodology of establishing values that are consistent with relative comparisons, it is impossible to use the RUC database to compare anesthesia base unit values to other wRVUs since time is reported separately for anesthesia services. In addition, since anesthesia units are paid using a different



conversion factor than the conversion factor used for RBRVS services, a direct comparison of units is not possible. On the other hand, ASA's Expert Panel feels that comparison to moderate sedation services, which the RUC recently reviewed and valued, has a clinical rationale. In addition, the ASA Expert Panel feels that rank order should be maintained since moderate sedation services (where the patient is responsive to verbal stimuli) is less work and less intense than anesthesia care. Because the anesthesia base units are not equal to wRVUs and time is reported separately for anesthesia services, the comparison cannot be done by searching the RUC database as RUC members usually do. Instead, the comparison is made by comparing the equivalent wRVUs for the anesthesia service using the median intra-service time (survey time) to moderate sedation services of the same intra-service time.

To convert anesthesia base units to wRVUs, ASA **used the AMA RUC formula** (*Medicare RBRVS: The Physicians' Guide*). The first step is to determine the total anesthesia units that would be reported for a "typical patient" by determining the time units. The median survey intra-service time is the sum of induction and post-induction time. The total anesthesia units are determined by the sum of the base unit value and the time units. Because the anesthesia unit is made up of work, practice expense, and liability, only the work portion should be used in any comparison to wRVUs. For 2017, the work portion of one anesthesia unit is 0.786. The total anesthesia units are multiplied by 0.786 to determine the wAnesthesia unit. The wAnesthesia is then multiplied by the anesthesia CF to calculate the work component of payment by CMS. This amount is divided by the RBRVS CF to determine the equivalent wRVUs. For the moderate sedation services, the intra-service time (median by survey data) was used to determine the number of units of 99156 and 99157 that would be reported (using CPT 2017 edition tables).

<b>wRVUs vs Anesthesia Base Units</b>	
<b>2017 RBRVS CF/ RVU</b>	\$35.8887
<b>2017 Anesthesia CF/ ASA unit</b>	\$22.0454
<b>% Base Units that is work</b>	0.786

<b>Moderate Sedation Services</b>	
<b>Code</b>	<b>wRVUs</b>
99156 (initial 15 min, 5 and older)	1.65
99157 (subsequent 15)	1.25

ASA provides this conversion to wRVUs for different possible base units and median survey time for 00813 in the table that follows.

*Conversion of Anesthesia Units for Median Intra-service Time to Work RVUs (wRVUs)*

<b>00813</b> , Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum						
<b>Base Unit</b>	<b>Anesthesia Time*</b>	<b>Time Units**</b>	<b>Total Anesthesia Units</b>	<b>wAnesthesia Units***</b>	<b>\$ Paid CMS****</b>	<b>wRVU Equivalent</b>
5	40	2.7	7.7	6.1	\$ 134.48	3.75
<b>6</b>	<b>40</b>	<b>2.7</b>	<b>8.7</b>	<b>6.8</b>	<b>\$ 149.91</b>	<b>4.18</b>
7	40	2.7	9.7	7.6	\$ 167.55	4.67
8	40	2.7	10.7	8.4	\$ 185.18	5.16

\*Median survey for induction and post-induction time which equals intra-service time for anesthesia care

\*\* Time Units = anesthesia time/15 to one decimal place

\*\*\* wAnesthesia Units = Total Anesthesia Units \* 0.786

\*\*\*\* \$ Paid CMS = wAnesthesia Units \* Anesthesia CF

\*\*\*\*\*wRVU Equivalent = \$ Paid CMS/RBRVS CF

The moderate sedation service median intra-service times are shown in the following table.

*Moderate Sedation Services wRVUs*

<b>Moderate Sedation for 40 min over age 5, different physician</b>	<b>wRVUs</b>
99156 x 1	1.65
99157 x 2	2.50
<b>Total</b>	<b>4.15</b>

Using this analysis, if the median value (5 base units) from the survey is used, the anesthesia service would be valued LESS than the moderate sedation services (3.75 vs. 4.15 work RVUs). The ASA Expert Panel felt that recommending the 75<sup>th</sup> percentile value of 7 units for base unit would keep relativity as compared to moderate sedation, but did not feel it would be consistent with the other two methods in determining the value of the base unit (comparison to key reference codes and appropriate rank order within the family). The Expert Panel felt that the base value between the median and 75<sup>th</sup> percentile of 6 base units was consistent with moderate sedation comparison (higher work RVU value) and with the other two methods in determining base unit value. Therefore, ASA is recommending a base unit value of 6 units and feels the comparison to moderate sedation services supports this value.

*Appropriate Rank Order in the Family*

Within this new family of anesthesia for GI procedures, 00813 should not be valued any less than either 00731 or 00811. Since 00813 is a combination of these two services, it is reasonable to expect that it would have a value that is slightly greater than either of the two individual services. A value of 6 base units produces just that result and establishes the appropriate rank order in the family.

		<b>00731</b>	<b>00732</b>	<b>00811</b>	<b>00812</b>	<b>00813**</b>
		Anesth upper GI NOS	Anesth upper GI ERCP	Anesth lower NOS	Anesth lower screen colonoscopy	Anesth upper and lower
<b>Respondents</b>		86	63	53	47	47
<b>Total Sent</b>		3190	3195	3197	3197	3197
<b>Response Rate</b>		2.7%	2.0%	1.7%	1.5%	1.5%
<b>Base Units</b>	<b>Low</b>	1	2	3	3	3
	<b>25th</b>	4	5	4	3	4
	<b>Med.</b>	5*	6*	4	4*	5
	<b>75th</b>	6	7	5*	5	7
	<b>High</b>	8	18	15	8	10

\*Recommended value

\*\* Recommended value for 00813 is 6 base units

The current codes, 00740 and 00810, have a value of 5 base units. For this new family of codes, ASA is recommending decreases, increases as well as maintaining value. Overall, budget neutrality within the family is maintained and in fact there is an estimated savings of 361,267 base units.

**ASA's Recommendations for 00813 in the Anesthesia for GI Procedure Family**

ASA recommends a value of 6 base units for anesthesia procedure code *00813, Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum.*

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 00810

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty CRNA How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 30,000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is 3X the Medicare frequency.

Specialty Anesthesiology	Frequency 15,000	Percentage	50%
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Specialty CRNA	Frequency 15,000	Percentage	50.00%
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Specialty	Frequency	Percentage
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Anesthesia	Frequency 5,000	Percentage	50.00%
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Specialty CRNA	Frequency 5,000	Percentage	50.00%
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Specialty	Frequency	Percentage
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Do many physicians perform this service across the United States? Yes



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	007X1	<b># of Respondents:</b>	86
<b>Survey Code Descriptor:</b>	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified		

<b>Top Ref Code:</b>	00320	<b># of Respondents:</b>	36	<b>% of Respondents:</b>	42%
<b>Top Ref Code Descriptor:</b>	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
<b>Overall Intensity and Complexity:</b>		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	17%	53%	25%	6%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		25%	53%	22%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		17%	61%	22%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		17%	69%	14%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		22%	56%	22%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		11%	61%	28%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		11%	44%	44%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		6%	58%	36%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	50%	42%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	007X2	<b># of Respondents:</b>	63
<b>Survey Code Descriptor:</b>	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)		

<b>Top Ref Code:</b>	00320	<b># of Respondents:</b>	20	<b>% of Respondents:</b>	32%
<b>Top Ref Code Descriptor:</b>	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
<b>Overall Intensity and Complexity:</b>		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	50%	40%	10%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		5%	65%	30%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		10%	55%	35%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		15%	55%	30%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		10%	65%	25%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		5%	50%	45%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	55%	45%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	75%	25%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	55%	45%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	008X1	<b># of Respondents:</b>	53
<b>Survey Code Descriptor:</b>	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified		

<b>Top Ref Code:</b>	00914	<b># of Respondents:</b>	10	<b>% of Respondents:</b>	19%
<b>Top Ref Code Descriptor:</b>	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	10%	40%	50%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 20%	Identical 50%	More 30%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 10%	Identical 60%	More 30%		
	Urgency of medical decision making	Less 10%	Identical 50%	More 40%		
Technical Skill:		Less 0%	Identical 80%	More 20%		
Physical Effort:		Less 0%	Identical 60%	More 40%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 20%	Identical 50%	More 30%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 70%	More 30%		
	Estimated risk of malpractice suite with poor outcome	Less 10%	Identical 40%	More 50%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	008X2	<b># of Respondents:</b>	47
<b>Survey Code Descriptor:</b>	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy		

<b>Top Ref Code:</b>	00910	<b># of Respondents:</b>	11	<b>% of Respondents:</b>	23%
<b>Top Ref Code Descriptor:</b>	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	18%	82%	0%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 18%	Identical 73%	More 9%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 9%	Identical 82%	More 9%		
	Urgency of medical decision making	Less 9%	Identical 91%	More 0%		
Technical Skill:		Less 18%	Identical 82%	More 0%		
Physical Effort:		Less 9%	Identical 91%	More 0%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 18%	Identical 73%	More 9%		
	Outcome depends on the skill and judgment of physician	Less 9%	Identical 91%	More 0%		
	Estimated risk of malpractice suite with poor outcome	Less 9%	Identical 82%	More 9%		



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	008X3	<b># of Respondents:</b>	47
<b>Survey Code Descriptor:</b>	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum		

<b>Top Ref Code:</b>	00320	<b># of Respondents:</b>	12	<b>% of Respondents:</b>	26%
<b>Top Ref Code Descriptor:</b>	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
<b>Overall Intensity and Complexity:</b>		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	8%	50%	33%	8%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	58%	33%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	67%	33%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	67%	33%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		25%	42%	33%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	58%	33%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	50%	42%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	58%	42%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	58%	42%		

SS Rec Summary

	A	B	C					D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
3	INSTRUCTIONS																																							
4	Insert information and data into all applicable cells <b>except</b> TOTAL TIME. These cells will automatically calculate.																																							
5	Hide columns and rows that do not contain data.																																							
6	1st REF = Top Key Reference code data																																							
7	2st REF = Second Highest Key Reference code data																																							
8	CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.																																							
9	SVY = Survey data - as it appears on the Summary of Recommendation form.																																							
10	REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.																																							
11																																								
12																																								
13	ISSUE: Anesthesia for GI Procedures (00731-00732, 00811-00813)																																							
14	TAB: 4																																							
15					Anesthesia Base Unit Value					Pre-Anesthesia Time					Intra-op Anesthesia Time					Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation																			
16										Evaluation					Equipment/Supply Preparation												Induction Period					Post-Induction Period								
17	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total				
18	1st REF	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	36			6.00																																	
19	2nd REF	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	16			3.00																																	
21	SVY	00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	86	1.00	4.00	5.00	6.00	8.00	2.0	10.0	10.0	15.0	30.0	0.0	5.0	9.0	10.0	30.0	2.0	5.0	5.0	7.0	15.0	2.0	12.8	20.0	30.0	55.0	10	40%	29%	16%	8%	7%	100%				
22	REC	00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	86	5.00					10.0					9.0					5.0					20.0					10	40%	29%	16%	8%	7%	100%				
23																																								
24					Anesthesia Base Unit Value					Pre-Anesthesia Time					Intra-op Anesthesia Time					Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation																			
25										Evaluation					Equipment/Supply Preparation												Induction Period					Post-Induction Period								
26	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total				
27	1st REF	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	20			6.00																																	
28	2nd REF	00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	13			6.00																																	
30	SVY	00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	63	2.00	5.00	6.00	7.00	18.00	5.0	10.0	15.0	15.0	35.0	0.0	7.5	10.0	15.0	30.0	2.0	5.0	10.0	10.0	20.0	5.0	30.0	55.0	60.0	150.0	10	33%	30%	20%	10%	7%	100%				
31	REC	00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	63	6.00					15.0					10.0					10.0					55.0					10	33%	30%	20%	10%	7%	100%				

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	
15					Anesthesia Base Unit Value					Pre-Anesthesia Time					Intra-op Anesthesia Time					Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation																
16										Evaluation			Equipment/Supply Preparation		Induction Period			Post-Induction Period																			
17	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total	
32																																					
33					Anesthesia Base Unit Value					Pre-Anesthesia Time					Intra-op Anesthesia Time					Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation																
34										Evaluation			Equipment/Supply Preparation		Induction Period			Post-Induction Period																			
35	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total	
36	1st REF	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	10			5.00																														
37	2nd REF	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	10			4.00																														
39	SVY	00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	53	3.00	4.00	4.00	5.00	15.00	5.0	10.0	10.0	15.0	30.0	0.0	5.0	10.0	10.0	30.0	2.0	5.0	5.0	8.0	40.0	2.0	10.0	20.0	30.0	180.0	10	48%	27%	12%	7%	6%	100%	
40	REC	00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	53	4.00					10.0			10.0			5.0			20.0			10	48%	27%	12%	7%	6%	100%									
41																																					
42					Anesthesia Base Unit Value					Pre-Anesthesia Time					Intra-op Anesthesia Time					Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation																
43										Evaluation			Equipment/Supply Preparation		Induction Period			Post-Induction Period																			
44	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total	
45	1st REF	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	11			3.00																														
46	2nd REF	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	7			5.00																														
48	SVY	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	47	3.00	3.00	4.00	5.00	8.00	3.0	7.0	10.0	15.0	30.0	0.0	5.0	10.0	10.0	20.0	2.0	5.0	5.0	7.0	15.0	2.0	10.0	20.0	30.0	60.0	10	52%	26%	11%	6%	4%	100%	
49	REC	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	47	4.00					10.0			10.0			5.0			20.0			10	52%	26%	11%	6%	4%	100%									
50																																					
51					Anesthesia Base Unit Value					Pre-Anesthesia Time					Intra-op Anesthesia Time					Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation																
52										Evaluation			Equipment/Supply Preparation		Induction Period			Post-Induction Period																			
53	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total	
54	1st REF	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	12			6.00																														
55	2nd REF	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	8			4.00																														
57	SVY	00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	47	3.00	4.00	5.00	7.00	10.00	5.0	10.0	10.0	15.0	30.0	0.0	5.0	10.0	10.0	30.0	2.0	5.0	5.0	10.0	20.0	2.0	20.0	35.0	52.5	180.0	10	46%	28%	15%	7%	4%	100%	

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	
15					Anesthesia Base Unit Value					Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation						
16										Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period												
17	Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total	
58	REC	00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	47	5.00					10.0					10.0					5.0					35.0					10	46%	28%	15%	7%	4%	100%	

<b><i>Base Unit</i></b>	<b><i>Code</i></b>	<b><i>PIPPA Intensity</i></b>
4	00142	0.032
4	00830	0.035
4	812	0.042
4	811	0.044
5	00404	0.034
5	00914	0.036
5	813	0.044
5	731	0.046
6	00944	0.035
6	01844	0.039
6	00840	0.044
6	01230	0.045
6	732	0.047

4  
Tab Number

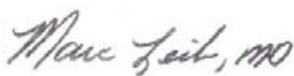
Anesthesia for GI Procedures  
Issue

007X1-X2, 008X1-X3  
Code Range

### **Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Marc L. Leib, MD, JD  
Printed Signature

American Society of Anesthesiologists  
Specialty Society

December 13, 2016  
Date

11  
Tab Number

Treatment of Incompetent Veins  
Issue

\_\_\_\_\_  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
\_\_\_\_\_  
Signature

Mark Forrestal, MD, FACPh  
Printed Signature

American College of Phlebology  
Specialty Society

December 21, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**We are requesting the standard anesthesia PE package.**

*CMS requested the PERC discuss the appropriateness of direct practice expense of clinical labor employed by the physician as a cost in the facility setting. The PERC carefully discussed the recommendation by the American Society of Anesthesiology of 11 minutes and agreed that this was a direct practice expense however 8 minutes of clinical labor time was more appropriate. The PERC recommends 8 minutes of clinical labor time for all anesthesia codes consisting of 3 minutes of anesthesia scheduling and 5 minutes of case assignment, scheduling coordination, and completion of forms.*

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**3 minutes – anesthesia scheduling**

**5 minutes – case assignment, scheduling coordination, and completion of forms**



**CPT Code:** 00731, 00732, 00811, 00812, 00813  
**Specialty Society('s):** American Society of Anesthesiologists

Intra-Service Clinical Labor Activities:  
N/A

Post-Service Clinical Labor Activities:  
N/A

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor:

00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

Global Period: XXX

Meeting Date January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**We are requesting the standard anesthesia PE package.**

*CMS requested the PERC discuss the appropriateness of direct practice expense of clinical labor employed by the physician as a cost in the facility setting. The PERC carefully discussed the recommendation by the American Society of Anesthesiology of 11 minutes and agreed that this was a direct practice expense however 8 minutes of clinical labor time was more appropriate. The PERC recommends 8 minutes of clinical labor time for all anesthesia codes consisting of 3 minutes of anesthesia scheduling and 5 minutes of case assignment, scheduling coordination, and completion of forms.*

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**3 minutes – anesthesia scheduling**

**5 minutes – case assignment, scheduling coordination, and completion of forms**

**CPT Code:**00731, 00732, 00811, 00812, 00813  
**Specialty Society('s):** American Society of Anesthesiologists

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REFERENCE CODE Jan 2016						REFERENCE CODE Jan 2016							
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			00740	00731	00732	00810	00811	00812	00813							
3	Meeting Date: January 2017 Tab: 4 Specialty: American Society of Anesthesiologists (ASA)	CMS Code	Staff Type	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum							
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD																
6	TOTAL CLINICAL LABOR TIME			8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE																
11	Start: Following visit when decision for surgery or procedure made																
12	Complete pre-service diagnostic & referral forms																
13	Coordinate pre-surgery services																
14	Schedule space and equipment in facility																
15	Provide pre-service education/obtain consent																
16	Follow-up phone calls & prescriptions																
17	Other Clinical Activity - specify:																
18	Anesthesia scheduling	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3	3	3
19	Case assignment, scheduling coordination and completion of forms	L037D	RN/LPN/MTA	5	5	5	5	5	5	5	5	5	5	5	5	5	5
20	forms																
21	SERVICE PERIOD																
22	Start: When patient enters office/facility for surgery/procedure:																
23	Greet patient, provide gowning, ensure appropriate medical records are available																
24	Obtain vital signs																
25	Provide pre-service education/obtain consent																
26	Prepare room, equipment, supplies																
27	Setup scope (non facility setting only)																
28	Prepare and position patient/ monitor patient/ set up IV																
29	Sedate/apply anesthesia																
30	Other Clinical Activity - specify:																
31	Intra-service																
32	Assist physician in performing procedure																
33	Post-Service																
34	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4																
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1																
36	Clean room/equipment by physician staff																
37	Clean Scope																
38	Clean Surgical Instrument Package																
39	Complete diagnostic forms, lab & X-ray requisitions																
40	Review/read X-ray, lab, and pathology reports																
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions																
42	Other Clinical Activity - specify:																
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a	
46	End: Patient leaves office																

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REFERENCE CODE Jan 2016						REFERENCE CODE Jan 2016							
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			00740		00731		00732		00810		00811		00812		00813	
3	Meeting Date: January 2017 Tab: 4 Specialty: American Society of Anesthesiologists (ASA)	CMS Code	Staff Type	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum		Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified		Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy		Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD																
47	POST-SERVICE Period																
48	Start: Patient leaves office/facility																
49	Conduct phone calls/call in prescriptions																
50	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
51	99211 16 minutes		16														
52	99212 27 minutes		27														
53	99213 36 minutes		36														
54	99214 53 minutes		53														
55	99215 63 minutes		63														
56	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
57	Other Clinical Activity - specify:																
58	End: with last office visit before end of global period																
59	MEDICAL SUPPLIES*	CODE	UNIT														
60	pack, minimum multi-specialty visit	SA048	pack														
61																	
62																	
63																	
64																	
65																	
66	EQUIPMENT	CODE															
67																	
68																	
69																	
70																	
71																	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*High Level E/M in Global Period\**

January 2017

**Muscle Flap**

CPT Codes 15732 and 15736 were identified via the High Level E/M in Global Period screen. The RUC identified that a 99214 office visit is included for 15732 and 15736 but not included in the other codes in this family.

In April 2016 the RUC reviewed code 15732 and the specialty society explained that just like the three previous surveys for this procedure, the results indicate the typical patient will have inpatient status (72%) and the typical length of stay will be four days. As in the past, this conflicts with the Medicare utilization data that shows the primary place of service as outpatient hospital. Therefore, the specialty society determined that the code needs to be referred to the CPT Editorial Panel to better differentiate and describe the work of large flaps performed on patients with head and neck cancer who will have inpatient status and be similar to the other procedures in this family. This is in contrast to smaller flaps that may be accomplished in an office or outpatient setting and would be best coded by the adjacent tissue transfer codes. In addition, during the discussion, CMS requested that CPT code 15731 be added to the family of codes for the subsequent RUC review. The RUC recommended referral of CPT code 15732 to the CPT Editorial Panel. In September 2016, the CPT Editorial Panel deleted code 15732 and created two codes to specify the types of flaps associated with head and neck defect repairs. Codes 15731, 15734, 15736 and 15738 were added as part of this family of services for review. CPT codes 15734, 15736 and 15738 were recently reviewed at the April 2016 RUC meeting.

***15731 Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)***

The top performing specialty for 15731, plastic surgery, explained that they do not consider this service as part of the same family of codes. The myocutaneous family is intended to describe the large, more difficult flaps that are used for bigger defects and would typically be performed only in a hospital or ASC. Code 15731 was previously developed out of the concerns with site of service that has historically been seen with 15732. They noted that the creation of 15731 was because the described procedure, a paramedian forehead flap used in nasal reconstruction, is quite dissimilar to the types of muscle, myocutaneous, and fasciocutaneous flaps that are coded within the original family. In fact, it is much closer in technique, usage, site of service, and work as the many other codes within the CPT system that describe specific flap reconstruction of the eyelid (e.g. 67973 [eyelid reconstruction with a tarso-conjunctival flap from other eyelid] or mouth (e.g. 40761 [Abbe cross-lip flap])).

Thus, despite the historical origin and placement within the CPT code set, the specialty society asserted that 15731 is notably different than the 15732, 15734, 15736, and 15738 codes. It is the opinion of American Society of Plastic Surgeons (ASPS) that new code 15733 should remain as part of the family with 15734, 15736, and 15738. Code 15730 might best belong with the other codes focused on peri-orbital reconstruction.

**15730 Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

The RUC reviewed the survey results from 58 ophthalmologists and agreed on the following physician time components: 40 minutes of pre-service evaluation time, 3 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, intra-service time of 90 minutes, immediate post-time of 17.5 minutes, one half discharge day management (0.5 x 99238), 3 x 99212 post-op office visits and 1x 99213 post-op office visit. The 99213 office visit is associated with removal of the sutures and the drains.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 14.50 and agreed with the specialty that the survey respondents somewhat overvalued the physician work involved in performing this service. To find an appropriate work RVU crosswalk for CPT code 15730, the RUC reviewed CPT code 36832 *Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)* (work RVU of 13.50, intra-service time of 90 minutes, total time of 276 minutes) and agreed that since both services have 90 minutes intra-service times, both are outpatient procedures, and both have similar post-discharge work, that both services should be valued the same. Therefore, the RUC recommends a direct work RVU crosswalk from code 36832 to code 15730. To further support a work RVU of 13.50, the RUC referenced code 53440 *Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)* (work RVU = 13.36, intra-time = 90 minutes, total time = 248 minutes) and code 22867 *Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level* (work RVU = 13.50, intra-time = 90 minutes, total time = 271 minutes). **The RUC recommends a work RVU of 13.50 for CPT code 15730.**

**15733 Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**

The RUC reviewed the survey results from 34 plastic surgeons and agreed on the following physician time components: pre-service evaluation time of 40 minutes, pre-service positioning of 3 minutes, pre-service scrub/dress/wait time of 15 minutes, intra-service time of 120 minutes, immediate post time of 30 minutes, one-half discharge day management (0.5 x 99238), 2 x 99212 visits and 1 x 99213 visit. The physician work performed in the three postoperative office visits include removal of sutures, evaluation of periodic imaging, pathology, and laboratory reports, as needed; and antibiotic and pain medication adjustments.

The RUC reviewed the survey median work RVU of 15.68 work RVUs and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 15.68, the RUC compared the survey code to 2<sup>nd</sup> key reference and MPC code 60500 *Parathyroidectomy or exploration of parathyroid(s)*; (work RVU 15.60, intra-service time 120 minutes, total time 313 minutes) and noted that both services have identical intra-service times and similar total times. The RUC agreed with the specialty that the survey code involves moderately more intense physician work. To further support a work RVU of 15.68, the RUC referenced code 58544 *Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)* (work RVU = 15.60, intra-time = 120 minutes, total time = 271 minutes) and code 29827 *Arthroscopy, shoulder, surgical; with rotator cuff repair* (work RVU = 15.59, intra-time = 120 minutes, total time = 334 minutes). **The RUC recommends a work RVU of 15.68 for CPT code 15733.**

### Affirmation of RUC Recommendations

The RUC affirmed the recent RUC recommendations for CPT codes 15734, 15736, 15738 previously submitted to CMS after review in this coding cycle. The relativity within the family remains correct.

### Practice Expense

The PE Subcommittee reviewed the direct practice expense inputs for these services and adjusted the inputs to reflect that CPT code 15733 is only performed in the facility setting. The Subcommittee also noted that the equipment item *exam light* (EQ168), is only needed for the 99213 post-operative visits, which is reflected in the equipment time. The RUC reviewed and approved the direct practice expense inputs as approved by the PE Subcommittee.

### Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><b>Surgery</b> <b>Integumentary System</b> <b>Repair (Closure)</b> <b>Flaps (Skin and/or Deep Tissues)</b></p> <p>The regions listed refer to the recipient area (not the donor site) when a flap is being attached in a transfer or to a final site.</p> <p>The regions listed refer to a donor site when a tube is formed for later transfer or when a “delay” of flap occurs prior to the transfer. Codes <del>15732</del> 15733-15738 are described by donor site of the muscle, myocutaneous, or fasciocutaneous flap.</p> <p>Codes 15570-15738 do not include extensive immobilization (eg, large plaster casts and other immobilizing devices are considered additional separate procedures).</p> <p>A repair of a donor site requiring a skin graft or local flaps is considered an additional separate procedure.</p>				



<p>(For microvascular flaps, see 15756-15758)</p> <p>(For flaps without inclusion of a vascular pedicle, see 15570-15576)</p> <p>(For adjacent tissue transfer flaps, see 14000-14302)</p> <p>15570 Formation of direct or tubed pedicle, with or without transfer; trunk</p> <p>15572 scalp, arms, or legs</p> <p>15574 forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet</p> <p>15576 eyelids, nose, ears, lips, or intraoral</p> <p>15600 Delay of flap or sectioning of flap (division and inset); at trunk</p> <p>15610 at scalp, arms, or legs</p> <p>15620 at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet</p> <p>15630 at eyelids, nose, ears, or lips</p> <p>15650 Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location</p> <p>(For eyelids, nose, ears, or lips, see also anatomical area)</p> <p>(For revision, defatting or rearranging of transferred pedicle flap or skin graft, see 13100-14302)</p>				
<b>(f)</b> 15731	O1	<p>Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)</p> <p><del>(For muscle, myocutaneous, or fasciocutaneous flap of the head or neck, use 15732)</del></p>	090	Specialties Stated This code Not Part of Family

<b>D</b> 15732	-	<p><del>Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)</del></p> <p><u>(15732 has been deleted. To report myocutaneous or fasciocutaneous flap, use 15733)</u></p> <p><u>(For forehead flap with preservation of vascular pedicle, use 15731)</u></p>	-	<p><del>16.38</del></p>
●15730	O2	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	090	13.50
●15733	O3	<p>Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)</p> <p><u>(For anterior peri-cranial flap on named vascular pedicle, for repair of extracranial defect, use 15731)</u></p> <p><u>(For repair of head and neck defects using non-axial pattern advancement flaps [including lesion] and/or repair by adjacent tissue transfer or rearrangement [eg, Z-plasty, W-plasty, V-Y plasty, rotation flap, random island flap, advancement flap], see 14040,14041, 14060, 14061, 14301,14302)</u></p>	090	15.68
<b>(f)</b> 15734	O4	trunk	090	<p>23.00</p> <p>(Affirmed April 2016 RUC Recommendation for CPT 2018)</p>

(f) 15736	O5	upper extremity	090	17.04  (Affirmed April 2016 RUC Recommendation for CPT 2018)
(f) 15738	O6	lower extremity	090	19.04  (Affirmed April 2016 RUC Recommendation for CPT 2018)
<p>42894      <i>Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis</i></p> <p><i>(When combined with radical neck dissection, use also 38720)</i></p> <p><i>(For limited pharyngectomy with radical neck dissection, use 38720 with 42890)</i></p> <p><i>(For flap used for reconstruction, see <u>15730</u>, <u>15733</u>, 15734, 15756, 15757, 15758)</i></p> <p><b>Nervous System</b>  <b>Skull, Meninges, and Brain</b>  <b>Surgery of Skull Base</b></p> <p><i>The surgical management of lesions involving...</i></p> <p><i>The procedures are categorized according to:</i></p> <p><b>(1) approach procedure . . .</b></p> <p><i>The <b>approach procedure</b> is described according to . . .</i></p> <p>. . .</p>				

***The repair/reconstruction procedure(s) is reported separately if extensive dural grafting, cranioplasty, local or regional myocutaneous pedicle flaps, or extensive skin grafts are required.***

For primary closure, see the appropriate codes (ie, ~~15732~~15730, 15733, 15756-15758).

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 15730      Tracking Number    02

Original Specialty Recommended RVU: **13.50**Presented Recommended RVU: **13.50**

Global Period: 090

RUC Recommended RVU: **13.50**

CPT Descriptor: Midface flap (i.e. zygomaticofacial) with preservation of vascular pedicle(s)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 62 year old female has an inferiorly displaced lower eyelid and cicatricial lagophthalmos three months after excision of a carcinoma with primary rotational flap closure. A midface zygomaticofacial myocutaneous flap is performed to allow for adequate lid closure.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 33% , In the ASC 66%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 84% , Overnight stay-less than 24 hours 11% , Overnight stay-more than 24 hours 5%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 50%

Description of Pre-Service Work: Obtain and review current patient history, prescriptions, imaging and laboratory studies. Meet with patient and/or the patient's family to review planned procedure. Review and have patient sign informed consent. Coordinate with other health care professionals, order preoperative antibiotics. Supervise positioning, prep/draping of patient and ensuring that the necessary surgical instruments/supplies are present and available in the operative suite. Perform surgical time out with operating surgical and anesthesia team. After general anesthesia is induced in the supine position, assist with patient positioning with shoulder roll, head rotation, and stabilization. Assist with stabilization of endotracheal (ET) tube to allow for movement of head during procedure. Assist adjusting the OR table and anesthesia lines so operative site is accessible. Re-assess position of the extremities and head, adjust as needed. Administer local anesthesia. Perform surgical scrub and gown. Perform second surgical time out with operating surgical and anesthesia team.

Description of Intra-Service Work: The fixed tissue defect is identified and a flap design marked based on surrounding eyelid and mid-facial tissue that can be mobilized and remains well vascularized by facial, infraorbital and zygomaticofacial arteries. The facial nerve branches may be identified with a nerve stimulator and marked. A lateral canthotomy is extended along the zygomatic arch with inferior cantholysis to the orbital rim. A total sub-periosteal release of the anterior malar face includes dissection of the anterior half of the zygomatic arch down to the pre-masseteric fascia laterally, deep to the gingival sulcus inferiorly and to the nasal ala medially with care to identify and preserve all neurovascular bundles and vascular pedicles. When the flap is adequately released it is mobilized. A drain is placed and the flap is anchored to the deep temporalis fascia, with fixation screws to the orbital rim and lateral nasal wall.

Description of Post-Service Work: Monitor patient stabilization in the recovery room. Discuss postoperative care with recovery room nursing staff. Communicate with the patient and/or family regarding surgery, postoperative regimen and continuing care needs. Communicate (written, oral reports and orders) with health care professionals and dictate the operative report. Provide prescriptions for antibiotics and pain medication.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2016				
<b>Presenter(s):</b>	David Glasser, M.D. AAO, Neal Freeman, M.D. ASOPRS				
<b>Specialty(s):</b>	Ophthalmology				
<b>CPT Code:</b>	15730				
<b>Sample Size:</b>	1044	<b>Resp N:</b>	58	<b>Response:</b> 5.5 %	
<b>Description of Sample:</b>	A random sample of members were pulled from the AAO and ASOPRS databases.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	6.00	15.00	30.00	148.00
<b>Survey RVW:</b>	12.00	14.50	16.00	17.90	28.00
<b>Pre-Service Evaluation Time:</b>			52.50		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	30.00	60.00	90.00	90.00	180.00
<b>Immediate Post Service-Time:</b>	<u>17.50</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>85.00</u>	99211x 0.00 12x 1.00 13x 3.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	15730	<b>Recommended Physician Work RVU: 13.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	3.00	3.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	20.00	-5.00	
<b>Intra-Service Time:</b>	90.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	17.50	33.00	-15.50	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>19.00</u></b>	99238x <b>0.5</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>71.00</u></b>	99211x <b>0.00</b>	12x <b>3.00</b>	13x <b>1.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15731	090	14.38	RUC Time

CPT Descriptor Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap).**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
67445	090	19.12	RUC Time

CPT Descriptor Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52601	090	15.26	RUC Time	46,743

CPT Descriptor 1 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
53445	090	13.00	RUC Time	1,746

CPT Descriptor 2 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36832	090	13.50	RUC Time

CPT Descriptor Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 45      % of respondents: 77.5 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 10.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>15730</u></b>	<b>Top Key Reference CPT Code: <u>15731</u></b>	<b>2nd Key Reference CPT Code: <u>67445</u></b>
Median Pre-Service Time	58.00	75.00	45.00
Median Intra-Service Time	90.00	120.00	120.00
Median Immediate Post-service Time	17.50	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	78.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	71.0	125.00	79.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>255.50</b>	<b>369.00</b>	<b>352.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.73	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.60	0.83
Urgency of medical decision making	0.29	0.17

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.76	1.17
Physical effort required	0.80	0.83



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.82	0.50
Outcome depends on the skill and judgment of physician	1.02	1.17
Estimated risk of malpractice suit with poor outcome	0.84	0.83

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.82	0.67
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CPT 15730 is a new code created to address a site of service discrepancy with 15732, *Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)*. The post-service work description for the existing CPT 15732 is for an inpatient procedure, while the post-operative visits are all valued as outpatient office visits and claims data shows that only 18.71% are performed on hospital inpatients. CPT 15730 describes creation of a deep midface flap to repair cicatricial lagophthalmos in patients who have developed scarring after excision of a carcinoma, leaving them with inadequate lid closure and exposure of the globe. This procedure is typically done as an outpatient in the facility under general anesthesia.

A random survey of American Academy of Ophthalmology and American Society of Ophthalmic Plastic and Reconstructive Surgeons (ASOPRS) members had 58 respondents, 95% of whom found the vignette to be typical. The median WRVU was 16.00 and the 25<sup>th</sup> percentile was 14.50. The median IST was 90 minutes. The survey showed one 99212 and three 99213 postoperative visits. The current value of 15732 is 16.38, with an IST of 120 minutes and one 99212, two 99213 and one 99214 postoperative visits. The primary reference service chosen was CPT 15731, *Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)* (RUC 2006), with a WRVU of 14.38, an IST of 120 minutes, and five postoperative visits. Intensity and complexity metrics were higher for the surveyed code than for the reference code. There is significant risk of loss of the eye associated with exposure of the globe.

The expert panel of the AAO and ASOPRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The panel agreed with the median IST of 90 minutes and the survey findings of four postoperative visits. However, the panel felt that rather than one 99212 and three 99213 visits as suggested by the survey, three 99212 and one 99213 visits more accurately reflected the work done in the postoperative period, with the level 3 visit representing the work associated with removal of sutures and drains.

We chose pre-service package 4 with a total of 63 minutes of pre-service time, which is less than the survey median of 77 minutes. The survey post-time median of 17.5 minutes seemed atypically short to the panel, suggesting that some respondents did not fully understand that portion of the survey. Although the expert panel felt that the post-service package 9B time (33 minutes) was more appropriate for this service, we reduced it by RUC convention to match the survey value of 17.5 minutes. Total time for the procedure is therefore 260.5 minutes, with an IST of 90 minutes. **We recommend 13.50 WRVU, which is below the survey's 25<sup>th</sup> percentile value.**

This value is supported by CPT 36832, *Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)* (RUC 2013), with 13.50 WRVU, 90 minutes IST, and 266 minutes total time. It is also supported by CPT 58571, *Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)* (RUC 2014), with 15.00 WRVU, 90 minutes IST, and 241 minutes total time.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15732

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology                      How often? Sometimes

Specialty Plastic Surgery                      How often? Rarely

Specialty ENTs                      How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 13800

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology	Frequency 10500	Percentage 76.08 %
Specialty Plastic Surgery	Frequency 2700	Percentage 19.56 %
Specialty ENT	Frequency 600	Percentage 4.34 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,200  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology	Frequency 6900	Percentage 75.00 %
Specialty Plastic Surgery	Frequency 1850	Percentage 20.10 %
Specialty ENTs	Frequency 450	Percentage 4.89 %

Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Eye procedure

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number N/A

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 15822

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	15730	<b># of Respondents:</b>	58
<b>Survey Code Descriptor:</b>	Mid Face Flap (i.e, zygomaticofacial flap) with preservation of vascular pedicle(s).		

<b>Top Ref Code:</b>	15731	<b># of Respondents:</b>	45	<b>% of Respondents:</b>	77.59%
<b>Top Ref Code Descriptor:</b>	Forehead flap with preservation of vascular pedicle (eg. axial pattern flap, paramedian forehead flap.)				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	6%	27%	45%	22%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 2%	Identical 36%	More 62%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 0%	Identical 51%	More 49%		
	Urgency of medical decision making	Less 11%	Identical 57%	More 32%		
Technical Skill:		Less 8%	Identical 26%	More 65%		
Physical Effort:		Less 4%	Identical 29%	More 67%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 6%	Identical 34%	More 60%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 29%	More 71%		
	Estimated risk of malpractice suite with poor outcome	Less 2%	Identical 38%	More 60%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 15733      Tracking Number    03

Original Specialty Recommended RVU: **15.68**Presented Recommended RVU: **15.68**

Global Period: 090

RUC Recommended RVU: **15.68**

CPT Descriptor: Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 79-year-old man presents with a large defect in the upper cheek from excision of an invasive squamous cell carcinoma. In addition to the defect of the skin and subcutaneous tissue, there is exposed bone of malar eminence that cannot be covered with the adjacent skin.

Percentage of Survey Respondents who found Vignette to be Typical: 97.06%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 88.24% , In the ASC 11.76%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 10% , Overnight stay-less than 24 hours 46.67% , Overnight stay-more than 24 hours 43.33%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 48.15%

Description of Pre-Service Work: Review laboratory and imaging studies. Consult with the referring physician, if necessary, and other health care professionals. Meet with patient and/or the patient's family to review planned procedure and postoperative management. Review and have patient sign informed consent. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Verify areas surrounding skin incisions to be prepared and draped. Scrub and gown. Perform surgical time out with operating surgical team and anesthesia team. After induction of anesthesia in supine position, assist with patient positioning with shoulder roll, head rotation, and stabilization. Assist with stabilization of endotracheal (ET) tube to allow for movement of head during procedure. Assist with adjusting the OR table and anesthesia lines so operative site is accessible. Re-assess position of the extremities and head, adjust as needed.

Description of Intra-Service Work: After the ablative part of procedure has been completed, obtain the appropriate measurements of defect and plan for size of flap. Make incision over ipsilateral temporalis muscle. Carry dissection down through the superficial temporal fascia, which is elevated off the muscle. Expose anterior, superior, and posterior borders of the muscle, divide muscle fascia attachments to the skull, and elevate muscle from the skull down to the zygomatic arch. Determine location of facial nerve for flap planning to avoid damaging the nerve. Make a subcutaneous tunnel between defect and incision overlying the temporalis muscle. Maintain a superficial level of dissection to prevent damage to frontal branch of the facial nerve. Adjust size of tunnel to allow for passage of muscle flap without excessive pressure on the flap, and pass flap through tunnel and into cheek defect. Inset flap into edge of defect with sutures. Place drains beneath the flap and in the donor defect and suture into position. Assess muscle for venous congestion and adjust subcutaneous tunnel as necessary. Close donor site superficial temporal fascia. Close skin in layers. Perform a skin graft, which is reported separately. Apply sterile dressings to flap.

Description of Post-Service Work: Monitor patient stabilization in the recovery room. Discuss postoperative care with recovery room nursing staff. Communicate with the patient and/or family regarding surgery and postoperative regimen. Communicate (written and oral reports and orders) with health care professionals, and dictate operative report. Postoperative work includes all hospital visits and services performed by surgeon, including monitoring the vascularity of

the flap, the donor-site incision, and care of the incision; monitoring, care, and removal of drains, if used; and antibiotic and pain medication as well as examination of the patient, discussion of hospital stay, instructions for continuing care, and preparation of discharge records. In addition, all post-discharge office visits for 90 days after the day of the operation are considered part of the postoperative work, including removal of sutures; evaluation of periodic imaging, pathology, and laboratory reports, if needed; and antibiotic and pain medication adjustments.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Mark Villa, MD; Jeffrey Kozlow, MD				
<b>Specialty(s):</b>	Plastic Surgery				
<b>CPT Code:</b>	15733				
<b>Sample Size:</b>	500	<b>Resp N:</b>	34	<b>Response:</b> 6.8 %	
<b>Description of Sample:</b>	Random sample from the ASPS membership database of self identified reconstructive plastic surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	3.00	6.00	12.00	100.00
<b>Survey RVW:</b>	12.65	14.63	15.68	17.75	25.00
<b>Pre-Service Evaluation Time:</b>			63.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	3.00	105.00	120.00	158.00	360.00
<b>Immediate Post Service-Time:</b>	<u>30.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>80.00</u>	99231x 2.00 99232x 1.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>78.00</u>	99211x 0.00 12x 2.00 13x 2.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>40.00</u>	99224x 2.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	15733	<b>Recommended Physician Work RVU: 15.68</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	3.00	3.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	20.00	-5.00	
<b>Intra-Service Time:</b>	120.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>78.00</u>	99211x 0.00	12x 2.00	13x 2.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
14301	090	12.65	RUC Time

CPT Descriptor Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
60500	090	15.60	RUC Time

CPT Descriptor Parathyroidectomy or exploration of parathyroid(s);**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52649	090	14.56	RUC Time	3,334

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52601	090	15.26	RUC Time	46,743

CPT Descriptor 2 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37215	090	18.00	RUC Time

CPT Descriptor Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 11      % of respondents: 32.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 20.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>15733</u></b>	<b>Top Key Reference CPT Code: <u>14301</u></b>	<b>2nd Key Reference CPT Code: <u>60500</u></b>
Median Pre-Service Time	58.00	58.00	72.00
Median Intra-Service Time	120.00	100.00	120.00
Median Immediate Post-service Time	30.00	25.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	78.0	85.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>305.00</b>	<b>287.00</b>	<b>313.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	1.00	0.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.73	0.29
Urgency of medical decision making	0.18	0.71

**Technical Skill/Physical Effort (Mean)**

Technical skill required	1.27	0.43
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Physical effort required	1.18	0.57
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	1.18	0.29
Outcome depends on the skill and judgment of physician	1.18	0.86
Estimated risk of malpractice suit with poor outcome	0.36	0.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.18	0.71
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CPT 15733 is one of two new codes created to address several issues inherent in code 15732, Muscle, myocutaneous or fasciocutaneous flap; head and neck).

Previous five-year reviews indicated the typical site of service was in flux, with increased utilization by multiple specialties. By 2007, a new code was created to address axial pattern forehead flaps. In 2010, during the 4<sup>th</sup> 5-year review, site of service was still an issue. The use of 99214 in the post-op period was also identified.

The entire family was surveyed in early 2016, with only ASPS members participating in the review of code 15732. Similar to previous surveys, the results indicated the typical patient will have inpatient status, with a typical length of stay greater than 2 days. The survey intraoperative time did not change from previous surveys; however total time increased by 137 minutes. Discussions at the RUC led to an agreement to refer this to CPT to refine the codes for these procedures and address concerns with site of service.

At the CPT meeting, a collaborative effort was made to define the coding for the range of procedures that were coded (and miscoded) with the old 15732. By adding "i.e" and a list of specific list of flaps, 15733 was developed as restricted version of the old 15732 to the larger, more technically difficult pedicled flaps similar to 15734, 15736, and 15738. The typical patient is a head/neck cancer patient with multiple co-morbidities requiring surgery in a hospital setting. Clarification was made to those procedures which are most appropriately coded with the adjacent tissue transfer family. This left the midface flap as being a procedure performed that does not meet the refined definition in 15733, and thus 15730 was created in CPT to address this procedure.

Previous surveys were conducted on a different, less narrowly defined CPT code. An expert panel of ASPS members familiar with the procedure and the RUC process reviewed the current survey findings, and noted that intra service time for 15733 is greater than either Key Reference Code, but lower than the existing code and lower than that identified in the early 2016 survey. As such, we **recommend 15.68 WRVU, which is the median value**, which is below the value of the existing code and continues to preserves the integrity of the family of muscle flap codes.

While some surveyees did not indicate the patient stayed more than 24 hours, the expert panel recognize the inconsistency in possible visits in the inpatient setting and have adjusted hospital stays accordingly. They believe correct usage of this code will, in the future, indicate a more appropriate site of service and length of stay.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15732

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastics                      How often? Commonly

Specialty Otolaryngology                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National Utilization data not available.

Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,300

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Plastics	Frequency 6640	Percentage 80.00 %
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Specialty Otolaryngology                      Frequency 1660                      Percentage 20.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 15731

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	15733	<b># of Respondents:</b>	34
<b>Survey Code Descriptor:</b>	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator)		

<b>Top Ref Code:</b>	14301	<b># of Respondents:</b>	11	<b>% of Respondents:</b>	32.3%
<b>Top Ref Code Descriptor:</b>	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	0%	82%	18%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		82%	9%	9%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		9%	36%	55%		
	Urgency of medical decision making	Less	Identical	More		
		9%	64%	27%		
Technical Skill:		Less	Identical	More		
				100%		
Physical Effort:		Less	Identical	More		
				100%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
			9%	91%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
			18%	82%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		9%	45.5%	45.5%		

		RVW					Total	pre	PRE			INTRA					POST-FACILITY					POST-OFFICE									
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33	32	31	38	39	15	14	13	12	11
REC	15731	Forehead flap with preservation of	35	0.054			14.12			369		50	10	15			120			30					0.5		1	3	1		
REF1	####	Forehead flap with preservation of	45	0.056			14.38			369		50	10	15			120			30					1		1	3	1		
REF2	####	Orbitotomy with bone flap or window	6	0.100			19.12			352		15	15	15			120			30			1		1.0		1	1	1		
current	####	Muscle, myocutaneous, or fasciocutaneous		0.061			16.38			403		40	12	20			150			60					1		1	2	1		
SVY	15730	Midface flap (i.e. zygomaticofacial)	58	0.112	12.00	14.50	16.00	17.90	28.00	289		53	10	15	30	60	90	90	180	18					0.5		3	1			
REC	15730	Midface		0.100			13.50			256	4	40	3	15			90			17.5	9b				0.5		1	3			
REF1	14301	Adjacent tissue transfer or rearrangement	11	0.070			12.65			287		33	10	15			100			25					1		3	1			
REF2	####	Parathyroidectomy or exploration	7	0.086			15.60			313		40	12	20			120			40					0.5		2	1			
current	####	Muscle, myocutaneous, or fasciocutaneous		0.061			16.38			403		40	12	20			150			60					1		1	2	1		
SVY	15733	Muscle, myocutaneous, or fasciocutaneous	34	0.086	12.65	14.63	15.68	17.75	25.00	308		40	3	15	3	105	120	158	360	33					0.5		2	2			
REC	15733	Head / Neck		0.087			15.68			305	4	40	3	15			120			30	9b				0.5		2	2			
REF1	27364	Radical resection of tumor (eg, sarcoma)	14	0.071			24.49			550		40	20	20			180			30			2	2	1		1	2	1		
REF2	22905	Radical resection of tumor (eg, sarcoma)	12	0.078			21.58			463		40	3	20			150			30			1	2	1		1	2	1		
current	15734	Muscle, myocutaneous, or fasciocutaneous		0.050			19.86			524		30	15	15			163			30		1	1	1	1		1	2	2		
SVY	15734	Muscle, myocutaneous, or fasciocutaneous	41	0.051	16.00	21.58	23.00	24.75	32.00	616		60	15	20	90	160	180	210	500	30		1	2	1	1		1	2	2		
REC		Trunk		0.054			23.00			596	4	40	15	20			180			30	9b	1	2	1	1		1	2	2		
REF1	24160	Removal of prosthesis, includes dissection	11	0.082			18.63			405		40	12	20			120			30			1	1	1		3	1			
REF2	15731	Forehead flap with preservation of	6	0.056			14.38			369		50	10	15			120			30					0.5		1	3	1		
current	15736	Muscle, myocutaneous, or fasciocutaneous		0.062			17.04			400		60					150			30			3		1		1	2	1		
SVY	15736	Muscle, myocutaneous, or fasciocutaneous	46	0.069	14.40	16.59	18.32	20.00	35.00	417		58	15	20	90	120	150	158	300	30					0.5		1	3	1		
REC		Upper extremity		0.063			17.04			396	4	40	12	20			150			30	9b				0.5		1	3	1		
REF1	27364	Radical resection of tumor (eg, sarcoma)	15	0.071			24.49			550		40	20	20			180			30			2	2	1		1	2	1		
REF2	22905	Radical resection of tumor (eg, sarcoma)	9	0.078			21.58			463		40	3	20			150			30			1	2	1		1	2	1		
current	15738	Muscle, myocutaneous, or fasciocutaneous		0.060			19.04			460		60					150			30			6		1		1	2	1		
SVY	15738	Muscle, myocutaneous, or fasciocutaneous	39	0.058	14.45	19.00	21.58	24.00	39.00	556		70	25	15	90	120	150	180	300	30			2	2	1		4	1			
REC		Lower extremity		0.047			19.04			516	4	40	15	15			150			30	9b	2	2	1			4	1			

Tab 5  
Tab Number

Muscle Flap  
Issue

157X1  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

David B. Glasser, M.D.  
Printed Signature

American Academy of Ophthalmology  
Specialty Society

December 12, 2016  
Date

\_\_\_\_\_  
Tab Number

\_\_\_\_\_  
Muscle Flap  
Issue

\_\_\_\_\_  
157x2  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Mark Villa, MD

\_\_\_\_\_  
Printed Signature

American Society of Plastic Surgeons

\_\_\_\_\_  
Specialty Society

December 13, 2016

\_\_\_\_\_  
Date



**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Midface flap (i.e. zygomaticofacial) with preservation of vascular pedicle(s)

Global Period: 90 Days Meeting Date: January, 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Reference code is 15732. CPT 15730 is a new code created to address a site of service discrepancy with 15732, *Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)*. CPT 15730 describes creation of a deep midface flap to repair cicatricial lagophthalmos in patients who have developed scarring after excision of a carcinoma, leaving them with inadequate lid closure and exposure of the globe, and is typically done as an outpatient in the facility under general anesthesia.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Line 96 is felt to have been an oversight in the prior reviews, and was updated to reflect RUC-approved standard times and correct usage of equipment. The patient is examined in an ophthalmic lane for each post-op visit, including ocular and ocular adnexa examinations. Although dilation is performed often in the post-operative period, we have chosen the ophthalmology visit pack (no dilation) and screening lane (without a direct ophthalmoscope) as typical.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms: **5 min.**
  - Technician takes the standard amount of time to complete pre-service referral forms.
- Coordinate pre-surgery services: **20 min.**

- Standard time is taken coordinating the pre-surgery services.
- Schedule space and equipment in facility: **8 min.**
  - Standard time is taken to schedule space and equipment in the facility for the procedure to occur.
- Provide pre-service education/obtain consent: **10 min.**
  - **This time is used to educate the patient regarding the procedure, prepare the paperwork of the consent, and answer questions. This is reduced from the standard time of 20 minutes because the physician actually has the patient sign the consent.**
- Follow-up phone calls & prescriptions: **7 min.**
  - Pre-operative prescriptions are prepared, communicated to patient, and submitted to the pharmacy. Follow-up phone calls to ensure proper pre-operative preparations and clearance are performed with the standard time.

Intra-Service Clinical Labor Activities:

- Discharge management same day (0.5 x 99238). Standard time is taken for discharge management.

Post-Service Clinical Labor Activities:

- Four post-operative visits are typically performed, at one day, one week, one month, and three months. Standard times are applied based on the typical level of these visits.

Comments regarding supplies:

- **Kling bandages, Telfa dressings, and sterile gauze are used both during the surgical period (at the end of the case) and in the post-operative periods (when surgical wounds are examined and when sutures are removed). The numbers in the prior code 15732 were felt to be a clerical error and these numbers were reversed to reflect correct practice and CMS standards for supplies in the facility and the non-facility settings.**
- **Bacitracin is placed on the wound at the end of the case and prior to placing bandages. It is again re-applied in the post-operative period prior to placing new bandages and dressings.**
- **Our expert panel reports that one surgical plate and four screws are typically and necessarily used in this surgery, to counteract the significant adverse forces involved in the healing process. Without the assistance of the anchor, this flap will typically scar inferior to its intended post-operative position, therefore pulling the lid away from the eye, leaving the eye at substantial risk. This eyelid malposition that occurs without an anchor results from the weight of the heavy flap, the scarring from the current as well as prior surgeries, and the previous and/or subsequent radiation of the operative site. The plate and screws used as an anchor supports the flap to overcome these forces to maintain proper eyelid position and function which is critical to the health of the ocular surface. These supplies are of course covered by the facility, and not listed in column G.**

Comments regarding equipment:

- **A camera is utilized to photograph the flap at each of the four post-operative visits to follow the healing process closely, given the risks as listed above. We have reduced the times significantly to reflect more accurate usage times.**

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor: Midface flap (i.e. zygomaticofacial) with preservation of vascular pedicle(s)

Global Period: 90 Days Meeting Date: January, 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Reference code is 15732. CPT 15730 is a new code created to address a site of service discrepancy with 15732, *Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)*. CPT 15730 describes creation of a deep midface flap to repair cicatricial lagophthalmos in patients who have developed scarring after excision of a carcinoma, leaving them with inadequate lid closure and exposure of the globe, and is typically done as an outpatient in the facility under general anesthesia.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Lines 27, 36, 93 and 96 are felt to have been oversights in the prior reviews, and were updated to reflect RUC-approved standard times and correct usage of equipment. Line 27: anesthesia is required to perform this surgery and two minutes is the standard time to apply the anesthesia. Line 36 and 93: Standard cleaning time is performed for the surgical instrument package. Given the delicate nature of the anatomy in this facial reconstructive surgery and its complexity, and the need for specific instrumentation, the medium package is required. Line 96: The patient is examined in an ophthalmic lane for each post-op visit, including ocular and ocular adnexa examinations. Although dilation is performed often in the post-operative period, we have chosen the ophthalmology visit pack (no dilation) and screening lane (without a direct ophthalmoscope) as typical. Lines 85 and 86 have been added as these heavy flaps are typically anchored with a flexible plate and self-tapping screws.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms: **5 min**
  - Technician takes the standard amount of time to complete pre-service referral forms.

- Coordinate pre-surgery services: **10 min**
  - Standard time is taken coordinating the pre-surgery services.
- Provide pre-service education/obtain consent: **5 min**
  - **This time is used to educate the patient regarding the procedure, prepare the paperwork of the consent, and answer questions. This is reduced from the standard time of 10 minutes because the physician actually has the patient sign the consent.**
- Follow-up phone calls & prescriptions: **10 min**
  - Pre-operative prescriptions are prepared, communicated to patient, and submitted to the pharmacy. Follow-up phone calls to ensure proper pre-operative preparations and clearance are performed with the standard time.

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available: **3 min.**
  - Standard time is taken to greet and gown patient and ensure medical records are available.
- Obtain vital signs: **3 min**
  - Level 1 vitals are taken in standard time.
- Prepare room, equipment, supplies: **2 min**
  - Standard time is taken to prepare room and equipment for this complex surgical case.
- Prepare and position patient/monitor patient/set up IV: **2 min**
  - Standard time is taken to position patient and set up IV access.
- Sedate/apply anesthesia: **2 min**
  - Anesthesia is applied prior to this invasive procedure.
- Assist physician in performing procedure: **90 min**
  - The technician assists the physician through each step of the surgery. The technician's intra-service time is determined by the physician's intra-service time, as documented in our survey.
- Clean room/equipment by physician staff: **3 min**
  - Standard time is used to clean the room after this invasive surgery.
- Clean surgical instrument package: **15 min**
  - Standard time is used to clean, sterilize and store the instruments for future use following this invasive surgery. Medium surgical packs are typically used given the delicate nature of the anatomy in this facial reconstructive surgery.
- Complete diagnostic forms, lab & X-ray requisitions: **2 min**
  - Two minutes are taken to complete diagnostic forms
- Review/read X-ray, lab, and pathology reports: **2 min**
  - Pathology reports are reviewed prior to surgery to assist the physician in ensuring the case is appropriately managed.
- Check dressings & wound/home care instructions/coordinate office visits/prescriptions: **10 min.**
  - Dressings and wound are inspected at the end of the case. Home care instructions are reviewed with the patient. Office visit follow-up is reviewed with the patient. Prescriptions are dispensed to and reviewed with the patient.

Post-Service Clinical Labor Activities:

- Four post-operative visits are typically performed, at one day, one week, one month, and three months. Standard times are applied based on the typical level of these visits.

Comments regarding supplies:

- **Kling bandages, Telfa dressings, and sterile gauze are used both during the surgical period (at the end of the case) and in the post-operative periods (when surgical wounds are examined and when sutures are removed). The numbers**

in the prior code 15732 were felt to be a clerical error and these numbers were reversed to reflect correct practice and CMS standards for supplies in the facility and the non-facility settings.

- Both bupivacaine and lidocaine with epinephrine are used in this code. Lidocaine with epinephrine is used primarily for hemostasis during surgery, and bupivacaine for long-acting analgesia in the perioperative period. One of the two 10cc syringes can be reused to inject the full 20cc of lidocaine with epinephrine.
- Bacitracin is placed on the wound at the end of the case and prior to placing bandages. It is again re-applied in the post-operative period prior to placing new bandages and dressings.
- Small drains are typically placed in these wounds, and the 4 inch penrose drain listed on the spreadsheet best reflects the type of drain typically used.
- Our expert panel reports that one surgical plate and four screws are typically and necessarily used in this surgery, to counteract the significant adverse forces involved in the healing process. Without the assistance of the anchor, this flap will typically scar inferior to its intended post-operative position, therefore pulling the lid away from the eye, leaving the eye at substantial risk. This eyelid malposition that occurs without an anchor results from the weight of the heavy flap, the scarring from the current as well as prior surgeries, and the previous and/or subsequent radiation of the operative site. The plate and screws used as an anchor supports the flap to overcome these forces to maintain proper eyelid position and function which is critical to the health of the ocular surface.

Comments regarding equipment:

- A camera is utilized to photograph the flap at each of the four post-operative visits to follow the healing process closely, given the risks as listed above. We have reduced the times significantly to reflect more accurate usage times.

## AMA/Specialty Society Update Process Practice Expense Summary of Recommendation Facility Direct Inputs

<b>15733</b>	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator)
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Global Period: 090      Meeting Date: January 2017

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** ASPS convened a panel of experts to review practice expense items.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** N/A

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

	Supply	QTY	
POV #1	kit, suture removal	1	remove drain
	bandage, Kling	1	Flap
	gloves, sterile	1	Flap & donor site
	dressing, 5in x 9in (Xeroform)	1	Flap & donor site
	gauze, sterile 4in x 4in	6	Flap
	Hydrogen peroxide (10ml)	1	Flap
	Bacitracin Ointment	1	Flap & donor site
	tape, surgical paper 1in (Micropore)	6"	Flap
POV# 2	gloves, sterile	1	Flap & donor site
	Kit, suture removal	1	Remove drain
	Hydrogen peroxide (10ml)	1	Flap
	bandage, Kling	1	Flap
	dressing, 5in x 9in (Xeroform)	1	Flap & donor site
	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	6"	Flap

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient's family/caregiver regarding the procedure, after care, etc.

Intra-Service Clinical Labor Activities:

Staff will assist with coordination of care post-discharge, communicating with the patient's family/caregiver regarding questions about home care and follow-up.

Post-Service Clinical Labor Activities:

Clinical staff will assist at each office visit.

## AMA/Specialty Society Update Process Practice Expense Summary of Recommendation Non Facility Direct Inputs

<b>15733</b>	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator
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Global Period: 090      Meeting Date: January 2017

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: ASPS convened a panel of experts to review practice expense items.**

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

	Supply	QTY	
POV# 3	gloves, sterile	1	Flap & donor site
	kit, suture removal	1	remove sutures
	Steri-strips	3	Flap & donor sites
	Bacitracin Ointment	1	Flap
	gauze, sterile 4in x 4in	3	Flap & donor site
	tape, surgical paper 1in (Micropore)	6"	Flap & donor site
POV# 4	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	6"	Flap
	Steri-strips	3	Flap & donor site
POV #5+	no supplies		

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:



Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient's family/caregiver regarding the procedure, after care, etc.

**Intra-Service Clinical Labor Activities:**

Staff will assist with coordination of care post-discharge, communicating with the patient's family/caregiver regarding questions about home care and follow-up.

**Post-Service Clinical Labor Activities:**

Clinical staff will assist at each office visit.

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>15732</b>		<b>15730</b>	
3	<b>Meeting Date: January 2017 Tab: 5 Specialty: AAO</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid,		Midface flap (i.e. zygomaticofacial) with preservation of vascular pedicle(s)	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>						
6	<b>TOTAL CLINICAL LABOR TIME</b>	L038A	DMT/COT/RN/C	<b>370.0</b>	<b>223.0</b>	<b>281.0</b>	<b>173.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L038A	DMT/COT/RN/C	<b>35.0</b>	<b>65.0</b>	<b>30.0</b>	<b>50.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L038A	DMT/COT/RN/C	<b>183.0</b>	<b>6.0</b>	<b>134.0</b>	<b>6.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L038A	DMT/COT/RN/C	<b>152.0</b>	<b>152.0</b>	<b>117.0</b>	<b>117.0</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms	L038A	DMT/COT/RN/C	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>
13	Coordinate pre-surgery services	L038A	DMT/COT/RN/C	<b>10</b>	<b>20</b>	<b>10</b>	<b>20</b>
14	Schedule space and equipment in facility	L038A	DMT/COT/RN/C	<b>0</b>	<b>8</b>	<b>0</b>	<b>8</b>
15	Provide pre-service education/obtain consent	L038A	DMT/COT/RN/C	<b>10</b>	<b>20</b>	<b>5</b>	<b>10</b>
16	Follow-up phone calls & prescriptions	L038A	DMT/COT/RN/C	<b>10</b>	<b>12</b>	<b>10</b>	<b>7</b>
17	Other Clinical Activity - <i>specify:</i>						
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L038A	DMT/COT/RN/C	<b>3</b>		<b>3</b>	
22	Obtain vital signs	L038A	DMT/COT/RN/C	<b>3</b>		<b>3</b>	
23	Provide pre-service education/obtain consent	L038A	DMT/COT/RN/C	<b>4</b>			
24	Prepare room, equipment, supplies	L038A	DMT/COT/RN/C	<b>3</b>		<b>2</b>	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	L038A	DMT/COT/RN/C	<b>3</b>		<b>2</b>	
27	Sedate/apply anesthesia	L038A	DMT/COT/RN/CST			<b>2</b>	
28	Other Clinical Activity - <i>specify:</i>						
29	<b>Intra-service</b>						
30	Assist physician in performing procedure	L038A	DMT/COT/RN/C	<b>150</b>		<b>90</b>	
31	<b>Post-Service</b>						
32	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4						
33	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1						
34	Clean room/equipment by physician staff	L038A	DMT/COT/RN/C	<b>3</b>		<b>3</b>	
35	Clean Scope						
36	Clean Surgical Instrument Package	L038A	DMT/COT/RN/CST			<b>15</b>	
37	Complete diagnostic forms, lab & X-ray requisitions	L038A	DMT/COT/RN/C	<b>2</b>		<b>2</b>	
38	Review/read X-ray, lab, and pathology reports	L038A	DMT/COT/RN/C	<b>2</b>		<b>2</b>	
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L038A	DMT/COT/RN/C	<b>10</b>		<b>10</b>	
40	Other Clinical Activity - <i>specify:</i>						
41	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A	DMT/COT/RN/C	<b>n/a</b>	<b>6</b>	<b>n/a</b>	<b>6</b>
42	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>		<b>n/a</b>	
43	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>		<b>n/a</b>	
44	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			15732		15730	
3	Meeting Date: January 2017 Tab: 5 Specialty: AAO	CMS Code	Staff Type	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid,		Midface flap (i.e. zygomaticofacial) with preservation of vascular pedicle(s)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD						
45	POST-SERVICE Period						
46	Start: Patient leaves office/facility						
47	Conduct phone calls/call in prescriptions						
48	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
49	99211 16 minutes		16				
50	99212 27 minutes		27	1	1	3	3
51	99213 36 minutes		36	2	2	1	1
52	99214 53 minutes		53	1	1		
53	99215 63 minutes		63				
54	Total Office Visit Time			152.0	152.0	117.0	117.0
55	Other Clinical Activity - specify:						
56	End: with last office visit before end of global period						
57	MEDICAL SUPPLIES*	CODE	UNIT				
58	pack, ophthalmology visit (no dilation)	SA050	pack	5	4	4	4
59	kit, suture removal	SA031	kit	1	1	1	1
60	tray, suturing	SA069	tray	1			
61	drape, sterile barrier 16in x 29in	SB007	item	1		1	
62	drape, sterile, fenestrated 16in x 29in	SB011	item	1		1	
63	gloves, sterile	SB024	pair	2		2	
64	gown, staff, impervious	SB027	item	1		2	
65	mask, surgical	SB033	item	2		2	
66	syringe-needle 3ml 22-26g	SC064	item	3			
67	syringe-needle 10ml 26g	SC063	item			2	
68	cautery, monopolar, electrode, needle	SF018	item	1		1	
69	scalpel with blade, surgical (#10-20)	SF033	item	1		1	
70	suture, nylon, 3-0 to 6-0, c	SF036	item	2		2	
71	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	1		1	
72	bandage, Kling, non-sterile 2in	SG017	item	2	4	4	2
73	dressing, 12-7mm (Gelfoam)	SG033	item	1		1	
74	dressing, 3in x 4in (Telfa, Release)	SG035	item	1	4	4	1
75	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	2	4	4	2
76	steri-strip (6 strip uou)	SG074	item	2		2	
77	tape, surgical paper 1in (Micropore)	SG079	inch	24		24	
78	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	20		20	
79	bupivacaine 0.5% inj (Marcaine)	SH022	ml			10	
80	bacitracin oint (15gm uou)	SJ008	item	1		2	1
81	hydrogen peroxide	SJ028	ml	20		20	
82	povidone soln (Betadine)	SJ041	ml	10		10	
83	silver nitrate applicator	SJ046	item	2		0	
84	swab-pad, alcohol	SJ053	item	2		2	
85	plate, surgical, mini-compression, 4 hole	SD189	item			1	
86	screw, surgical, self-tapping, 1.5-2.0mm	SD200	item			4	
87	penrose drain (0.25in x 4in)	SG067	item			1	
88							
89	EQUIPMENT	CODE					
90	camera, digital system, 12 megapixel (medical grade)	ED005		25	20	12	12
91	electrocautery-hyfreicator, up to 45 watts	EQ110		183		115	
92	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		183		115	
93	PACS Workstation Proxy	ED050		183		115	

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>15732</b>		<b>15730</b>	
3	<b>Meeting Date: January 2017 Tab: 5 Specialty: AAO</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid,		Midface flap (i.e. zygomaticofacial) with preservation of vascular pedicle(s)	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>						
94	instrument pack, medium (\$1500 and up)	EQ138				<b>127</b>	
95	light, surgical	EF014		<b>335</b>	<b>152</b>	<b>115</b>	
96	table, power	EF031		<b>335</b>	<b>152</b>	<b>115</b>	
97	lane, screening (oph)	EL006				<b>117</b>	<b>117</b>
98							

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			CPT Code # 15732		CPT Code #15733	
3	Meeting Date: Tab: Specialty:	CMS Code	Staff Type	CPT CODE DESCRIPTOR: Muscle, myo-cutaneous, or fasciocutaneous flap; head and neck (eg,		CPT CODE DESCRIPTOR: Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie,	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	370.0	223.0	0.0	192.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	35.0	65.0	0.0	60.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	183.0	6.0	0.0	6.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	152.0	152.0	0.0	126.0
10	PRE-SERVICE						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	10	20	0	20
14	Schedule space and equipment in facility				5		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	10	20	0	20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	10	7	0	7
17	Other Clinical Activity - specify:	L037D	RN/LPN/MTA		8		
18	End: When patient enters office/facility for surgery/procedure						
19	SERVICE PERIOD						
20	Start: When patient enters office/facility for surgery/procedure:						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3			
22	Obtain vital signs	L037D	RN/LPN/MTA	3			
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	4			
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	3			
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	3			
27	Sedate/apply anesthesia						
28	Other Clinical Activity - specify:						
29	Intra-service						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	150			
31	Post-Service						
32	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4						
33	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1						
34	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3			
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2			
38	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	2			
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	10			
40	Other Clinical Activity - specify:						
41	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	n/a	6		6
42	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a		n/a	
43	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
44	End: Patient leaves office						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			CPT Code # 15732		CPT Code #15733	
3	Meeting Date: Tab: Specialty:	CMS Code	Staff Type	CPT CODE DESCRIPTOR: Muscle, myo-cutaneous, or fasciocutaneous flap; head and neck (eg,		CPT CODE DESCRIPTOR: Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie,	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
45	POST-SERVICE Period						
46	Start: Patient leaves office/facility						
47	Conduct phone calls/call in prescriptions						
48	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
49	99211 16 minutes		16				
50	99212 27 minutes		27	1		0	2
51	99213 36 minutes		36	2		0	2
52	99214 53 minutes		53	1			
53	99215 63 minutes		63				
54	Total Office Visit Time			152.0	0.0	0.0	126.0
55	Other Clinical Activity - specify:						
56	End: with last office visit before end of global period						
57	MEDICAL SUPPLIES*	CODE	UNIT				
58	pack, minimum multi-specialty visit	SA048	pack	5		2	
59	pack, post-op incision care (suture)	SA054	pack				1
60	pack, post-op incision care (suture & staple)	SA053	pack				
61	gown, staff, impervious	SB027	item	1			
62	mask, surgical	SB033	item	2			1
63	disposable scalpel #11, 15, 20 blade	SF033	item	1			
64	dressing, 5in x 9in (Xeroform)	SG041	item				
65	sterile drape 22 x 25	SB007	item	1			1
66	gloves, sterile, 1 pr	SB024	item	2		1	
67	drape, sterile fenestrated, 16 x 29	SB011	item	1			1
68	swab, alcohol	SJ053	item	2			
69	gauze, sterile 4 x 4 (10 pack)	SG056	item	2			1
70	kling roller bandage, 2 x 131	SG017	item	2			
71	Steri-strips (6 per pack)	SG074	item	2			2
72	Pad, sterile telfa		item	1			
73	Gel foam, 2 x 3	SG033	item	1			
74	suture kit, disposable		item	1			
75	suture removal kit	SA031	item	1			
76	suture, nylon 5-0, 6-0 (1 pack)	SF036	item	1			
77	needle, electrosurgical	SF018	item	2			
78	Vicryl suture 4-0 and 5-0	SF040	item	1			
79	Xylocaine w/ Epi 1%, 20 ml	SH046	ml	20			
80	Betadine	SJ041	ml	10			
81	hydrogen peroxide 20 ml	SJ028	ml	20			
82	silver nitrate stick	SJ046	item	2			
83	syringe, 3 cc, 20 to 25 gauge needle	SC064	item	3			
84	Bacitracin ointment	SJ008	item	1			1
85	Surgical tape	SG079	inch	24			12
86	Nimh Batteries, AA		item	8			
87	Flash card, 128 mb		item	2			
88	EQUIPMENT	CODE					
89	table, power	EF031		1			126.0
90	light, exam	EQ168				72	
91	light, surgical	EF014		1			
92	camera, digital system, 12 megapixel (medical grade)	ED005		1			
94	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		1			
95	electrocautery-hyfreacator, up to 45 watts	EQ110		1			





AMERICAN ACADEMY<sup>™</sup>  
OF OPHTHALMOLOGY



Dear Colleague:

Working together, the Academy and the American Society of Ophthalmic Plastic and Reconstructive Surgery are preparing to make recommendations to the AMA Relative-value Update Committee (RUC). You have been selected to participate in a *survey to recommend physician work value for the new Mid Face flap CPT code: 157X1 Midface flap (i.e., zygomaticofacial flap) with preservation of vascular pedicle(s)*. This new code was created to identify midface flap defect repair. CPT code **15732; Muscle, myocutaneous, or fasciocutaneous flap; head and neck** will be **deleted and no longer used** for this service. Please complete the survey. The survey and the corresponding reference service list are included with this email. Printing the list prior to starting can aid your responses.

The survey data will be used to recommend the appropriate work values assigned for this code to the RUC and subsequently to CMS to determine Medicare reimbursement. Your timely completion of this task is **CRITICAL** and is supported by the Academy and the American Society of Ophthalmic Plastic and Reconstructive Surgery. It is *very important* that you complete the survey by the deadline.

*Please submit your completed survey online by November 15, 2016.* The e-mail you received contains the access password and login for the survey. Please contact Ms. Sarah Cartagena to let her know if you will be unable to complete the survey or if you are passing it on to a colleague to complete. If you are having a colleague complete the survey, please give Ms. Cartagena that person's name and e-mail address. **A significant response is needed to validate our recommendations.**

The survey is to be completed *independently without coaching or assistance*, with the exception of clarification from specialty society staff. If you are inappropriately contacted regarding this survey, please notify specialty society staff immediately. Ms. Cartagena can answer any questions you have about the survey instrument via email at [scartagena@aao.org](mailto:scartagena@aao.org)

Thank you for your assistance with this important effort.

David W. Parke, II, M.D., Academy E.V.P and C.E.O.  
Robert A. Goldberg, M.D., FACS, ASOPRS President

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*High Level E/M in Global Period\**

April 2016

**Muscle Flaps**

In October 2015, CPT codes 15732 and 15734 were identified under the High Level E/M screen for services with Medicare utilization greater than 10,000 that has a 99214 included in the global period. The RAW requested that the specialty societies submit an action plan to justify the 99214 visit and review if the family of services also have a 99214 included in the global periods. The RUC noted that a 99214 office visit is included for 15732 and 15736 but not included in the other codes in this family.

**15732 Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**  
The specialty societies explained that, as also indicated by the three previous surveys for this procedure, the new survey results indicate the typical patient will have inpatient status (72%) and the typical length of stay will be four days. As in the past, this conflicts with the Medicare utilization data that shows the primary place of service as the outpatient hospital setting. Therefore, the specialty societies determined that the code needs to be referred to the CPT Editorial Panel to better differentiate and describe the work of large flaps performed on patients with head and neck cancer who will have inpatient status. This is in contrast to smaller flaps that may be accomplished in an office or outpatient setting and to differentiate from procedures that would be best coded by the adjacent tissue transfer codes. In addition, during the discussion, CMS requested that CPT code 15731 be added to the family of codes for the subsequent RUC review. **The RUC recommends referral of CPT code 15732 to the CPT Editorial Panel. Additionally, CPT code 15731 will be added as part of the family for review.**

**15734 Muscle, myocutaneous, or fasciocutaneous flap; trunk**

Prior to reviewing the survey data for this procedure, the RUC considered compelling evidence that the current work RVU of 19.86 may be incorrect. The specialty societies detailed two compelling evidence arguments. First, a flawed methodology was used in the previous valuation. During the last valuation at the third Five-Year Review, plastic surgery was the only specialty to conduct a survey, and only 21 responses were collected. At that time, plastic surgery represented approximately 80% of the total utilization of CPT code 15734. Currently, 2015 Medicare utilization shows plastic surgery and general surgery as equally performing this service (43% and 42%, respectively). Furthermore, accounting for other specialties similar to general surgery (colorectal, surgical oncology, vascular, etc), who are performing the procedure for the same indications, the dominant provider has shifted. Second, the patient population and technique has changed. General surgeons are now performing this procedure to close large, complex abdominal defects that cannot be closed primarily. This is a new surgical procedure that was not performed at the time of the last review. During the previous valuation, plastic surgeons were primarily using this procedure to repair chest wall defects. Given this information, the RUC approved compelling evidence that the current work value for CPT code 15734 may be incorrect.



The RUC reviewed the survey results from 41 general and plastic surgeons and recommends the following physician time components: pre-service time of 75 minutes, intra-service time of 180 minutes and immediate post-service time of 30 minutes. The RUC agreed to add 12 minutes of positioning time above the standard package because the typical patient undergoing a latissimus muscle flap will be positioned supine, then lateral as the procedure progresses. The typical patient undergoing a rectus abdominis flap will require additional time related to a vacuum assisted dressing in place that will need to be taken down. The RUC also recommend the following post-operative visits: four hospital visits (1 x 99233, 2 x 99232, 1 x 99231), one discharge day management service 99238, and five office visits (1 x 99214, 2 x 99213, 2 x 99212). The RUC discussed the need for a higher level Evaluation and Management service (99214) for the first post-operative visit and agreed it was appropriate. The patient has an extensive dressing (for both the flap and the donor site) that has to be taken down. The process is complex and intense due to concern about not disturbing the blood supply to the flap, as well as not disturbing the skin graft. Finally the RUC noted the increase to two 99232 hospital visits in the global period and confirmed that this visit is in fact typical and was captured, by the survey respondents, as performed in the post-operative period and not on the same day of the surgery.

The RUC reviewed the specialty societies' recommendation and agreed that the survey median work RVU of 23.00 reflects the additional intra-operative time and additional postoperative hospital work for CPT code 15734. To justify a work RVU of 23.00, the RUC compared the surveyed code to the primary key reference code 22905 *Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater* (work RVU= 21.58, intra time= 150 minutes) and determined that code 15734 is similar in time and intensity. The RUC also considered the second key reference service 27364 *Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater* (work RVU= 24.49, intra time= 180 minutes) and agreed that CPT code 15734 is more work and should be valued higher. Finally, the RUC noted that the increase in work RVUs is further substantiated by the increase in intra-service time, from 163 minutes to 180 minutes, and total time, from 524 minutes to 596 minutes. **The RUC recommends a work RVU of 23.00 for CPT code 15734.**

### **15736 Muscle, myocutaneous, or fasciocutaneous flap; upper extremity**

The RUC reviewed the survey results from 46 practicing general, plastic, and hand surgeons and recommends the following physician time components: pre-service time of 72 minutes, intra-service time of 150 minutes and immediate post-service time of 30 minutes. The RUC agreed to add 9 minutes of positioning time above the standard package to monitor and/or assist with patient positioning, including padding of bony prominences, application of thermal regulation drapes, assessing position of extremities and head and adjusting as needed, positioning the patient's arm on the hand surgery table, applying a sterile tourniquet to the proximal arm, elevating the arm and exsanguinating the arm, and inflating the pneumatic tourniquet. The RUC noted that total positioning time of 12 minutes is consistent with many other recently reviewed upper extremity procedures. The RUC also recommend the following post-operative visits: one-half discharge day management service 99238 that is consistent with outpatient facility status and five office visits (1 x 99214, 3 x 99213, 1 x 99212). The RUC discussed the need for a higher level Evaluation and Management service (99214) for the first post-operative visit and agreed it was appropriate. The patient's comfort and adherence to the postoperative regimen is discussed. The extremity edema, circulation, sensation and motor function are assessed. The splint is removed, but the arm is supported. The superficial dressing is removed. The viability of the flap is assessed. The wound is checked for any sign of infection. The non-stick dressing covering the skin graft is very carefully separated from the graft while protecting the graft with cotton swabs. A new non-stick dressing is

applied to the flap. A new dressing is applied to the arm. The donor site is evaluated and redressed. Pain is assessed and adjustments to medications are made as needed. The patient care plan is reviewed with the patient and family. Communication with the referring physician is completed. The medical record is completed. It is typical for this visit to take upwards of one hour.

The RUC reviewed the specialty societies' recommendation and agreed that the current work RVU of 17.04, which is between the survey's 25<sup>th</sup> percentile and median work values, is appropriate. The RUC agreed with the specialties that the work and total time has not changed; the intra-operative time is the same and the facility work has shifted to higher level office work. To justify a work RVU of 17.04, the RUC compared the surveyed code to the primary key reference code 24160 *Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components* (work RVU= 18.63, intra time= 120 minutes) and agreed that while code 15736 has 30 additional minutes of intra-service time, the reference code has more post-operative visits and is a more intense procedure. Therefore, the surveyed code is valued appropriately slightly less than the key reference service. Additionally, the RUC reviewed a broad range of 090 day global outpatient procedures recently reviewed by the RUC and agreed that the current work RVU of 17.04 appropriately fits in this range. Specifically, CPT codes 49655 *Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated* (work RVU= 16.84, intra time= 150 minutes) and 42415 *Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve* (work RVU= 17.16, intra time= 150 minutes) offer appropriate brackets around the recommended value. **The RUC recommends a work RVU of 17.04 for CPT code 15736.**

#### **15738 Muscle, myocutaneous, or fasciocutaneous flap; lower extremity**

The specialties presented compelling evidence of a flawed methodology in the previous survey. The specialties indicated that the survey instrument in 1995 requested total hospital time and number of visits, but not level of visits. Then, when level of visits was necessary for the first five-year review of practice expense, a CMS contractor transformed the postoperative time into visit levels using an algorithm based on intra-service time. This resulted in all low level hospital and office visits being assigned to code 15738. The current survey indicates that the hospital and office visit work was underestimated and that increases in the value for E/M codes over the years were not correctly incorporated in the global code value for 15738. The RUC rejected this compelling evidence citing that the RUC survey has evolved over time and that an old RUC survey instrument is not compelling evidence of a flawed methodology.

The RUC reviewed the survey results from 39 plastic surgeons and recommends the following physician time components: pre-service time of 70 minutes, intra-service time of 150 minutes and immediate post-service time of 30 minutes. The RUC agreed to add 12 minutes of positioning time above the standard package to adequately position the patient with the leg extended lateral or the patient positioned prone. In addition, these patients will require a significant amount of effort to transfer from the hospital bed to the operating room bed because there is commonly a vacuum-assisted dressing in place that will need to be taken down. The RUC also recommend the following post-operative visits: four hospital visits (2 x 99232, 2 x 99231), one discharge day management service (99238), five office visits (4 x 99213, 1 x 99212).

The RUC reviewed the survey respondents' estimated physician work values and noted that the current work RVU of 19.04, slightly above the 25<sup>th</sup> percentile work RVU of 19.00 should be maintained since compelling evidence was not accepted. The RUC compared the surveyed code to the second key reference code 22905 *Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater* (work RVU= 21.58, intra time= 150 minutes) and agreed that while both services have identical intra-service time, the reference code has less total time, but may be more intense. **The RUC recommends a work RVU of 19.04 for CPT code 15738.**

**Practice Expense:**

The large amounts of supplies (eg, gauze, etc. were reviewed). However, the specialties explained that the wounds are large and complex for these patients and the large quantities of supplies are appropriate. The specialties provided details of quantities required on a visit by visit basis. The RUC approved the direct practice expense inputs as submitted by the specialty without modification and reviewed and approved by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
15731(f)	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	090	Refer to CPT Sept 2016
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	090	Refer to CPT Sept 2016
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	090	23.00
15736 (f)	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	090	17.04 (No Change)
15738 (f)	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	090	19.04 (No Change)

April 5, 2015

Peter Smith, MD, FACS  
Chair, AMA/RUC  
American Medical Association  
330 N. Wabash Ave.  
Chicago, IL 60611

**Subject: Tab 14 – CPT Code 15732**

Dear Dr. Smith:

On behalf of the American Society of Plastic Surgeons (ASPS), I am writing in regards to code 15732 *Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)* included in Tab 14 (Muscle and Skin Graft) for the April 2016 RUC meeting.

**Background**

In 1995, for the first five-year review, codes 15732-15738 were identified by the CMDs as potentially misvalued. The ASPS and American Academy of Otolaryngology - Head and Neck Surgery (AAOHNS) conducted a RUC survey that resulted in data indicating that the typical patient was in the hospital for 5 days (ie, inpatient). The RUC and CMS accepted the survey results.

In 2005, for the third five-year review, code 15732 was identified as potentially misvalued because the service had been valued as an inpatient service and Medicare data indicated it was performed as an outpatient service. After a survey by ASPS and AAOHNS, and RUC discussion, it became apparent that this code described two disparate procedures, allowing both superficial repairs and repair of more serious cancer defects to be reported with 15732. The societies reported that these patient populations require different work, one group of patients are typically provided the service in the inpatient setting and the other group are treated in the outpatient setting. The RUC directed plastic surgery to coordinate with otolaryngology and ophthalmology to develop a coding proposal to specifically identify these different services as new CPT codes. Code 15732 was referred to the CPT Editorial Panel.

For CPT 2007, new code 15731 was created to describe axial pattern forehead flaps, which previously were billed using 15732 and are commonly outpatient procedures. With this revision, the outpatient percentage was expected decrease for 15732 in future claims data (2007 and beyond). The ASPS recommended that the hospital inpatient visits and discharge day be retained until further data is collected for 15732. The RUC agreed to maintain the visits and re-review when three years of utilization data were available.

In 2010, for the fourth five-year review, code 15732 was again identified by CMS as potentially misvalued through the Site of Service Anomaly screen. The ASPS and AAOHNS conducted another survey and 79% of the survey respondents indicated that 15732 is an inpatient service. The societies indicated that the typical patient is unstable and may even

require critical care services. The societies also indicated that this service should not be performed in the outpatient setting and miscoding is the cause for the outpatient claims. The RUC and specialties agreed that additional coding education needs to take place and agreed to develop a CPT Assistant article. In addition, another separate CPT code may be required. It was noted that ophthalmologists would need to lead the CPT education/proposal efforts. The RUC recommended maintaining the inpatient visits and reduced the work RVU slightly to the survey median. CMS disagreed with this recommendation and removed the inpatient visits and work RVUs using reverse building block and assigned 0.5 x 99238 for discharge management. The work RVU was reduced by 18% from 19.90 to 16.38.

More recently, the RAW identified that a 99214 office visit is included in the work of 15732 and 15736 but not included in the other codes in this family. The RAW recommended that the specialty societies survey the entire family (15732-15738) for April 2016.

### **Survey Results for 15732**

For the current survey of 15732, although ophthalmology and otolaryngology comprise 50% of the utilization, only ASPS indicated an interest to survey. A survey was conducted by ASPS and 47 responses were received (see attached RUC Summary Excel file). Similar to the three previous RUC surveys, the results indicate the typical patient will have inpatient status (72%) and the typical length of stay will be four days. The survey intraoperative time of 150 minutes has also not changed from the previous three surveys. The ASPS believes that this is the correct time and visit information related to 15732 when it is correctly reported.

### **Recommendation for 15732**

The ASPS expert panel discussed the survey results and determined that they cannot present the same time and visit data to the RUC that has been presented during the past three reviews. We believe code 15732 needs to be referred to CPT to better differentiate and describe the work of large flaps performed on patients with head and neck cancer who will have inpatient status and be similar to the other procedures in this family. This is in contrast to smaller flaps that may be accomplished in an office or outpatient setting and would be best coded by the adjacent tissue transfer codes. We request that the RUC refer this code to CPT to accomplish these goals.

I look forward to answering any RUC member questions at the upcoming meeting.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Villa', with a stylized flourish at the end.

Mark Villa, MD  
ASPS RUC Advisor

Attachment

ISSUE: Muscle and Skin Graft  
TAB: 14

					RVW					Total Time	PRE			INTRA				POST-FACILITY				POST-OFFICE					SURVEY EXPERIENCE				TYP?		
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	15	14	13	12	11	MIN	25th		MED	75th	MAX
REF1	27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	9	0.071			24.49			550	40	20	20		180			30		2	2	1.0		1	2	1							
REF2	42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	6	0.078			19.53			383	40	12	20		180			50				0.5		2	1								
current	15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)		0.061			16.38			403	40	12	20		150			60				0.5		1	2	1							
SVY	15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	47	0.063	15.25	18.25	21.58	24.25	39.00	540	70	20	15	90	120	150	195	300	30	1	1	1	1		1	2	1	0	2	5	10	100	96%

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 15734	Tracking Number	Original Specialty Recommended RVU: <b>23.00</b>
		Presented Recommended RVU: <b>23.00</b>
Global Period: 090		RUC Recommended RVU: <b>23.00</b>
CPT Descriptor: Muscle, myocutaneous, or fasciocutaneous flap; trunk		

### CLINICAL DESCRIPTION OF SERVICE:

#### Vignette Used in Survey:

Vignette 1: A patient with a history of radiation therapy develops a large open wound of the chest with exposure of several ribs resulting in a defect that is too large to close with a complex repair or adjacent tissue transfer. The defect is reconstructed with a pedicled muscle flap (eg, latissimus).

Vignette 2: A trauma patient with multiple injuries initially undergoes a damage-control laparotomy with hemorrhage control, bowel resection and temporary abdominal closure. At the time of definitive closure of the abdomen, a wide gap between the opposing fascial edges in the abdominal wall has developed. A pedicled muscle flap (eg, rectus abdominis) is elevated and transposed to close the defect.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 28% , Overnight stay-more than 24 hours 72%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 62%

#### Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis. Write orders for preoperative medications including beta blockers if indicated. Review results of admission testing and imaging. Meet with patient and family to review planned procedure and postoperative management. Mark site and side of proposed skin incision and confirm with patient. Review and obtain informed consent with patient, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Verify areas surrounding skin incisions to be prepared and draped. Scrub and gown. Perform surgical time out with operating surgical team and anesthesia team.

Description of Intra-Service Work: Pedicled latissimus muscle flap: After the extirpative part of procedure has been completed, further dissection is performed through the defect into the axilla to identify and confirm the patency of the thoracodorsal pedicled. Any necessary tunnel between the defect and the axilla is created. The appropriate measurements of the defect are obtained and a plan for size of flap is confirmed. A sterile dressing is placed over the chest wall defect (this portion of the procedure is typically performed in a supine position). The drapes are removed and the patient is then reposition in a lateral decubitus position to allow for access to the back donor site. Make incision over latissimus muscle.

Carry dissection down to fascia, which is elevated off the muscle. Expose anterior and posterior borders of muscle and continue dissection inferiorly until enough length is obtained to reach the defect. Then divide inferior portion of the muscle, elevate muscle off the chest wall, and isolate on thoracodorsal vascular pedicle. Enlarge the tunnel to accommodate muscle flap. Transpose the flap from the back to the chest and re-assess the vascular pedicle. Inset flap into the chest-wall defect and suture in place after placement of a closed suction drain. Close donor site primarily over suction drains. [Wound coverage is completed with an appropriate skin graft that is separately reported.

**Pedicled rectus abdominis muscle flap:** The temporary abdominal dressing is removed and the extent of necessary additional mobilization to achieve closure is determined. After determining the extent of the rectus abdominis flap necessary to close the defect, a skin flap is raised from the costal margin to the inguinal ligament and posterolaterally to the anterior axillary line taking care to preserve perforating vessels and nerves. The external oblique aponeurosis is incised as a myofascial release is completed the entire length of the rectus muscle lateral to the linea semilunaris. The release is carried up over the costal margin and the fascia is incised onto the ribs. The plane between the internal and external oblique muscles is dissected with blunt dissection to mobilize the flap along the length of the myofascial release taking care not to injure any nerves to the muscular flap or compromise the blood supply. An additional release may be needed in the posterior rectus sheath allowing additional advancement as required. The rectus muscles are then re-approximated at the midline with running suture. (If mesh is placed for reinforcement, this is reported separately) Drains are placed beneath the skin flaps and are sutured in position. After assuring hemostasis and viability of the rectus muscle flap, the skin edges are re-approximated at the midline in layers.

**Description of Post-Service Work:** Through discharge from recovery: Apply sterile dressings. Monitor patient during reversal of anesthesia, protecting the wound with a hand so that wound disruption does not occur with an unrestrained cough. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from the OR to the recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Instruct nursing staff in care of drains, tubes, and other devices. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Discharge patient from recovery room to surgical ward. Write patient-care orders and discuss floor care with nursing staff.

**Inpatient visits:** Review interval chart notes. Talk with patient and family. Take down dressings. Evaluate flaps for viability and wound for infection. Assess drain output. Redress wound. For latissimus flap, assess extremity for edema, circulation, sensation and motor function. For rectus abdominis flap, assess bowel function, advance diet as appropriate. Assess pain score and order medications, as required. Continue prophylaxis for DVT. Assess need for beta blockers, order as required. Assess need for antibiotics, order as required. Write orders for patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing and/or other staff questions.

**Discharge management:** Review interval chart notes. Talk with patient and family. Take down dressings. Evaluate flaps for viability and wound for infection. Assess drain output. Redress wound. For latissimus flap, assess extremity for edema, circulation, sensation and motor function. For rectus abdominis flap, assess bowel function. Assess pain score and order medications, as required. Assess need for beta blockers, order as required. Assess need for antibiotics, order as required. Discuss home restrictions (ie, diet, activity, bathing) and care of drain with patient and family members. Medications are reconciled and orders for discharge medications are written. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

**Office visits:** Talk with patient and family. Take down dressings. Evaluate flaps for viability and wound for infection. Assess drain output and remove when appropriate. Remove staples/sutures when appropriate. Redress wound. For latissimus flap, assess extremity for edema, circulation, sensation and motor function. Order therapy, as required. Review with patient and family the need for post-mastectomy reconstructive procedures. For rectus abdominis flap, assess bowel function. Assess pain score and order medications, as required. Answer patient and family questions and reinforce instructions on wound care, activity, and bathing. Enter progress notes into medical record. Discuss progress with PCP.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Mark Villa, MD; Charles Mabry, MD, FACS				
<b>Specialty(s):</b>	ASPS, ACS				
<b>CPT Code:</b>	15734				
<b>Sample Size:</b>	1087	<b>Resp N:</b>	41	<b>Response:</b> 3.7 %	
<b>Description of Sample:</b>	ACS: random sample from the ACS membership database of self identified general surgeons ASPS: random sample from the ASPS membership database of self identified reconstructive plastic surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	<b>8.00</b>	15.00	40.00
<b>Survey RVW:</b>	16.00	21.58	<b>23.00</b>	24.75	32.00
<b>Pre-Service Evaluation Time:</b>			<b>60.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>20.00</b>		
<b>Intra-Service Time:</b>	90.00	160.00	<b>180.00</b>	210.00	500.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>155.00</b>	99231x 1.00 99232x 2.00 99233x 1.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>118.00</b>	99211x 0.00 12x 2.00 13x 2.00 14x 1.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	15734	<b>Recommended Physician Work RVU: 23.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	15.00	3.00	12.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	180.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>155.00</u></b>	99231x <b>1.00</b>	99232x <b>2.00</b>	99233x <b>1.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>38.00</u></b>	99238x <b>1.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>118.00</u></b>	99211x <b>0.00</b>	12x <b>2.00</b>	13x <b>2.00</b>	14x <b>1.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
27364	090	24.49	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22905	090	21.58	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55866	090	21.36	RUC Time	13,196

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	63,820

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 14      % of respondents: 34.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 29.2 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>15734</u></b>	<b>Top Key Reference CPT Code: <u>27364</u></b>	<b>2nd Key Reference CPT Code: <u>22905</u></b>
Median Pre-Service Time	75.00	80.00	63.00
Median Intra-Service Time	180.00	180.00	150.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	155.0	120.00	80.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	118.0	102.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>596.00</b>	<b>550.00</b>	<b>463.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.93	0.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.93	0.67
Urgency of medical decision making	0.43	0.50
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	1.29	1.00
Physical effort required	1.36	0.92

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.14	1.00
Outcome depends on the skill and judgment of physician	1.07	0.75
Estimated risk of malpractice suit with poor outcome	0.86	0.08

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.21	0.92
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Code 15734 was identified through a screen for services with Medicare utilization greater than 10,000 that include a 99214 in the global period.

**Compelling Evidence**

Flawed methodology - previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.

Code 15734 was identified by CMS as a high volume Harvard-valued code that was potentially misvalued as part of the third five-year review in 2005. The 2003 Medicare data indicated plastic surgery as the dominant provider at approximately 80%, followed by general surgery, otolaryngology, and cardiothoracic surgery in small percentages. ASPS agreed to survey 15734 and a vignette was developed for a non-Medicare aged patient with a history of breast cancer treated with mastectomy followed by radiation therapy resulting in a large nonhealing radiation ulcer of the left lateral chest that was reconstructed with a pedicled latissimus muscle flap. The survey conducted by ASPS resulted in 21 responses (ie, less than 30) with an indication on the survey that work had not changed. The survey data from the 21 respondents was accepted as similar to Harvard data and the work RVU was maintained. Current information for code 15734 indicates a shift in the surgeons who provide the service. Specifically, plastic surgeons and general surgeons currently have almost equal utilization as more general surgeons perform muscle flaps to close large abdominal defects that cannot close primarily. **We believe that utilization changes in the typical provider meets compelling evidence that 15734 may not be correctly valued.**

**Survey Process**

**For CPT code 15734, please select one of the typical patients described below.** When completing this survey, consider the physician work related to the typical patient you have chosen.

- ☐ **Patient 1:** A patient with a history of radiation therapy develops a large open wound of the chest with exposure of several ribs resulting in a defect that is too large to close with a complex repair or adjacent tissue transfer. The defect is reconstructed with a pedicled muscle flap (eg, latissimus).
- ☐ **Patient 2:** A trauma patient with multiple injuries initially undergoes a damage-control laparotomy with hemorrhage control, bowel resection and temporary abdominal closure. At the time of definitive closure of the abdomen, a wide gap between the opposing fascial edges in the abdominal wall has developed. A pedicled muscle flap (eg, rectus abdominis) is elevated and transposed to close the defect

**Is your typical patient for 15734 similar to the typical patient described above?**

- ☐ Yes
- ☐ No. If no, please describe your typical patient for this service:

Muscle flaps on the trunk can involve the chest, the back, and/or the abdomen. Therefore, the ASPS and ACS recommended that two different typical patient vignettes be included in the survey instrument to accommodate a survey by both plastic surgeons and general surgeons who have almost equal utilization of the code. The Research Subcommittee approved the use of two vignettes for the survey process, one for a latissimus muscle flap and one for a rectus abdominis flap. The ASPS and ACS indicated that they believed the physician work for these vignettes were essentially equivalent and would allow survey participation by both specialties. The "typical patient" question on the survey instrument was modified as shown below to allow the survey respondent to choose a vignette for completion of the survey:

A survey request was sent to a random selection of 1,087 surgeons from the ASPS (reconstructive plastic surgeons) and ACS (general surgeons) membership databases. Forty-one responses were received with 26 respondents choosing vignette 1 and 15 respondents choosing vignette 2. The split in GS/PS for vignette 1 was 25% / 75% and for vignette 2 was approximately 50% / 50%. The RUC Summary Excel file shows combined data and data grouped by vignette.

### Recommendation

**We recommend the survey median work RVU of 23.00 for code 15734.** This work RVU which is slightly greater than the current value reflects the increased intra-service time and increased inpatient hospital work compared with the time and visit data from the previous review of 21 plastic surgeons.

### Pre-time Package 4

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 40/15/20.** An additional 12 minutes has been added for positioning for a total of 15 minutes positioning time. This is consistent with the current survey data and the previous survey data. The typical patient undergoing a latissimus muscle flap will be positioned supine, then lateral as the procedure progresses. The typical patient undergoing a rectus abdominis flap will require a significant amount of effort to transfer from the hospital bed to the OR bed because there is commonly a vacuum assisted dressing in place that will need to be taken down. There may also be additional dressings or other management issues involved in transferring a multisystem trauma patient from the bed to the OR table (eg, the patient may be ventilated or have other trauma that needs to be accommodated during movement). Finally, consideration should also be given to prone positioning for flaps used for reconstruction of the midline and posterior trunk defects (eg, trapezius, latissimus dorsi, and the gluteus maximus).

### Post-time Package 9b

We recommend post-time package 9b (*General Anesthesia or Complex Regional Block/Complex Procedure*), with a reduction of 3 minutes to be consistent with the survey median.

### Key Reference Service Comparison

KRS codes 27364 and 22905 are familiar to both general surgeons and plastic surgeons. Both procedures represent significant intraoperative work and similar postoperative management. The recommended work RVU of 23.00 for code 15734 fits well between the KRS codes.

Year	CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	33	32	31	38	14	13	12
2009	<b>22905</b>	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	<b>21.58</b>	0.071	550	80	150	30		1	2	1	1	2	1
	<b>15734</b>	Muscle flap, trunk	<b>23.00</b>	0.054	596	75	180	30	1	2	1	1	1	2	2
2009	<b>27364</b>	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	<b>24.49</b>	0.078	463	63	180	30		2	2	1	1	2	1

### MPC Comparison

Survey code 15734 includes more postoperative hospital and office work than MPC code 55866 and significantly less hospital work than MPC code 33533.

Year	CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	91	33	32	31	38	14	13	12
2015	<b>55866</b>	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	<b>21.36</b>	0.074	442	68	180	30			1		1	1	2	
	<b>15734</b>	Muscle flap, trunk	<b>23.00</b>	0.054	596	75	180	30		1	2	1	1	1	2	2
2012	<b>33533</b>	Coronary artery bypass, using arterial graft(s); single arterial graft	<b>33.75</b>	0.096	682	95	158	40	1	3	1	1	1	1		1

### Other Comparison Codes

The table below presents all 90-day global inpatient procedures that have 180 minutes of intra-time that have been reviewed by the RUC since 2009. This list of codes support the recommended work RVU of 23.00 for code 15734.

Year	CPT	Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	91	33	32	31	38	39	14	13	12
2010	<b>35612</b>	Art byp subclav-subclavian	<b>20.35</b>	0.061	<b>485</b>	65	<b>180</b>	40			2	1	1			2	1
2014	<b>55840</b>	Extensive prostate surgery	<b>21.36</b>	0.071	<b>448</b>	51	<b>180</b>	33			1	1	1		1	2	
2014	<b>55842</b>	Extensive prostate surgery	<b>21.36</b>	0.071	<b>448</b>	51	<b>180</b>	33			1	1	1		1	2	
2015	<b>55866</b>	Laparo radical prostatectomy	<b>21.36</b>	0.074	<b>442</b>	68	<b>180</b>	30			1		1		1	2	
2010	<b>43333</b>	Transab esoph hiat hern rpr	<b>21.46</b>	0.061	<b>512</b>	63	<b>180</b>	30		1	2	1	1			2	
2010	<b>43334</b>	Transthor diaphrag hern rpr	<b>22.12</b>	0.058	<b>549</b>	80	<b>180</b>	30		1	2	2	1			2	
2009	<b>25170</b>	Resect radius/ulnar tumor	<b>22.21</b>	0.073	<b>470</b>	60	<b>180</b>	30			1	1	1		1	2	1
	<b>15734</b>	Muscle flap, trunk	<b>23.00</b>	0.054	<b>596</b>	75	<b>180</b>	30		1	2	1	1		1	2	1
2009	<b>27646</b>	Resect fibula tumor	<b>23.21</b>	0.067	<b>540</b>	80	<b>180</b>	40			2	1	1		1	2	1
2009	<b>24150</b>	Resect distal humerus tumor	<b>23.46</b>	0.074	<b>502</b>	72	<b>180</b>	30			1	2	1		1	2	1
2009	<b>27364</b>	Resect thigh/knee tum 5 cm/>	<b>24.49</b>	0.071	<b>550</b>	80	<b>180</b>	30			2	2	1		1	2	1
2015	<b>54438</b>	Replantation of penis	<b>24.50</b>	0.071	<b>531</b>	58	<b>180</b>	28		1	2		1			4	
2012	<b>23473</b>	Revis reconst shoulder joint	<b>25.00</b>	0.085	<b>488</b>	75	<b>180</b>	30			1	2	1			3	1
2009	<b>43281</b>	Lap paraesophag hern repair	<b>26.60</b>	0.107	<b>424</b>	70	<b>180</b>	30			1	1	1			2	

Year	CPT	Descriptor	RVW	IWPU T	Total	PR E	INTRA	POST	91	33	32	31	38	39	14	13	12
2011	<b>32670</b>	Thoracoscopy bilobectomy	<b>28.52</b>	0.098	<b>532</b>	75	<b>180</b>	30		2	1	1	1			1	1
2011	<b>32671</b>	Thoracoscopy pneumonectomy	<b>31.92</b>	0.092	<b>602</b>	75	<b>180</b>	30	1	2	1	1	1			1	1
2014	<b>33418</b>	Repair tcat mitral valve	<b>32.25</b>	0.101	<b>561</b>	63	<b>180</b>	33	1		2			1	2		
2010	<b>33647</b>	Repair heart septum defects	<b>33.00</b>	0.096	<b>614</b>	63	<b>180</b>	53	1	2	1	1	1		1		
2010	<b>33315</b>	Exploratory heart surgery	<b>35.00</b>	0.106	<b>621</b>	63	<b>180</b>	60	1	2	1	1	1		1		
2010	<b>33030</b>	Partial removal of heart sac	<b>36.00</b>	0.075	<b>739</b>	63	<b>180</b>	45	2	2	2	1	1		1	1	
2010	<b>43415</b>	Repair esophagus wound	<b>44.88</b>	0.096	<b>842</b>	80	<b>180</b>	60	3	1	2	1	1		2	1	1

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15734

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty plastic surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 23,069 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. RUC database

Specialty plastic surgery	Frequency 11000	Percentage 47.68 %
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Specialty general surgery	Frequency 9100	Percentage 39.44 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 15734

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 15736	Tracking Number	Original Specialty Recommended RVU: <b>17.04</b>
		Presented Recommended RVU: <b>17.04</b>
Global Period: 090		RUC Recommended RVU: <b>17.04</b>
CPT Descriptor: Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient sustains an avulsion injury of the antecubital fossa resulting in a soft tissue defect exposing the brachial artery and median nerve. A pedicled muscle flap (eg, brachioradialis) is elevated and transposed to provide coverage of the defect.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 87% , In the ASC 13%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 5% , Overnight stay-less than 24 hours 45% , Overnight stay-more than 24 hours 50%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 42%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis. Write orders for preoperative medications. Review results of admission testing and imaging. Meet with patient and family to review planned procedure and postoperative management. Mark site and side of proposed skin incision and confirm with patient. Review and obtain informed consent with patient, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor and/or assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of extremities and head; adjust as needed. Place patient's arm on hand surgery table. Indicate areas of skin to be prepared. Prep and drape arm and hand. Scrub and gown. Apply a sterile tourniquet to the proximal arm. Mark surgical incisions on the arm. Perform surgical time out with operating surgical team. Elevate arm and exsanguinate. Inflate pneumatic tourniquet.

Description of Intra-Service Work: The traumatic defect in the antecubital fossa is debrided and irrigated. The defect is measured. An incision is made over the ipsilateral brachioradialis muscle. The incision is brought down to the level of the fascia which is divided exposing the muscle. The brachioradialis muscle is dissected radially and ulnarly proceeding distally where the distal tendon is divided. The superficial radial sensory nerve is first identified and carefully protected during the distal dissection. The muscle is then dissected proximally. During the dissection care is taken to identify the vascular pedicle coming from the recurrent radial artery. Secondary branches of the recurrent radial artery are divided to allow better mobilization. The nerve origin from the radial nerve is also identified and protected. The muscle is then transposed on the pedicle to cover the defect at the antecubital fossa and sutured in place. The tourniquet is deflated and the viability of the muscle is assessed. The flap is observed for any sign of congestion. If flap congestion is noted sutures are

removed/repositioned and the flap orientation is adjusted as needed. Drains are placed and sutured in position. The donor site fascia is sutured and the skin closed in layers. [Flap coverage is completed with an appropriate skin graft that is separately reported.]

#### Description of Post-Service Work:

Through discharge from recovery: A bulky dressing is applied to the entire arm from the hand to the axilla. A long arm plaster splint is applied. The patient's arm is monitored to be certain the flap is not ripped out of its bed should he/she forcefully extend the elbow during emergence from anesthesia. The patient is transferred from the operating table to gurney. Monitoring continues during the transport of patient from the OR to the recovery room. The postoperative recovery care is discussed with the anesthesia team and nursing staff. The nursing staff is instructed in the care of the drains and extremity. The postoperative laboratory results are reviewed. The procedure and outcome are discussed with family in waiting area. A brief operative note is written. Orders are written for the in-immediate postoperative care. The operative report is dictated, a copy of which is sent to the referring physician(s). The referring physician(s) is called. The patient is discharged from recovery room to surgical ward. Additional floor related postoperative orders are written and discussed with the surgical floor nursing staff.

Next day discharge management: The interval chart notes are reviewed. The superficial dressing is taken down. Care is taken to not disturb the non-adherent dressing covering the skin graft. The flap is accessed for viability and the wound for infection. The drain output is noted. The wound is redressed creating a small viewing port for postoperative flap observation. The extremity edema, circulation, sensation and motor function are assessed. Further discussions are held with the patient and family regarding diet, activity, bathing, arm positioning, care of the drain and dressings. Postoperative medication orders are written and discussed with the family. Medications are reconciled. All appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions are completed.

Office visits: The patient is seen within 24 hours of discharge to evaluate drain output and flap viability. The patient's comfort and adherence to the postoperative regimen is discussed. The extremity edema, circulation, sensation and motor function are assessed. The graft donor site is evaluated. The donor site dressing is changed or reinforced as needed. The drain anchor suture is located and removed along with the drain. The dressing is only disturbed enough to evaluate the flap viability via the previously created viewing port. The viewing port is covered. The splint is left in place. Pain is assessed and adjustments to medications are made as needed. The patient care plan is reviewed with the patient and family. Communication with the referring physician is completed. The medical record is completed.

At the second postoperative office visit, the patient's comfort and adherence to the postoperative regimen is discussed. The extremity edema, circulation, sensation and motor function are assessed. The splint is removed, but the arm is supported. The superficial dressing is removed. The viability of the flap is assessed. The wound is checked for any sign of infection. The non-stick dressing covering the skin graft is very carefully separated from the graft while protecting the graft with cotton swabs. A new non-stick dressing is applied to the flap. A new dressing is applied to the arm. A new splint is applied (separately reportable.) The donor site is evaluated and redressed. Pain is assessed and adjustments to medications are made as needed. The patient care plan is reviewed with the patient and family. Communication with the referring physician is completed. The medical record is completed.

At subsequent postoperative office visits, the patient's comfort and adherence to the postoperative regimen is discussed. The extremity edema, circulation, sensation and motor function are assessed. The splint is removed but the arm is supported. The superficial dressing is removed. The viability of the flap is assessed. The wound is checked for any sign of infection. The non-stick dressing covering the skin graft is very carefully separated from the graft while protecting the graft with cotton swabs. The stitches are removed, as appropriate. The arm is redressed as appropriate. The donor site dressing is removed. The donor site is assessed and redressed as appropriate. The patient and family are instructed in dressing changes. Occupational therapy is ordered to address elbow range of motion while protecting the flap. The progress in occupational therapy is assessed. Changes to the OT orders are written (full range of elbow motion, edema control.). The splint is adjusted or replaced as needed. (It will be worn between exercise periods.) Pain is assessed and adjustments to medications are made as needed. Orders are written for dressing supplies. The patient care plan is reviewed with the patient and family. Communication with the referring physician is completed. The medical record is completed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Mark Villa, MD; Anne Miller, MD				
<b>Specialty(s):</b>	ASPS, ASSH				
<b>CPT Code:</b>	15736				
<b>Sample Size:</b>	1400	<b>Resp N:</b>	46	<b>Response:</b> 3.2 %	
<b>Description of Sample:</b>	ASSH: random sample from the ASSH membership database ASPS: random sample from the ASPS membership database of self identified reconstructive plastic surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	<b>3.00</b>	8.00	30.00
<b>Survey RVW:</b>	14.40	16.59	<b>18.32</b>	20.00	35.00
<b>Pre-Service Evaluation Time:</b>			<b>58.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>20.00</b>		
<b>Intra-Service Time:</b>	90.00	120.00	<b>150.00</b>	158.00	300.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>125.00</b>	99211x 0.00	12x 1.00	13x 3.00	14x 1.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	15736	<b>Recommended Physician Work RVU: 17.04</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	12.00	3.00	9.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	150.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>19.00</u></b>	99238x <b>0.5</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>125.00</u></b>	99211x <b>0.00</b> 12x <b>1.00</b> 13x <b>3.00</b> 14x <b>1.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
24160	090	18.63	RUC Time

CPT Descriptor Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15731	090	14.38	RUC Time

CPT Descriptor Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
60500	090	15.60	RUC Time	14,522

CPT Descriptor 1 Parathyroidectomy or exploration of parathyroid(s);

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
58150	090	17.31	RUC Time	8411

CPT Descriptor 2 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 11      % of respondents: 23.9 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 13.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>15736</u></b>	<b>Top Key Reference CPT Code: <u>24160</u></b>	<b>2nd Key Reference CPT Code: <u>15731</u></b>
Median Pre-Service Time	72.00	72.00	75.00
Median Intra-Service Time	150.00	120.00	120.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	0.00
Median Discharge Day Management Time	19.0	38.00	19.00
Median Office Visit Time	125.0	85.00	125.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>396.00</b>	<b>405.00</b>	<b>369.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.45	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.36	0.67
Urgency of medical decision making	0.82	0.83

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.55	0.50
Physical effort required	0.45	0.50

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.55	0.00
Outcome depends on the skill and judgment of physician	0.45	0.00
Estimated risk of malpractice suit with poor outcome	0.09	-0.67

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.64	0.33
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Code 15734 was identified through a screen for services with Medicare utilization greater than 10,000 that include a 99214 in the global period. Code 15736 was added as a family code.

**Survey Process**

The previous survey in 1995 was conducted only by ASPS. For this current survey, both ASPS (plastic surgery) and ASSH (hand/upper extremity surgery) participated. A survey request was sent to a random selection of 1400 surgeons from the ASPS (reconstructive plastic surgeons) and ASSH (hand surgeons) membership database.

**Recommendation**

**We recommend maintaining the current work RVU of 17.04 for code 15736.** The intraoperative time has not changed and although the hospital visits have decreased, the office visits have increased in both number and level (ie, hospital work has been moved to the office setting). The total time and IWP/UT between the 1995 survey and the current survey are essentially the same, as further support to maintain the current value.

**Pre-time Package 4**

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 40/12/20.** An additional 9 minutes has been added for positioning (Assist in transfer of patient from gurney to operating table. Monitor and/or assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of extremities and head; adjust as needed. Place patient's arm on hand surgery table. Apply a sterile tourniquet to the proximal arm. Elevate arm and exsanguinate. Inflate pneumatic tourniquet.) A total positioning time of 12 minutes is consistent with many other recently reviewed upper extremity procedures, including: 23430, 24071, 24077, 24079, 24150, 24152, 24160, 24164, 24363, 24370, 24371, 25071, 25073, 25076, 25077, 25078, 25170, 26111, 26113, 26116, 26117, and 26118.

**Post-time Package 9b**

We recommend post-time package 9b (*General Anesthesia or Complex Regional Block/Complex Procedure*).

### Key Reference Service Comparison

KRS code 24160 has less intraoperative time, more hospital work, and less office work. Although the total time for 24160 is similar to 15736, the value for 24160 is greater than the recommendation for 15736 because the intraoperative intensity is greater.

KRS code 15731 is a smaller flap and has less intraoperative time than 15736. Patients undergoing 15731 will almost always go home the same day, whereas the patients undergoing 15736 will almost always stay overnight or be admitted for several days. This increases the post-operative work on the day of the procedure and the subsequent day for 15736 when compared with 15731. Given the CMS policy regarding "outpatient" coding, this nuance is lost because both codes will have 0.5 x 99238 in a data table even though the post-operative hospital work is greater for 15736. The recommended work RVU of 17.04 takes into account the difference in intraoperative time and difference in postoperative facility work.

### MPC Comparison

Survey code 15736 includes more intraoperative time than both MPC codes and post-operative work varies. The recommended work RVU of 17.04 correctly places 15736 between the MPC codes.

Year	CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	32	31	38	14	13	12
2010	<b>60500</b>	Explore parathyroid glands	<b>15.60</b>	0.086	313	72	120	40			0.5		2	1
	<b>15736</b>	Muscle flap, upper extremity	<b>17.04</b>	0.063	396	72	150	30			0.5	1	3	1
2005	<b>58150</b>	Total hysterectomy	<b>17.31</b>	0.071	394	60	120	30	1	3	1		2	

### Other Comparison Codes

The table below presents multi-specialty 90-day global outpatient procedures that have 120-180 minutes of intra-time and that have been reviewed by the RUC since 2008. This list of codes support the recommended work RVU of 17.04 for code 15736.

Year	CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	38	14	13	12
2010	<b>60240</b>	Thyroidectomy, total or complete	<b>15.04</b>	0.068	<b>327</b>	72	<b>150</b>	40	0.5		2	
2008	<b>54410</b>	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	<b>15.18</b>	0.075	<b>329</b>	65	<b>120</b>	40	0.5		3	1
2014	<b>58544</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	<b>15.60</b>	0.094	<b>271</b>	56	<b>120</b>	30	0.5		2	
2010	<b>60500</b>	Parathyroidectomy or exploration of parathyroid(s);	<b>15.60</b>	0.086	<b>313</b>	72	<b>120</b>	40	0.5		2	1
2011	<b>49655</b>	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	<b>16.84</b>	0.079	<b>344</b>	70	<b>150</b>	50	0.5		1	2
	<b>15736</b>	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	<b>17.04</b>	0.063	<b>396</b>	72	<b>150</b>	30	0.5	1	3	1
2011	<b>42415</b>	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	<b>17.16</b>	0.081	<b>333</b>	72	<b>150</b>	30	0.5		2	1
2014	<b>58572</b>	Laparoscopy, surgical, with total hysterectomy, for uterus > 250 g	<b>17.71</b>	0.112	<b>271</b>	56	<b>120</b>	30	0.5		2	
2008	<b>69930</b>	Cochlear device implantation, with or without mastoidectomy	<b>17.73</b>	0.067	<b>387</b>	95	<b>180</b>	30	0.5	1	1	
2015	<b>67113</b>	Repair of complex retinal detachment with vitrectomy and membrane peeling...	<b>19.00</b>	0.093	<b>348</b>	51	<b>120</b>	20	0.5		6	
2011	<b>42420</b>	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	<b>19.53</b>	0.078	<b>383</b>	72	<b>180</b>	50	0.5		2	1
2008	<b>61798</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	<b>19.85</b>	0.137	<b>225</b>	25	<b>120</b>	15	0.5		2	

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15736

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty plastic surgery                      How often? Sometimes

Specialty hand surgery                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,402

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty plastic surgery	Frequency 900	Percentage 64.19 %
Specialty hand surgery	Frequency 150	Percentage 10.69 %
Specialty	Frequency 0	Percentage 0.00 %



Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 15736

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 15738	Tracking Number	Original Specialty Recommended RVU: <b>21.58</b>
		Presented Recommended RVU: <b>21.58</b>
Global Period: 090		RUC Recommended RVU: <b>19.04</b>
CPT Descriptor: Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with a large defect of the mid portion of the lower leg with exposed bone that is too large to close with a complex repair or adjacent tissue transfer. A pedicled muscle flap (eg, medial soleus) is elevated and transposed to provide coverage of the defect.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 6% , Overnight stay-more than 24 hours 94%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 39%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis. Write orders for preoperative medications including beta blockers if indicated. Review results of admission testing and imaging. Meet with patient and family to review planned procedure and postoperative management. Mark site and side of proposed skin incision and confirm with patient. Review and obtain informed consent with patient, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor and/or assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of extremities and head; adjust as needed. Indicate areas of skin to be prepared. Prep and drape leg. Scrub and gown. Apply a sterile tourniquet on thigh. Mark surgical incisions on the leg. Perform surgical time out with operating surgical team. Elevate leg and exsanguinate. Inflate pneumatic tourniquet.

Description of Intra-Service Work: The traumatic defect in the mid-tibial region of the leg is irrigated and thoroughly debrided. An incision is made from the wound extended proximally and distally to allow harvesting of the medial soleus muscle as a flap. The plane between the superficial surface of the soleus muscle and the deep surface of the medial gastrocnemius muscle is identified and dissected. This dissection is carried to the midline raphe between the medial and lateral portions of the muscle, frequently using the lesser saphenous vein as a landmark to establish its location. This dissection is then performed proximally to the bone origin and distal to the Achilles tendon. The anterior border of the muscle is divided off the tibia and the dissection is carried proximally to free both the bony and fibrous origins of the soleus muscle, using caution to prevent damage to the popliteal vessels and tibial nerve, as well as the vascular pedicle of the muscle itself. The deep surface of the muscle is then dissected off of the posterior intermuscular septum using caution to avoid damage to the peroneal and posterior tibial vessels as well as the tibial nerve. The insertion of the muscle at the

Achilles tendon is carefully divided in order to preserve the gastrocnemius insertion into the Achilles tendon. The dissection continues up the midline of the bipartite muscle. The tourniquet is released and the viability of the flap is assessed. The flap is observed for any sign of congestion. Drains are placed and sutured in position. The muscle is sutured in place to provide coverage for the bone. If flap congestion is noted sutures are removed/repositioned and the flap orientation is adjusted as needed. The donor site fascia is sutured and the skin closed in layers. [Flap coverage is completed with an appropriate skin graft that is separately reported.]

#### Description of Post-Service Work:

Through discharge from recovery: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from the OR to the recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Instruct nursing staff in care of drains, tubes, and other devices. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Discharge patient from recovery room to surgical ward. Write patient-care orders and discuss floor care with nursing staff. Patient is seen again in the evening after surgery and flap viability is confirmed. Pain control reviewed.

Inpatient E/M visits: Review of interval chart notes. Talk with patient and family. Take down any necessary dressings. Evaluate flap for viability and wound for infection. Evaluate splint for pressure points. Assess drain output. Redress wound. Evaluate donor site. Evaluate neurovascular status of distal extremity. Assess pain score and order medications, as required. Continue prophylaxis for DVT. Assess need for beta blockers, order as required. Assess need for antibiotics, order as required. Write orders for patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing and/or other staff questions.

Discharge management: Review interval chart notes. Talk with patient and family. Take down dressings. Evaluate flaps for viability and wound for infection. Assess drain output. Redress wound. Assess extremity for edema, circulation, sensation and motor function. Assess need for beta blockers, order as required. Assess need for antibiotics, order as required. Discuss home restrictions (ie, diet, activity, bathing) and care of drain with patient and family members. Medications are reconciled and orders for discharge medications are written. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office visits: At first post-op visit typically within one week of surgery date, talk with patient and family. Evaluate general recovery and flap specific concerns. Assess pain score and order medications. Review pertinent pathology and/or cultures results. Take down dressings including splint. Evaluate flaps/skin graft for viability and wound for infection. Assess drain output and remove if appropriate. Evaluate skin graft donor site if present and replace dressing. Redress wounds/incisions. Assess pain score and order medications as required. Discuss changes to activity level. Evaluate lower extremity muscular function and neurovascular status. Evaluate edema/swelling of lower extremity. Review with patient and family all wound care orders and demonstrate appropriate care for incisions/skin graft. Communicate with both PCP and other involved physicians. Answer patient and family questions and reinforce instructions on wound care, activity, and bathing. Fill out FMLA/disability paperwork. Enter progress notes into medical record. Discuss progress with PCP/referring physicians.

At subsequent office visits, continue to evaluate patient recovery for both general and reconstruction specific concerns. Continue to monitor and manage wounds/incisions. Evaluate and remove drains (typically 2-4 drains overall) as appropriate. Remove sutures as indicated. Assess extremity for edema, circulation, sensation and motor function. Increase activity as tolerated and discuss rehabilitation needs with patient and family. Teach any new wound care instructions or changes in medications. Communicate with physical therapist on rehabilitation goals/next steps. Coordinate care with PCP and other involved physicians. Medical record is completed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Mark Villa, MD				
<b>Specialty(s):</b>	ASPS				
<b>CPT Code:</b>	15738				
<b>Sample Size:</b>	800	<b>Resp N:</b>	39	<b>Response:</b> 4.8 %	
<b>Description of Sample:</b>	random sample from the ASPS membership database of self identified reconstructive plastic surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	6.00	14.00	100.00
<b>Survey RVW:</b>	14.45	19.00	21.58	24.00	39.00
<b>Pre-Service Evaluation Time:</b>			70.00		
<b>Pre-Service Positioning Time:</b>			25.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	90.00	120.00	150.00	180.00	300.00
<b>Immediate Post Service-Time:</b>	<u>30.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>120.00</u>	99231x 2.00 99232x 2.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>108.00</u>	99211x 0.00 12x 1.00 13x 4.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	15738	<b>Recommended Physician Work RVU: 19.04</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	15.00	3.00	12.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	20.00	-5.00	
<b>Intra-Service Time:</b>	150.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>120.00</u>	99231x 2.00	99232x 2.00	99233x 0.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>108.00</u>	99211x 0.00	12x 1.00	13x 4.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
27364	090	24.49	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22905	090	21.58	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55866	090	21.36	RUC Time	13,196

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	63,820

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15      % of respondents: 38.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 23.0 %

#### TIME ESTIMATES (Median)

	CPT Code: <u>15738</u>	Top Key Reference CPT Code: <u>27364</u>	2nd Key Reference CPT Code: <u>22905</u>
Median Pre-Service Time	70.00	80.00	63.00
Median Intra-Service Time	150.00	180.00	150.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	120.0	120.00	80.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	108.0	102.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>516.00</b>	<b>550.00</b>	<b>463.00</b>
Other time if appropriate			

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.87	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.27	0.22
Urgency of medical decision making	0.47	0.33
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	1.13	1.22
Physical effort required	1.27	0.56

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.87	0.11
Outcome depends on the skill and judgment of physician	1.20	0.89
Estimated risk of malpractice suit with poor outcome	1.00	0.44

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.20	0.78
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Code 15734 was identified through a screen for services with Medicare utilization greater than 10,000 that include a 99214 in the global period. Code 15738 was added as a family code.

**Compelling Evidence**

*Flawed methodology –underestimation of work because previous survey did not require level of hospital or office visits.* Code 15738 was identified by CMS as undervalued during the first five-year review in 1995. The survey instrument in 1995 requested total hospital time and number of visits, but not level of visits (ie, there was no consideration given to level of post-operative work, that could affect valuation of work). When level of visits was necessary for the first five-year review of practice expense, a CMS contractor transformed the postoperative time into visit levels using an algorithm based on intra-service time. This resulted in all low level hospital and office visits being assigned to code 15738. The current survey indicates that the hospital and office visit work was underestimated and that increases in the value for E/M codes over the years was not correctly incorporated in the global code value for 15738. **We believe that this underestimation of postoperative visit work meets compelling evidence that 15738 may not be correctly valued.**

**Survey Process**

A survey request was sent to a random selection of 800 surgeons from the ASPS (reconstructive plastic surgeons) membership database.

**Recommendation**

**We recommend the survey median work RVU of 21.58 for code 15738.** This work RVU which is slightly greater than the current value accounts increased postoperative work changes when compared to previous data.

### Pre-time Package 4

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 40/15/20.** An additional 12 minutes has been added for positioning for a total of 15 minutes positioning time. The typical patient undergoing a medial soleus muscle flap can be positioned with the leg extended lateral or positioned prone, depending on the area of defect to be covered (ie, the medial soleus muscle is on the posterior leg). Repositioning may be necessary as the procedure progresses. In addition, these patients will require a significant amount of effort to transfer from the hospital bed to the OR bed because there is commonly a vacuum assisted dressing in place that will need to be taken down or, for patients with fractures, there may be external fixation that complicates positioning.

### Post-time Package 9b

We recommend post-time package 9b (*General Anesthesia or Complex Regional Block/Complex Procedure*), with a reduction of 3 minutes to be consistent with the survey median.

### Key Reference Service Comparison

KRS codes 27364 and 22905 represent significant intraoperative work and similar postoperative management. The recommended work RVU of 21.58 for code 15738 is supported by these codes.

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	32	31	38	14	13	12
<b>15738</b>	Muscle flap, lower extremity	<b>21.58</b>	0.064	516	70	150	30	2	2	1		4	1
<b>22905</b>	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	<b>21.58</b>	0.071	550	80	150	30	1	2	1	1	2	1
<b>27364</b>	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	<b>24.49</b>	0.078	463	63	180	30	2	2	1	1	2	1

### MPC Comparison

Survey code 15738 includes more postoperative hospital and office work than MPC code 55866 and significantly less work than MPC code 33533.

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	91	33	32	31	38	14	13	12
<b>55866</b>	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	<b>21.36</b>	0.074	442	68	180	30			1		1	1	2	
<b>15738</b>	Muscle flap, lower extremity	<b>21.58</b>	0.064	516	70	150	30			2	2	1		4	1
<b>33533</b>	Coronary artery bypass, using arterial graft(s); single arterial graft	<b>33.75</b>	0.096	682	95	158	40	1	3	1	1	1	1		1

### Other Comparison Codes

The table below presents RUC reviewed 90-day global inpatient procedures with work RVUs just above and below the recommended value for 15738. For some codes, the intraoperative work is greater and the postoperative work is less than 15738. For other codes, the intraoperative work is less and the postoperative work is greater than 15738. When considering total work and magnitude estimation, these codes support a work RVU of 21.58 for 15738.

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	33	32	31	38	14	13	12
<b>32673</b>	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	<b>21.13</b>	0.081	<b>447</b>	75	<b>150</b>	30	1	1	1	1		1	1
<b>35301</b>	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	<b>21.16</b>	0.104	<b>404</b>	75	<b>120</b>	30	1	1		1		2	
<b>35302</b>	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	<b>21.35</b>	0.096	<b>392</b>	75	<b>150</b>	30		1	1	1		1	1



CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	33	32	31	38	14	13	12
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	21.36	0.071	448	51	180	33		1	1	1	1	2	
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	21.36	0.074	442	68	180	30		1		1	1	2	
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	21.46	0.061	512	63	180	30	1	2	1	1		2	
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	21.53	0.087	512	95	105	40	1	3	1	1		1	1
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	21.55	0.064	496	63	180	30		2	1	1		3	1
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	21.58	0.064	516	70	150	30		2	2	1		4	1
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	21.58	0.078	463	63	150	30		1	2	1	1	2	1
35525	Bypass graft, with vein; brachial-brachial	21.69	0.093	415	91	150	30		1	1	1		2	
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	21.69	0.091	424	100	150	30		1	1	1		2	
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	22.00	0.090	435	72	140	20		1	2	1		3	1
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	22.13	0.089	448	75	140	30		1	2	1		3	1

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15738

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty plastic surgery                      How often? Sometimes

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,771

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty plastic surgery	Frequency 3800	Percentage 65.84 %
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 15738

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Muscle Flaps

TAB: 14

					RVW					Total	pre PKG	PRE			INTRA					POST-FACILITY						POST-OFFICE					SURVEY EXPERIENCE							
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX		
REF1	27364	Radical resection of tumor (eg, sarcoma)	14	0.071			24.49			550		40	20	20			180			30			2	2	1		1	2	1									
REF2	22905	Radical resection of tumor (eg, sarcoma)	12	0.078			21.58			463		40	3	20			150			30			1	2	1		1	2	1									
current	15734	Muscle, myocutaneous, or fasciocutaneous flap		0.050			19.86			524		30	15	15			163			30			1	1	1	1		1	2	2								
SVY	15734	Muscle, myocutaneous, or fasciocutaneous flap	41	0.051	16.00	21.58	23.00	24.75	32.00	616		60	15	20	90	160	180	210	500	30			1	2	1	1		1	2	2	0	4	8	15	40			
REC		Trunk		0.054			23.00			596	4	40	15	20			180			30	9b		1	2	1	1		1	2	2								
		Vignette 1 latissimus	26	0.050	####	####	####	####	####	629		73	15	20	90	156	180	233	500	30			1	2	1	1		1	2	2	0	5	10	19	40			
		Vignette 2 rectus abdominis	15	0.058	####	####	####	####	####	608		52	15	20	120	160	180	200	240	30			1	2	1	1		1	2	2	0	2	6	10	25			

					RVW					Total Time	pre PKG	PRE			INTRA					POST-FACILITY						POST-OFFIC					SURVEY EXPERIENCE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX			EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	24160	Removal of prosthesis, includes closure	11	0.082			18.63			405		40	12	20		120		30			1	1	1			3	1								
REF2	15731	Forehead flap with preservation of blood supply	6	0.056			14.38			369		50	10	15		120		30					0.5		1	3	1								
current	15736	Muscle, myocutaneous, or fasciocutaneous flap		0.062			17.04			400		60				150		30			3	1			1	2	1								
SVY	15736	Muscle, myocutaneous, or fasciocutaneous flap	46	0.065	14.40	16.59	18.32	20.00	35.00	436		58	15	20	90	120	150	158	300	30				1		1	3	1	0	1	3	8	30		
REC		Upper extremity		0.063			17.04			396	4	40	12	20		150		30	9b				0.5		1	3	1								

					RVW					Total	pre	PRE			INTRA					POST-FACILITY						POST-OFFIC					SURVEY EXPERIENCE					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	27364	Radical resection of tumor (eg, sarcoma)	15	0.071			24.49			550		40	20	20			180			30			2	2	1		1	2	1							
REF2	22905	Radical resection of tumor (eg, sarcoma)	9	0.078			21.58			463		40	3	20			150			30			1	2	1		1	2	1							
current	15738	Muscle, myocutaneous, or fasciocutaneous flap		0.060			19.04			460		60					150			30				6	1			1	2	1						
SVY	15738	Muscle, myocutaneous, or fasciocutaneous flap	39	0.058	14.45	19.00	21.58	24.00	39.00	556		70	25	15	90	120	150	180	300	30			2	2	1		4	1		0	4	6	14	100		
REC		Lower extremity		0.047			19.04			516	4	40	15	15			150			30	9b		2	2	1		4	1								

**Tab Number: 14**


**Issue: Muscle and Skin Graft**

**Code(s): 15734**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Charles Mabry, MD, FACS
<b>Specialty Society:</b>	American College of Surgeons
<b>Date:</b>	April 5, 2016

**Tab Number: 14**


**Issue: Muscle and Skin Graft**

**Code(s): 15736**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Anne Miller, MD
<b>Specialty Society:</b>	American Society for Surgery of the Hand
<b>Date:</b>	April 5, 2016

**Tab Number: 14**


**Issue: Muscle and Skin Graft**

**Code(s): 15732,15734,15736,15738**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Mark Villa, MD
<b>Specialty Society:</b>	American Society of Plastic Surgeons
<b>Date:</b>	April 5, 2016

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Facility Direct Inputs**

<b>15734</b>	Muscle, myocutaneous, or fasciocutaneous flap; trunk
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Global Period: 090      Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ACS and ASPS Advisors reviewed the current PE details for 15734. The societies agree that code 15734 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** N/A

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

Post-operative office visit time has been adjusted to match the current survey.

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

Supplies

The current practice expense details related to the postoperative office visits do not include the necessary supplies for caring for a drain and two wounds on the trunk (flap and donor site). The necessary items have been added to the spreadsheet.

Supply	Qty	
pack, post-op incision care (suture)	2	typically more than one drain and typically removed at different visits – and different from the visit where staples/sutures removed from wounds
pack, post-op incision care (suture & staple)	1	remove staples and sutures, flap and donor wounds
silver nitrate applicator	1	first visit, flap and donor wounds
gauze, sterile 4in x 4in (10 pack uou)	2	cleaning related to drain removal and flap and donor wounds
dressing, 3in x 4in (Telfa, Release)	4	dressing, flap and donor wounds
dressing, 5in x 9in (ABD-Combine)	2	to cover dressing, flap and donor wounds

Equipment

The surgical light has been changed to an exam light which is typical in a surgeon's exam room.

**5. Please describe in detail the clinical activities of your staff:**



Pre-Service Clinical Labor Activities:

Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient's family/caregiver regarding the procedure, after care, etc.

Intra-Service Clinical Labor Activities:

Staff will assist with coordination of care post-discharge, communicating with the patient's family/caregiver regarding questions about home care and follow-up.

Post-Service Clinical Labor Activities:

Clinical staff will assist at each office visit.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

<b>15734</b>	Muscle, myocutaneous, or fasciocutaneous flap; trunk
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Global Period: 090 Meeting Date: April 2016

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ACS and ASPS Advisors reviewed the current PE details for 15734. **The societies agree that code 15734 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.**
- 2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**
- 3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**
- 4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**
- 5. Please describe in detail the clinical activities of your staff:**

## AMA/Specialty Society Update Process Practice Expense Summary of Recommendation Facility Direct Inputs

<b>15736</b>	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
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Global Period: 090      Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ASSH and ASPS Advisors reviewed the current PE details for 15736. The societies agree that code 15736 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** N/A

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

Post-operative office visit time has been adjusted to match the current survey.

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

### Supplies

The current practice expense details related to the postoperative office visits do not include the necessary supplies for caring for a drain(s) and two wounds (flap and donor site). The necessary items have been added to the spreadsheet. Below is a list of items divided into each visit. Please note that activities at each visit may change based on wound healing. For example, sutures may not be removed until a later visit, depending on skin tension.

	Supply	QTY	
POV #1	kit, suture removal	1	remove drain
	bandage, Kerlix, sterile 4.5in	1	Flap
	gloves, sterile	1	Flap & donor site
	dressing, 5in x 9in (Xeroform)	2	Flap & donor site
	gauze, sterile 4in x 4in	6	Flap
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
	gauze, sterile 4in x 4in	6	Donor site
POV# 2	gloves, sterile	1	Flap & donor site
	applicator, cotton-tipped, sterile, 6in	6	Flap
	sodium chloride 0.9% inj (250-1000ml uou)	1	Flap
	underpad 2ft x 3ft (Chux)	1	flap

	Supply	QTY	
	dressing, 3in x 4in (Telfa, Release)	1	Flap
	bandage, Kerlix, sterile 4.5in	1	Flap
	dressing, 5in x 9in (Xeroform)	2	Flap & donor site
	bandage, elastic wrap 3in (Ace)	2	Flap
	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
POV# 3	gloves, sterile	1	Flap & donor site
	kit, suture removal	1	remove sutures
	applicator, cotton-tipped, sterile, 6in	6	Flap
	sodium chloride 0.9% inj (250-1000ml uou)	1	Flap
	underpad 2ft x 3ft (Chux)	1	flap
	dressing, 3in x 4in (Telfa, Release)	1	Flap
	bandage, Kerlix, sterile 4.5in	1	Flap
	bandage, elastic wrap 3in (Ace)	2	Flap
	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
POV# 4	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
	bandage, Kerlix, sterile 4.5in	1	Flap
	bandage, elastic wrap 3in (Ace)	2	Flap
POV #5+	no supplies		

### Equipment

The surgical light has been changed to an exam light which is typical in a surgeon's exam room.

### **5. Please describe in detail the clinical activities of your staff:**

#### Pre-Service Clinical Labor Activities:

Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient's family/caregiver regarding the procedure, after care, etc.

#### Intra-Service Clinical Labor Activities:

Staff will assist with coordination of care post-discharge, communicating with the patient's family/caregiver regarding questions about home care and follow-up.

#### Post-Service Clinical Labor Activities:

**CPT Code: 15736**  
**Specialty Society(s): ASSH, ASPS**

Clinical staff will assist at each office visit.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

<b>15736</b>	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
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Global Period: 090 Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ASSH and ASPS Advisors reviewed the current PE details for 15736. **The societies agree that code 15736 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.**

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

**5. Please describe in detail the clinical activities of your staff:**

## AMA/Specialty Society Update Process Practice Expense Summary of Recommendation Facility Direct Inputs

<b>15738</b>	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
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Global Period: 090      Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ASPS Advisors reviewed the current PE details for 15738 and agree that code 15738 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** N/A

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

Post-operative office visit time has been adjusted to match the current survey.

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

### Supplies

The current practice expense details related to the postoperative office visits do not include the necessary supplies for caring for a drain and two wounds (flap and donor site). The necessary items have been added to the spreadsheet. Below is a list of items divided into each visit.

	Supply	QTY	
POV #1	kit, suture removal	1	remove drain
	bandage, Kerlix, sterile 4.5in	2	Flap
	gloves, sterile	1	Flap & donor site
	dressing, 5in x 9in (Xeroform)	2	Flap & donor site
	bandage, elastic wrap 4in (Ace)	1	Flap
	bandage, elastic wrap 6in (Ace)	1	Flap
	gauze, sterile 4in x 4in	6	Flap
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
	gauze, sterile 4in x 4in	6	Donor site
POV# 2	gloves, sterile	1	Flap & donor site
	applicator, cotton-tipped, sterile, 6in	6	Flap

	Supply	QTY	
	sodium chloride 0.9% inj (250-1000ml uou)	1	Flap
	underpad 2ft x 3ft (Chux)	1	Flap
	dressing, 3in x 4in (Telfa, Release)	1	Flap
	bandage, Kerlix, sterile 4.5in	2	Flap
	dressing, 5in x 9in (Xeroform)	2	Flap & donor site
	bandage, elastic wrap 4in (Ace)	1	Flap
	bandage, elastic wrap 6in (Ace)	1	Flap
	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
POV# 3	gloves, sterile	1	Flap & donor site
	kit, suture removal	1	remove sutures
	applicator, cotton-tipped, sterile, 6in	6	Flap
	sodium chloride 0.9% inj (250-1000ml uou)	1	Flap
	underpad 2ft x 3ft (Chux)	1	Flap
	dressing, 3in x 4in (Telfa, Release)	1	Flap
	bandage, Kerlix, sterile 4.5in	2	Flap
	dressing, 5in x 9in (Xeroform)	2	Flap
	bandage, elastic wrap 4in (Ace)	1	Flap
	bandage, elastic wrap 6in (Ace)	1	Flap
	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
POV# 4	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
	bandage, Kerlix, sterile 4.5in	2	Flap
	bandage, elastic wrap 4in (Ace)	1	Flap
	bandage, elastic wrap 6in (Ace)	1	Flap
POV #5+	no supplies		

#### Equipment

The surgical light has been changed to an exam light which is typical in a surgeon's exam room.

#### **5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:



Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient's family/caregiver regarding the procedure, after care, etc.

Intra-Service Clinical Labor Activities:

Staff will assist with coordination of care post-discharge, communicating with the patient's family/caregiver regarding questions about home care and follow-up.

Post-Service Clinical Labor Activities:

Clinical staff will assist at each office visit.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

<b>15738</b>	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
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Global Period: 090 Meeting Date: April 2016

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ASPS Advisors reviewed the current PE details for 15738 **and agree that code 15738 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.**
- 2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**
- 3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**
- 4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**
- 5. Please describe in detail the clinical activities of your staff:**

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	please bold the item name and CMS code.			<b>15734 PEAC 01-2002</b>		<b>15734</b>	
3	<b>Meeting Date: April 2016</b> <b>Tab: 14</b> <b>Specialty: ASPS, ACS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; trunk		Muscle, myocutaneous, or fasciocutaneous flap; trunk	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>410</b>	<b>251</b>	<b>N/A</b>	<b>251</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>35</b>	<b>60</b>	<b>0</b>	<b>60</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>196</b>	<b>12</b>	<b>0</b>	<b>12</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>179</b>	<b>179</b>	<b>0</b>	<b>179</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	<b>5</b>	<b>5</b>		<b>5</b>
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	<b>10</b>	<b>20</b>		<b>20</b>
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		<b>8</b>		<b>8</b>
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>10</b>	<b>20</b>		<b>20</b>
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	<b>10</b>	<b>7</b>		<b>7</b>
17	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA				
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	<b>3</b>			
22	Obtain vital signs	L037D	RN/LPN/MTA	<b>3</b>			
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>4</b>			
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	<b>3</b>			
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
29	<b>Intra-service</b>						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	<b>163</b>			
32	<b>Post-Service</b>						
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	<b>5</b>			
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	<b>3</b>			
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	<b>2</b>			
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	<b>10</b>			
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	<b>n/a</b>	<b>12</b>	<b>n/a</b>	<b>12</b>
46	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	<b>please bold the item name and CMS code.</b>			<b>15734 PEAC 01-2002</b>		<b>15734</b>	
3	<b>Meeting Date: April 2016 Tab: 14 Specialty: ASPS, ACS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; trunk		Muscle, myocutaneous, or fasciocutaneous flap; trunk	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
47	<b>POST-SERVICE Period</b>						
48	<b>Start: Patient leaves office/facility</b>						
50	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
51	99211 16 minutes		16				
52	99212 27 minutes		27	<b>2</b>	<b>2</b>		<b>2</b>
53	99213 36 minutes		36	<b>2</b>	<b>2</b>		<b>2</b>
54	99214 53 minutes		53	<b>1</b>	<b>1</b>		<b>1</b>
55	99215 63 minutes		63				
56	<b>Total Office Visit Time</b>			<b>179</b>	<b>179</b>	<b>0</b>	<b>179</b>
58	<b>End: with last office visit before end of global period</b>						
59	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
60	pack, minimum multi-specialty visit	SA048	pack	<b>6</b>	<b>5</b>		<b>5</b>
61	pack, post-op incision care (suture)	SA054	pack				<b>2</b>
62	pack, post-op incision care (suture & staple)	SA053	pack				<b>1</b>
63	silver nitrate applicator	SJ046	item	<b>2</b>			<b>1</b>
64	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	<b>2</b>	<b>4</b>		<b>2</b>
65	dressing, 3in x 4in (Telfa, Release)	SG035	item	<b>1</b>	<b>4</b>		<b>4</b>
66	dressing, 5in x 9in (ABD-Combine)	SG039	item				<b>2</b>
67	kit, suture removal	SA031	kit	<b>1</b>	<b>1</b>		
68	gloves, sterile	SB024	pair	<b>2</b>			
69	povidone soln (Betadine)	SJ041	ml	<b>10</b>			
70	bacitracin oint (15gm uou)	SJ008	item	<b>1</b>			
71	steri-strip (6 strip uou)	SG074	item	<b>2</b>			
72	tape, surgical paper 1in (Micropore)	SG079	inch	<b>24</b>			
73	dressing, 12-7mm (Gelfoam)	SG033	item	<b>1</b>			
74	hydrogen peroxide	SJ028	ml	<b>20</b>			
75	povidone soln (Betadine)	SJ041	ml	<b>10</b>			
76	bandage, Kling, non-sterile 2in	SG017	item	<b>2</b>	<b>4</b>		
77	gown, staff, impervious	SB027	item	<b>1</b>			
78	mask, surgical	SB033	item	<b>2</b>			
79	drape, sterile barrier 16in x 29in	SB007	item	<b>1</b>			
80	drape, sterile, fenestrated 16in x 29in	SB011	item	<b>1</b>			
81	syringe-needle 3ml 22-26g	SC064	item	<b>3</b>			
82	swab-pad, alcohol	SJ053	item	<b>2</b>			
83	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	<b>20</b>			
84	cautery, monopolar, electrode, needle	SF018	item	<b>1</b>			
85	scalpel with blade, surgical (#10-20)	SF033	item	<b>1</b>			
86	tray, suturing	SA069	tray	<b>1</b>			
87	suture, nylon, 3-0 to 6-0, c	SF036	item	<b>2</b>			
88	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	<b>1</b>			
89	<b>EQUIPMENT</b>	<b>CODE</b>					
90	table, power	EF031		<b>375</b>	<b>179</b>		<b>179</b>
91	light, exam	EQ168					<b>179</b>
92	light, surgical	EF014		<b>375</b>	<b>179</b>		
93	camera, digital system, 12 megapixel (medical grade)	ED005		<b>30</b>	<b>25</b>		
94	PACS Workstation Proxy	ED050		<b>196</b>			
95	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		<b>196</b>			
96	electrocautery-hyfreicator, up to 45 watts	EQ110		<b>196</b>			

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	please bold the item name and CMS code.			<b>15736 PEAC 01-2002</b>		<b>15736</b>	
3	<b>Meeting Date: April 2016 Tab: 14 Specialty: ASPS, ASSH</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>324</b>	<b>172</b>	<b>N/A</b>	<b>254</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>35</b>	<b>60</b>	<b>0</b>	<b>60</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>183</b>	<b>6</b>	<b>0</b>	<b>6</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>106</b>	<b>106</b>	<b>0</b>	<b>188</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	<b>5</b>	<b>5</b>		<b>5</b>
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	<b>10</b>	<b>20</b>		<b>20</b>
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		<b>8</b>		<b>8</b>
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>10</b>	<b>20</b>		<b>20</b>
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	<b>10</b>	<b>7</b>		<b>7</b>
17	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA				
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	<b>3</b>			
22	Obtain vital signs	L037D	RN/LPN/MTA	<b>3</b>			
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>4</b>			
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	<b>3</b>			
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	Other Clinical Activity - <i>specify:</i>						
29	<b>Intra-service</b>						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	<b>150</b>			
31	Assist physician/moderate sedation (% of physician time)						
32	<b>Post-Service</b>						
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	<b>5</b>			
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	<b>3</b>			
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	<b>2</b>			
40	Review/read X-ray, lab, and pathology reports						
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	<b>10</b>			
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	<b>n/a</b>	<b>6</b>	<b>n/a</b>	<b>6</b>
46	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	please bold the item name and CMS code.			<b>15736 PEAC 01-2002</b>		<b>15736</b>	
3	Meeting Date: April 2016 Tab: 14 Specialty: ASPS, ASSH	CMS Code	Staff Type	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
47	<b>POST-SERVICE Period</b>						
48	Start: Patient leaves office/facility						
50	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
51	99211 16 minutes		16	1	1		
52	99212 27 minutes		27	2	2		1
53	99213 36 minutes		36	1	1		3
54	99214 53 minutes		53				1
55	99215 63 minutes		63				
56	Total Office Visit Time	L037D	RN/LPN/MTA	106	106	0	188
58	End: with last office visit before end of global period						
59	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
60	pack, minimum multi-specialty visit	SA048	pack	5	4		5
61	kit, suture removal	SA031	kit	1	1		2
62	gloves, sterile	SB024	pair	2			3
63	applicator, cotton-tipped, sterile, 6in	SG081	item				12
64	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item				2
65	underpad 2ft x 3ft (Chux)	SB044	item				2
66	bandage, elastic wrap 3in (Ace)	SG011	item				6
67	gauze, sterile 4in x 4in	SG055	item				30
68	bandage, Kerlix, sterile 4.5in	SG016	item				4
69	dressing, 5in x 9in (Xeroform)	SG041	item				4
70	dressing, 3in x 4in (Telfa, Release)	SG035	item	1	4		2
71	tape, surgical paper 1in (Micropore)	SG079	inch	24			192
72	bandage, Kling, non-sterile 2in	SG017	item	2	4		
73	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	2	4		
74	dressing, 12-7mm (Gelfoam)	SG033	item	1			
75	tray, suturing	SA069	tray	1			
76	drape, sterile barrier 16in x 29in	SB007	item	1			
77	drape, sterile, fenestrated 16in x 29in	SB011	item	1			
78	gown, staff, impervious	SB027	item	1			
79	mask, surgical	SB033	item	2			
80	syringe-needle 3ml 22-26g	SC064	item	3			
81	cautery, monopolar, electrode, needle	SF018	item	1			
82	scalpel with blade, surgical (#10-20)	SF033	item	1			
83	suture, nylon, 3-0 to 6-0, c	SF036	item	2			
84	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	1			
85	steri-strip (6 strip uou)	SG074	item	2			
86	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	20			
87	bacitracin oint (15gm uou)	SJ008	item	1			
88	hydrogen peroxide	SJ028	ml	20			
89	povidone soln (Betadine)	SJ041	ml	10			
90	silver nitrate applicator	SJ046	item	2			
91	swab-pad, alcohol	SJ053	item	2			
92	<b>EQUIPMENT</b>	<b>CODE</b>					
93	table, power	EF031		289	106		188
94	light, exam	EQ168					188
95	light, surgical	EF014		289	106		
96	camera, digital system, 12 megapixel (medical grade)	ED005		25	20		
97	PACS Workstation Proxy	ED050		183			
98	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		183			
99	electrocautery-hyfreacator, up to 45 watts	EQ110		183			



	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	please bold the item name and CMS code.			<b>15738 PEAC 01-2002</b>		<b>15738</b>	
3	Meeting Date: April 2016 Tab: 14 Specialty: ASPS	CMS Code	Staff Type	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	324	178	N/A	243
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	35	60	0	60
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	183	12	0	12
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	106	106	0	171
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	10	20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	10	20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	10	7		7
17	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA				
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3			
22	Obtain vital signs	L037D	RN/LPN/MTA	3			
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	4			
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	3			
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	Other Clinical Activity - <i>specify:</i>						
29	<b>Intra-service</b>						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	150			
32	<b>Post-Service</b>						
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	5			
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3			
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2			
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	10			
42	Other Clinical Activity - <i>specify:</i>						
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	n/a		n/a	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12
46	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	<b>please bold the item name and CMS code.</b>			<b>15738 PEAC 01-2002</b>		<b>15738</b>	
3	<b>Meeting Date: April 2016 Tab: 14 Specialty: ASPS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
47	<b>POST-SERVICE Period</b>						
48	<b>Start: Patient leaves office/facility</b>						
50	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
51	99211 16 minutes		16	<b>1</b>	<b>1</b>		
52	99212 27 minutes		27	<b>2</b>	<b>2</b>		<b>1</b>
53	99213 36 minutes		36	<b>1</b>	<b>1</b>		<b>4</b>
54	99214 53 minutes		53				
55	99215 63 minutes		63				
56	<b>Total Office Visit Time</b>			<b>106</b>	<b>106</b>	<b>0</b>	<b>171</b>
58	<b>End: with last office visit before end of global period</b>						
59	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
60	pack, minimum multi-specialty visit	SA048	pack	<b>5</b>	<b>4</b>		<b>5</b>
61	kit, suture removal	SA031	kit	<b>1</b>	<b>1</b>		<b>2</b>
62	gloves, sterile	SB024	pair	<b>2</b>			<b>3</b>
63	applicator, cotton-tipped, sterile, 6in	SG081	item				<b>12</b>
64	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item				<b>2</b>
65	underpad 2ft x 3ft (Chux)	SB044	item				<b>2</b>
66	bandage, elastic wrap 4in (Ace)	SG012	item				<b>4</b>
67	bandage, elastic wrap 6in (Ace)	SG013	item				<b>4</b>
68	gauze, sterile 4in x 4in	SG055	item				<b>30</b>
69	bandage, Kerlix, sterile 4.5in	SG016	item				<b>8</b>
70	dressing, 5in x 9in (Xeroform)	SG041	item				<b>6</b>
71	dressing, 3in x 4in (Telfa, Release)	SG035	item	<b>1</b>	<b>4</b>		<b>2</b>
72	tape, surgical paper 1in (Micropore)	SG079	inch	<b>24</b>			<b>192</b>
73	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	<b>2</b>	<b>4</b>		
74	dressing, 12-7mm (Gelfoam)	SG033	item	<b>1</b>			
75	steri-strip (6 strip uou)	SG074	item	<b>2</b>			
76	hydrogen peroxide	SJ028	ml	<b>20</b>			
77	povidone soln (Betadine)	SJ041	ml	<b>10</b>			
78	bacitracin oint (15gm uou)	SJ008	item	<b>1</b>			
79	bandage, Kling, non-sterile 2in	SG017	item	<b>2</b>			
80	gown, staff, impervious	SB027	item	<b>1</b>			
81	mask, surgical	SB033	item	<b>2</b>			
82	drape, sterile barrier 16in x 29in	SB007	item	<b>1</b>			
83	drape, sterile, fenestrated 16in x 29in	SB011	item	<b>1</b>			
84	syringe-needle 3ml 22-26g	SC064	item	<b>3</b>			
85	swab-pad, alcohol	SJ053	item	<b>2</b>			
86	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	<b>20</b>			
87	cautery, monopolar, electrode, needle	SF018	item	<b>1</b>			
88	silver nitrate applicator	SJ046	item	<b>2</b>			
89	scalpel with blade, surgical (#10-20)	SF033	item	<b>1</b>			
90	tray, suturing	SA069	tray	<b>1</b>			
91	suture, nylon, 3-0 to 6-0, c	SF036	item	<b>2</b>			
92	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	<b>1</b>			
93	<b>EQUIPMENT</b>	<b>CODE</b>					
94	table, power	EF031		<b>289</b>	<b>106</b>		<b>171</b>
95	light, exam	EQ168					<b>171</b>
96	light, surgical	EF014		<b>289</b>	<b>106</b>		
97	camera, digital system, 12 megapixel (medical grade)	ED005		<b>25</b>	<b>20</b>		
98	PACS Workstation Proxy	ED050		<b>183</b>			
99	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		<b>183</b>			
100	electrocautery-hyfreacator, up to 45 watts	EQ110		<b>183</b>			



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS High Expenditure Procedures Screen*

January 2017

**Bone Marrow Aspiration**

At the September 2016 CPT Editorial Panel meeting a new Category I add-on code (20939) was approved for aspiration of bone marrow for spine autograft procedures as reflected in the literature submitted to CPT. Previously, CPT code 38220 *Bone marrow aspiration* was used to report this. CPT code 38220 was redefined to reflect only bone marrow aspiration for diagnostic purposes. CPT code 38220 had been incorrectly reported because the old code descriptor did not state "diagnostic" aspiration. The CPT Editorial Panel revised the descriptor to more clearly indicate the intent of CPT code 38220. The newly developed CPT code 20939 was valued at the January RUC meeting. This code will only be utilized for spine surgery procedures conducted by orthopedic surgeons and neurosurgeons doing spine autograft procedures.

***20939 Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 80 physicians and agreed with the following physician time component: intra-service time of 15 minutes. The RUC reviewed the 25<sup>th</sup> percentile work RVU of 1.16 and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 1.16, the RUC referenced CPT code 64491 *Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)* (work RVU=1.16, intra-service time of 15 minutes, total time of 15 minutes) and noted that both services have identical intra-services times, total times and intensities, and therefore should be valued similarly. The RUC also reviewed CPT code 64636 *Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)* (work RVU=1.16, intra-service time of 15 minutes, total time of 15 minutes) and noted that both services have identical intra-service times, total times, and intensity, further supporting a work RVU of 1.16 for the survey code. **The RUC recommends a work RVU of 1.16 for CPT code 20939.**

**Affirmation of RUC Recommendations**

**The RUC affirmed the recent RUC recommendations for CPT codes 38220, 38221 and 38222 previously submitted after review in this coding cycle. The relativity within the family remains correct.**

**Practice Expense**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

There are no direct expense inputs for CPT code 20939. This service is facility-only and does not require any clinical staff pre-service time.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Musculoskeletal System</b>				
<b>General Excision</b>				
20150		<i>Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision</i> (For aspiration of bone marrow, use 38220)		
20220		<i>Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)</i>		
20225		<i>deep (eg, vertebral body, femur)</i> (Do not report 20225 in conjunction with 22510, 22511, 22512, 22513, 22514, 22515, 0200T, 0201T, when performed at the same level) (For bone marrow biopsy(ies) and/or aspiration(s), use see 38220, 38221, 382X3) (For radiologic supervision and interpretation, see 77002, 77012, 77021)		
<b>Grafts (Or Implants)</b>				
Codes for obtaining autogenous bone, cartilage, tendon, fascia lata grafts, <u>bone marrow</u> or other tissues through separate skin/fascial incisions should be reported separately unless the code descriptor references the harvesting of the graft or implant (eg, includes obtaining graft).				
+ 20936		<i>Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)</i>		
+20938		<i>structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)</i> (Use 20938 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812) (For needle aspiration of bone marrow for the purpose of bone grafting, use 38220. Do not report 38220-38230 for bone marrow aspiration for platelet rich stem cell injection. For bone marrow aspiration for platelet rich stem cell injection, use 0232T)		

(For aspiration of bone marrow for the purpose of bone grafting, other than spine surgery and other therapeutic musculoskeletal applications, use 20999)

(For aspiration of bone marrow for bone grafting, spine surgery only, use 20939)

(For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T)

●+20939	Q1	<p>Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)</p> <p><u>(Use 20939 in conjunction with 22319, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812)</u></p> <p><u>(For bilateral procedure, use 20939 with modifier 50)</u></p> <p><u>(For diagnostic bone marrow aspiration(s), see 38220, 382X3)</u></p> <p><u>(For aspiration of bone marrow for the purpose of bone grafting other than spine surgery and other therapeutic musculoskeletal applications, use 20999)</u></p> <p><u>(For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T)</u></p>	ZZZ	1.16
<b>Surgery</b> <b>Hemic and Lymphatic Systems</b> <b>General</b> <b>Bone Marrow or Stem Cell Services/Procedures</b>				

D G0364	-	<del>Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service</del>	<del>ZZZ</del>	0.16
▲ 38220	-	<u>Diagnostic bone marrow; aspiration(s) only</u> <del>(For needle aspiration of bone marrow for the purposes of bone grafting, use 38220)</del> <u>(Do not report 38220 in conjunction with 38221)</u> <u>(For diagnostic bone marrow biopsy(ies) and aspiration(s) performed at the same session, use 382X3)</u> <del>(Do not report 38220-38230 for bone marrow aspiration for platelet rich stem cell injection or for therapeutic musculoskeletal applications. For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T.</del> <u>(For aspiration of bone marrow for bone graft, spine surgery only, use 20939)</u> <u>(For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T)</u>	000 <del>XXX</del>	1.20  (Affirmed May 2016 Recommendation for CPT 2018)
▲ 38221	-	<u>biopsy(ies); needle or trocar</u> <u>(Do not report 38221 in conjunction with 38220)</u>	000 <del>XXX</del>	1.28  (Affirmed May 2016 Recommendation for CPT

		(For diagnostic bone marrow biopsy(ies) and aspiration(s) performed at the same session, use 382X3) (For bone marrow biopsy interpretation, use 88305)		2018)
●382X3	-	<u>biopsy(ies) and aspiration(s)</u> (Do not report 382X3 in conjunction with 38220 and 38221) (For bilateral procedure, report 38220, 38221, 382X3 with modifier 50) (For bone marrow biopsy interpretation, use 88305)	000 <del>XXX</del>	1.44  (Affirmed May 2016 Recommendation for CPT 2018)
<p>38230                      <i>Bone marrow harvesting for transplantation; allogeneic</i>  38232                      <i>autologous</i>  (For autologous and allogeneic blood-derived peripheral stem cell harvesting for transplantation, see 38205, 38206)  (For <u>diagnostic</u> bone marrow aspiration(s), <del>see use</del> 38220, 382X3)  (For aspiration of bone marrow for bone graft, spine surgery only, use 20939)  (For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T)</p> <p><b>Surgery</b>  <b>Hemic and Lymphatic Systems</b>  <b>Transplantation and Post-Transplantation Cellular Infusions</b></p> <p>38242                      <i>Allogeneic lymphocyte infusions</i>  (For <u>diagnostic</u> bone marrow aspiration(s), <del>see use</del> 38220, 382X3)  (For aspiration of bone marrow for bone graft, spine surgery only, use 20939)  (For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T)</p>				

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:20939      Tracking Number   Q1

Original Specialty Recommended RVU: **1.16**Presented Recommended RVU: **1.16**

Global Period: ZZZ

RUC Recommended RVU: **1.16**

CPT Descriptor: Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision  
(List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 50-year-old male undergoes a posterior cervical fusion of C5-C6 for degenerative disease. A posterior stab incision is made over the right iliac crest and a trephine needle placed into the bone. A syringe is used to aspirate 30cc of bone marrow to mix with allograft. (Code 20939 is an add-on code that represents the additional work for harvesting of bone marrow aspirate. Arthrodesis and/or instrumentation would be reported separately using the appropriate code[s])

Percentage of Survey Respondents who found Vignette to be Typical: 86%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: Prior to surgery, the surgeon will discuss with the patient and obtain consent for the the separate incision and bone marrow aspiration. At surgery, the area of the separate skin or fascial incision is prepped and draped (eg, iliac crest). A stab incision is made and a trephine needle is placed into the bone marrow space. A syringe is used to aspirate 30cc of bone marrow. The trephine needle is then removed. A suture is placed to close the stab incision and a dressing is placed. After surgery, the additional bone marrow aspiration procedure is documented as part of the primary procedure operative note.

Description of Post-Service Work: n/a

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Alexander Mason, MD; John Ratliff, MD; Clemens Schirmer, MD; William Creevy, MD; John Heiner, MD; Karin Swartz, MD; Charles Mick, MD; Morgan Lorio, MD				
<b>Specialty(s):</b>	neurosurgery, orthopaedic surgery (AANS/CNS, NASS, AAOS, ISASS)				
<b>CPT Code:</b>	20939				
<b>Sample Size:</b>	1599	<b>Resp N:</b>	80	<b>Response:</b> 5.0 %	
<b>Description of Sample:</b>	random selection from email roster of each society				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	5.00	25.00	800.00
<b>Survey RVW:</b>	0.50	1.16	1.32	2.03	3.47
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	7.00	12.00	15.00	30.00	40.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	20939	<b>Recommended Physician Work RVU: 1.16</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
64491	<u>ZZZ</u>	1.16	<u>RUC Time</u>

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
11047	<u>ZZZ</u>	1.80	<u>RUC Time</u>

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

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	<u>ZZZ</u>	1.00	<u>RUC Time</u>	467,888

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	<u>ZZZ</u>	1.20	<u>RUC Time</u>	24,514

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 40      % of respondents: 50.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 8.7 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>20939</u>	Top Key Reference CPT Code: <u>64491</u>	2nd Key Reference CPT Code: <u>11047</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	15.00	30.00
Median Immediate Post-service Time	0.00	0.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>15.00</b>	<b>15.00</b>	<b>31.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.13	0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.05	0.00
Urgency of medical decision making	0.00	-0.43
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.33	0.71
Physical effort required	0.55	0.71

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.38	0.57
Outcome depends on the skill and judgment of physician	0.18	0.29
Estimated risk of malpractice suit with poor outcome	0.15	0.86

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.28	0.43
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

At the September 2016 CPT Editorial Panel meeting a new Category I add-on code (20939) was approved for aspiration of bone marrow for spine autograft procedures as reflected in the literature submitted to CPT. In addition, the Panel drafted parenthetical guidance to direct the use of code 20999 for non-spine therapeutic musculoskeletal procedures.

**Survey Process**

The AANS/CNS, NASS, AAOS, and ISASS surveyed a random selection of each society's membership and received 80 responses.

**Recommendation**

We recommend 1.16 work RVUs (the survey 25<sup>th</sup> percentile) for new code 20939.

**Key Reference Code Comparison**

CPT	Long Descriptor	RVW	IWP/UT	Total time
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	1.16	0.077	15
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	1.16	0.077	15
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1.80	0.059	31

**MPC Code Comparison**

CPT	Long Descriptor	RVW	IWP/UT	Total time
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in	1.00	0.100	10

	addition to code for primary procedure)			
<b>20939</b>	<b>Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)</b>	<b>1.16</b>	<b>0.077</b>	<b>15</b>
<b>64480</b>	<b>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)</b>	<b>1.20</b>	<b>0.080</b>	<b>15</b>

### Other Comparison Codes with a ZZZ global

CPT	Long Descriptor	RVW	IWPUT	Total time
<b>64462</b>	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	<b>1.10</b>	0.073	15
<b>64491</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	<b>1.16</b>	0.077	15
<b>64492</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	<b>1.16</b>	0.077	15
<b>20939</b>	<b>Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)</b>	<b>1.16</b>	<b>0.077</b>	<b>15</b>
<b>64636</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	<b>1.16</b>	0.077	15
<b>64480</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	<b>1.20</b>	0.080	15
<b>61517</b>	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	<b>1.38</b>	0.092	15
<b>16036</b>	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	<b>1.50</b>	0.075	20
<b>20931</b>	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	<b>1.81</b>	0.091	20

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 20939 in conjunction with 22319, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812)

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

Code 38220 had been incorrectly reported for this procedure because the old code descriptor for 38220 did not state "diagnostic" aspiration. The CPT Editorial Panel recently revised/corrected the descriptor to more clearly indicate the intent of code 38220.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery                      How often? Sometimes

Specialty orthopaedic surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

15,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. specialty estimate

Specialty neurosurgery	Frequency 7500	Percentage 50.00 %
------------------------	----------------	--------------------

Specialty orthopaedic surgery	Frequency 7500	Percentage 50.00 %
-------------------------------	----------------	--------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 20931

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	20939	<b># of Respondents:</b>	80
<b>Survey Code Descriptor:</b>	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	64491	<b># of Respondents:</b>	40	<b>% of Respondents:</b>	50%
<b>Top Ref Code Descriptor:</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)				

Overall Intensity and Complexity:		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		3%	10%	48%	38%	3%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 18%	Identical 55%	More 28%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 30%	Identical 45%	More 25%		
	Urgency of medical decision making	Less 18%	Identical 63%	More 20%		
<b>Technical Skill:</b>		Less 10%	Identical 53%	More 38%		
<b>Physical Effort:</b>		Less 10%	Identical 33%	More 58%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 20%	Identical 30%	More 50%		
	Outcome depends on the skill and judgment of physician	Less 13%	Identical 63%	More 25%		
	Estimated risk of malpractice suite with poor outcome	Less 25%	Identical 43%	More 33%		

ISSUE: Bone Marrow Aspiration and Biopsy

TAB: 6

Global	Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical							MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
XXX		REF 1	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.	28	0.047	2.11					55	5	35					15					
XXX		REF 2	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making	19	0.047	1.39					40	10	20					10					
XXX		CMS/Other	38220	Bone marrow; aspiration only		n/a			1.08			34												
78%		SVY Total	▲38220	Diagnostic bone marrow; aspiration(s)	121	0.055	0.20	1.20	1.70	2.50	30.00	47	15	7	15	20	30	60	12	0	4	10	25	800
		REC	▲38220	Diagnostic bone marrow; aspiration(s)		0.030	1.20					47	15			20			12					

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						EVAL	MIN	25th	MED	75th		MAX	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
XXX	REF 1	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians; other	27	0.047	2.11					55	5	35					15					
XXX	REF 2	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making	15	0.047	1.39					40	10	20					10					
XXX	CMS/Other	38221	Bone marrow; biopsy, needle or trocar		n/a			1.37			43												
83%	SVY Total	▲ 38221	Diagnostic bone marrow; biopsy(ies)	120	0.056	0.20	1.20	1.80	2.52	45.00	50	15	5	15	20	30	60	15	0	4	10	27	500
	REC	▲ 38221	Diagnostic bone marrow; biopsy(ies)		0.030	1.28					50	15			20			15					

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD POST	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
XXX	REF 1	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.	27	0.047	2.11					55	5	35					15					
XXX	REF 2	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or	16	0.048	2.56					69	14	40					15					
XXX	CMS/Other	38221	Diagnostic bone marrow; biopsy(ies) and aspiration(s)		n/a			1.37			43												
ZZZ	CMS/Other	G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service		0.032			0.16			5				5								
92%	SVY Total	●382X3	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	120	0.055	0.25	1.50	2.32	3.00	60.00	60	15	5	20	30	35	120	15	0	10	25	50	500
	REC	●382X3	Diagnostic bone marrow; biopsy(ies) and aspiration(s)		0.026	1.44					60	15			30			15					

ISSUE: Bone Marrow Aspiration

TAB: 6

					RVW				Total	PRE	INTRA				POS	SURVEY EXPERIENCE						
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX
KRS1	64491	Injection(s), diagnostic or therapeutic	40	0.077			1.16			15	0			15			0					
KRS2	11047	Debridement, bone (includes epiderm	7	0.059			1.80			31	0			30			1					
CURRENT	NEW			N/A						0												
SVY	20939	Bone marrow aspiration for bone graf	80	0.088	0.50	1.16	1.32	2.03	3.47	15	0	7	12	15	30	40	0	0	1	5	25	800
REC	20939	25th percentile		0.077			1.16			15	0			15			0					



**Tab Number: 6**


**Issue: Bone Marrow Aspiration**

**Code(s): 2093X**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	John Ratliff, MD
<b>Specialty Society:</b>	AANS
<b>Date:</b>	December 13, 2016

**Tab Number: 6**


**Issue: Bone Marrow Aspiration**

**Code(s): 2093X**

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<b>Signature:</b>	
<b>Print Name:</b>	William Creevy, MD
<b>Specialty Society:</b>	AAOS
<b>Date:</b>	December 13, 2016

**Tab Number: 6**

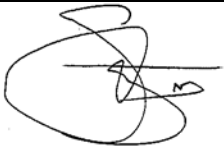
**Issue: Bone Marrow Aspiration**

**Code(s): 2093X**

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<b>Signature:</b>	
<b>Print Name:</b>	Karin Swartz, MD
<b>Specialty Society:</b>	NASS
<b>Date:</b>	December 13, 2016

**Tab Number: 6**


**Issue: Bone Marrow Aspiration**

**Code(s): 2093X**

**Attestation Statement**

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<b>Signature:</b>	
<b>Print Name:</b>	Morgan P. Lorio, MD, FACS
<b>Specialty Society:</b>	ISASS
<b>Date:</b>	December 13, 2016

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

**\*\* Facility only add-on code – no PE inputs recommended \*\***

CPT Long Descriptor:

Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)

Global Period *ZZZ*

Meeting Date January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**The Advisors met by conference call and determined that code 20939 would only be reported in the facility setting during spine surgery and that there should be no inputs for office clinical staff, supplies or equipment.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

**CPT Code 20939**  
**Specialty Society('s) AANS, CNS, AAOS, NASS, ISASS**

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS High Expenditure Procedures Screen*

April 2016

**Diagnostic Bone Marrow Aspiration and Biopsy**

In the NPRM for 2016, CMS re-ran the screen for high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 38221 was one of the services identified in this screen.

Prior to the January 2016 RUC meeting, the specialty societies notified the RUC of their plan to submit a code change application to the CPT Editorial Panel to revise these services. The societies indicated their plan to improve nomenclature for these codes (ie diagnostic vs therapeutic use) and to create a CPT code to replace code G0364. At the February 2016 CPT meeting, the CPT Editorial panel created one new code to replace the existing G code and revised the descriptors for CPT codes 38220 and 38221.

**Compelling Evidence**

The specialty societies presented compelling evidence for code 38220. They noted that the physician work and times have changed relative to the amount and types of specimens that are obtained today which are greater in number than in 1995 when 38220 was discussed at the first Five-Year review. The specialty societies noted that due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics, the number of tests performed has increased, necessitating more passes to obtain additional bone marrow aspirate and material. The RUC agreed with the specialty societies that, since this procedure was originally valued, the physician work has increased as multiple passes to obtain additional bone marrow aspirate and material are now necessary. Therefore, this service would meet the compelling evidence for both technique and physician time.

The specialty societies also noted that a flawed methodology was used in the previous valuation for this service as the code has a CMS/Other designation. As the RUC has noted previously during review of other services, codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; their physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown methodology. The RUC accepted that there is compelling evidence that both the amount of physician work and technique involved in performing 38220 has changed and that a flawed methodology was utilized when 38220 was originally valued.

### **38220 Diagnostic bone marrow; aspiration(s)**

The RUC reviewed the survey results from 121 physicians and agreed with the societies on the following physician time components: a pre-service time of 15 minutes, an intra-service time of 20 minutes and a post-service time of 12 minutes.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 1.20 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.20, the RUC compared the survey code to XXX and MPC code 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20, intra-service time of 20 minutes, total time of 50 minutes) and noted that both service involve a similar amount of physician work, have identical intra-service times and very similar total times. The RUC also reviewed 000-day global CPT code 91010 *Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;* (work RVU= 1.28, intra-service time of 20 minutes, total time of 50 minutes) and agreed that this reference code further supports a work RVU of 1.20 for the survey code. **The RUC recommends a work RVU of 1.20 for CPT code 38220.**

### **38221 Diagnostic bone marrow; biopsy(ies)**

The RUC reviewed the survey results from 120 physicians and agreed with the societies on the following physician time components: 15 minutes of pre-service time, 20 minutes of intra-service time and 15 minutes of post-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that an appropriate value for this service is between the survey median RVU of 1.80 and survey 25<sup>th</sup> percentile value of 1.20. To determine an appropriate work value, the RUC compared the survey code to XXX code 99315 *Nursing facility discharge day management; 30 minutes or less* (work RVU=1.28, intra-service time of 20 minutes, total time of 40 minutes) and noted that reference code involves similar physician work and has identical intra-service time relative to the survey code. Therefore, the RUC recommends a direct work RVU crosswalk from code 99315 to code 38221. To further support this recommendation, the RUC compared the survey code to 000-day global code 91010 *Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;* (work RVU= 1.28, intra-time of 20 minutes, total time of 50 minutes) and noted that both services involve a similar amount of physician work and have identical intra-service and total times. **The RUC recommends a work RVU of 1.28 for CPT code 38221.**

### **382X3 Diagnostic bone marrow; biopsy(ies) and aspiration(s)**

The RUC reviewed the survey results from 120 physicians and agreed with the societies on the following physician time components: 15 minutes of pre-service time, 30 minutes of intra-service time and 15 minutes of post-service time.



The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey respondents somewhat overvalued the work involved, with a 25<sup>th</sup> percentile RVU of 1.50. To determine an appropriate work value, the RUC compared the survey code to 000-day code 91022 *Duodenal motility (manometric) study* (work RVU= 1.44, intra-service time of 30 minutes, total time of 61 minutes) and noted that both services involve a similar amount of physician work and have identical intra-service times. Therefore, the RUC recommends a direct work RVU crosswalk from code 91022 to code 382X3. To further support this recommendation, the RUC compared the survey code to XXX code 90832 *Psychotherapy, 30 minutes with patient and/or family member* (work RVU= 1.50, intra-service time 30 minutes and total time of 45 minutes) and noted that both services have identical intra-service times and involve a similar amount of physician work. **The RUC recommends a work RVU of 1.44 for CPT code 382X3.**

### **Global Period**

At the April 2016 RUC meeting, the RUC questioned why the current global period for these procedures is XXX, while a 000-day global would seem more appropriate. The specialties concurred with the RUC that a 000-day global would be more appropriate. **The RUC recommends for CMS to convert CPT codes 38220, 38221 and 382X3 to a 000-day global period. The RUC noted that the Committee's recommendations are not contingent on this global period change.** To facilitate CMS' evaluation of the global period change recommendation, this RUC recommendation includes both XXX and 000-day reference codes for each survey code.

### **Practice Expense**

The clinical labor type was changed from the requested L051A RN to the more typical blend L037D RN/LPN/MTA with the exception of the intra-service time, as an RN typically assists the patient only with performing the procedure itself. The amount of milliliters for fixative in the supplies were also corrected. The amount of supplies included are adequate regardless and independent the number of passes and the amount of material that was obtained for each service in the family. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

### **New Technology**

These services will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

### **Work Neutrality**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Surgery</b> <b>Musculoskeletal System</b> <b>General</b> <b>Excision</b> 20150 <i>Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision</i> (For aspiration of bone marrow, use 38220) 20220 <i>Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)</i> 20225 <i>deep (eg, vertebral body, femur)</i> (Do not report 20225 in conjunction with 22510, 22511, 22512, 22513, 22514, 22515, 0200T, 0201T, when performed at the same level) (For bone marrow biopsy(ies) and/or aspiration(s), use see 38220, 38221, 382X3) (For radiologic supervision and interpretation, see 77002, 77012, 77021) <b>Grafts (Or Implants)</b> + 20936 <i>Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)</i>				

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

<p><b>✚20938</b>      <i>structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)</i></p> <p><i>(Use 20938 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812)</i></p> <p><i>(For <del>needle</del> aspiration of bone marrow for the purpose of bone grafting <u>and other therapeutic musculoskeletal applications</u>, use <del>38220</del> <u>20999</u>. Do not report <del>38220-38230</del> for bone marrow aspiration for platelet rich stem cell injection. For bone marrow aspiration for platelet rich stem cell injection, use 0232T)</i></p> <p><b>Surgery</b></p> <p><b>Hemic and Lymphatic Systems</b></p> <p><b>General</b></p> <p><b>Bone Marrow or Stem Cell Services/Procedures</b></p>				
<b>D G0364</b>	-	<del>Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service</del>	<del>XXX</del>	0.16
<b>▲38220</b>	C1	<p><u>Diagnostic B</u>bone marrow; aspiration(s) <u>only</u></p> <p><del>(For needle aspiration of bone marrow for the purpose of bone grafting, use 38220)</del></p> <p><del>(Do not report 38220 with 38221, use 382X3 when biopsy(ies) and aspiration(s) are performed together)</del></p> <p><del>(Do not report 38220 in conjunction with 38221)</del></p> <p><u>(For diagnostic bone marrow biopsy(ies) and aspiration(s) performed at the same session, use 382X3)</u></p>	<p>000</p> <p><del>XXX</del></p>	1.20

		(Do not report 38220-38230 for bone marrow aspiration for platelet rich stem cell injection <u>or for therapeutic musculoskeletal applications.</u> For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T. For bone marrow aspiration(s) for the purpose of bone grafting and other therapeutic musculoskeletal applications, use 20999)		
▲38221	C2	<p>biopsy(ies), <del>needle or trocar</del></p> <p><del>(Do not report 38221 with 38220, use 382X3 when biopsy(ies) and aspiration(s) are performed together)</del></p> <p><u>(Do not report 38221 in conjunction with 38220)</u></p> <p><u>(For diagnostic bone marrow biopsy(ies) and aspiration(s) performed at the same session, use 382X3)</u></p> <p><del>(For bone marrow biopsy interpretation, use 88305)</del></p>	000 <del>XXX</del>	1.28
●382X3	C3	<p>biopsy(ies) and aspiration(s)</p> <p><u>(Do not report 382X3 in conjunction with 38220 and 38221)</u></p> <p><u>(For bilateral procedure, report 38220, 38221, 382X3 with modifier 50)</u></p> <p><u>(For bone marrow biopsy interpretation, use 88305)</u></p>	000 <del>XXX</del>	1.44

**Bone Marrow or Stem Cell Services/Procedures**

38230      *Bone marrow harvesting for transplantation; allogeneic*

38232      *autologous*

(For autologous and allogeneic blood-derived peripheral stem cell harvesting for transplantation, see 38205, -38206)

(For diagnostic bone marrow aspiration(s), ~~use~~ see 38220, 382X3)

(For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T. For bone marrow aspiration(s) for the purpose of bone grafting and other therapeutic musculoskeletal applications, use 20999)

**Transplantation and Post-Transplantation Cellular Infusions**

38242      *Allogeneic lymphocyte infusions*

(For diagnostic bone marrow aspiration(s), ~~use~~ see 38220, 382X3)

(For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T. For bone marrow aspiration(s) for the purpose of bone grafting and other therapeutic musculoskeletal applications, use 20999)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 38220      Tracking Number   C1

Original Specialty Recommended RVU: **1.20**  
Presented Recommended RVU: **1.20**  
RUC Recommended RVU: **1.20**

Global Period: XXX

CPT Descriptor: Diagnostic bone marrow aspiration(s)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 59-year-old male with known acute myeloid leukemia (AML) with rare circulating blasts requiring aspirate for assessment of relapse and clonal evolution.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 10%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 26%

Description of Pre-Service Work: Review clinical history including laboratory data to validate the need for the procedure and determine the type (aspirate, biopsy) to perform, and the appropriate studies (e. g. flow cytometry, cultures, genomics) to order. Inquire about allergies (topical cleansing solution, lidocaine, sedatives, anxiolytics) from patient and any prior history of excessive or prolonged bleeding. Explain the risks, benefits, and alternatives to the patient and obtain informed consent. Enter orders into computer system and confirm patient information. The patient is placed into a lateral decubitus position and the physician identifies landmarks, dons sterile gloves, and preps patient with appropriate antiseptic and local anesthetic. A time out to confirm patient identity is performed.

Description of Intra-Service Work: The physician makes a small incision with a scalpel, inserts and advances the bone marrow aspiration needle to the periosteal bone surface position and drills needle into the posterior iliac crest marrow space. The trocar is then removed. The patient is questioned and warned about pain and approximately 3 mL of the bone marrow is aspirated and used to prepare microscopic slides at the bedside with a technologist's assistance after s/he confirms the presence of at least one spicule. If necessary, the needle is repositioned after extraction from bone and the process repeated maintaining sterile techniques until adequate spicules are identified. Additional aspirates are obtained for culture, cytogenetics, flow cytometry, and molecular diagnostics. The physician reintroduces trocar and extracts needle. The physician places pressure on wound site for hemostasis and the wound is then cleansed and bandaged.

Description of Post-Service Work: The physician completes the procedure note and writes orders.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Dr. David Regan, Dr. Elizabeth Blanchard, Dr. Michael Lill, Dr. Jonathan Myles				
<b>Specialty(s):</b>	ASCO, ASH, ASBMT, CAP				
<b>CPT Code:</b>	38220				
<b>Sample Size:</b>	7,735	<b>Resp N:</b>	121	<b>Response:</b> 1.5 %	
<b>Description of Sample:</b>	Random				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	4.00	<b>10.00</b>	25.00	800.00
<b>Survey RVW:</b>	0.20	1.20	<b>1.70</b>	2.50	30.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	7.00	15.00	<b>20.00</b>	30.00	60.00
<b>Immediate Post Service-Time:</b>	<b>12.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	38220	<b>Recommended Physician Work RVU: 1.20</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>15.00</b>	<b>0.00</b>	<b>15.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>20.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>12.00</b>	<b>0.00</b>	<b>12.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99215	XXX	2.11	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99232	XXX	1.39	RUC Time

CPT Descriptor Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
88331	XXX	1.19	RUC Time	526,449

CPT Descriptor 1 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	



CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 28      % of respondents: 23.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 19      % of respondents: 15.7 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>38220</u></b>	<b>Top Key Reference CPT Code: <u>99215</u></b>	<b>2nd Key Reference CPT Code: <u>99232</u></b>
Median Pre-Service Time	15.00	5.00	10.00
Median Intra-Service Time	20.00	35.00	20.00
Median Immediate Post-service Time	12.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>47.00</b>	<b>55.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.21	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.04	-0.11
Urgency of medical decision making	0.11	0.16

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.71	1.26
Physical effort required	0.93	1.26

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.21	0.68
Outcome depends on the skill and judgment of physician	0.32	0.63
Estimated risk of malpractice suit with poor outcome	-0.04	0.26

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.46	0.32
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

In the Final Rule for 2016 CMS re-ran the high expenditure services (*CMS High Expenditure Procedures Screen*) across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. **CPT code 38221 Bone marrow; biopsy, needle or trocar** was listed in this screen and is being brought forward to RUC, after the family 38221, G0364 and 38220 were revised at the February 2016 CPT Panel meeting. Specifically, at the February 2016 meeting CPT code 38220 was revised to specify diagnostic aspiration of bone marrow; revised bone marrow biopsy code 38221 by removing the specification of needle or trocar; addition of a new code to describe diagnostic bone marrow biopsy (ies) and aspiration(s) that would address the service currently reported with the ZZZ add-on G code, G0364 *Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service*.

The surveying societies convened an RVS consensus committee (herein referred to as "joint societies") consisting of experts appointed from the American Society of Clinical Oncology (ASCO), American Society of Hematology (ASH), American Society for Bone and Marrow Transplantation (ASBMT) and the College of American Pathologists (CAP).

**Compelling Evidence**

The joint societies believe that compelling evidence exists for this family that includes CPT 38220, 38221 and the new combined code 382X3. Specifically, the physician work and times have changed relative to the amount and types of specimens that are obtained today which are greater in number than in 1995 when 38220 and 38221 were discussed at the 1<sup>st</sup> five year review. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics the number of tests performed has increased. Therefore, this service would meet the compelling evidence for both technique and physician time. Additionally, we believe that the survey supports evidence that assumptions were made in the valuation in that the service was based on CMS/other codes.

### **38220 Survey Results & Recommendations:**

The joint societies reviewed and discussed the survey results. The surveys were sent randomly to members of the joint societies. The joint societies were pleased that there were 121 responses to the survey request. The survey performance rate median was 10 studies per year among the 121 respondents are a reasonable rate given CPT 38220 is a relatively low volume procedure, which adds support to the survey responses. The joint society's experts agreed that the survey physician median times of 15 minutes pre-service, 20 minutes intra-service and 12 minutes of post-service time accurately reflect the current time required to perform this service. As the prior time only noted as total time of 34 minutes are CMS/other and not part of a survey we believe the current survey times 15-20-12 should prevail.

The joint societies believe the median RVW of 1.70 is too high to recommend and not consistent with the rank order in this family or of other services, while the survey 25<sup>th</sup> percentile of 1.20 represents the appropriate value of the service. As noted in our compelling evidence arguments both physician time and work has changed for the aspiration service since 1995 due to the amount of aspirates and testing that are standards of care today. The table below and discussion below will supply supporting evidence for our recommendation to accept the 25<sup>th</sup> percentile of 1.20 RVW.

Key reference code 1 (CPT 99215) was chosen by 28 survey respondents. The intensity complexity measures were a mix of slightly lower value and slightly higher value which supports our notion that the median is too high. Key reference code 2 is 99232 and as in Key reference code 1 a much higher value than the existing value of 1.08, again supporting our recommendation that this service has changed and is more work today than in 1995. The intensity complexity comparisons as noted in this SOR are identical and somewhat more, for most measures. This again suggests that the survey respondents believe this service is more work than the current value.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services clearly support maintaining CPT at the 25<sup>th</sup> percentile with the median times.

<b>CPT</b>	<b>Short Description</b>	<b>RVW</b>	<b>Pre</b>	<b>Intra</b>	<b>Post</b>	<b>Total</b>
76813	Ultrasound, pregnant uterus, real time	1.18	5	20	10	35
95868	Needle electromyography; cranial nerve	1.18	10	20	10	40
<b>38220</b>	<b>Diagnostic bone marrow; aspiration(s)</b>	<b>1.20</b>	<b>15</b>	<b>20</b>	<b>12</b>	<b>47</b>
95805	Multiple sleep latency	1.20	15	20	15	50
99339	Individual physician supervision	1.25	10	20	10	40

In summary, CPT code 38220, the joint societies believe the change in technique and physician work support the 25<sup>th</sup> percentile RVW 1.20. Therefore, tracking number C1, we recommend an RVW of 1.20 with pre time 15 minutes, intra time 20 minutes and 12 minutes of post time.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 38220

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hem/Onc                      How often? Commonly

Specialty Med Onc                      How often? Commonly

Specialty Pathology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 103599

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national total was estimated by taking the 2014 Medicare claims volume and multiplied by 3.

Specialty Hem/Onc	Frequency 34188	Percentage 33.00 %
Specialty Med Onc	Frequency 10360	Percentage 10.00 %
Specialty Pathology	Frequency 8288	Percentage 8.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,533 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We revised the specialties to Hem/Onc, Med Onc, and Pathology. The RUC database reflects the top three specialties as Hem/Onc, Orthopedic Surgery, and Neurosurgery. However, we believe the addition of the word "diagnostic" to the CPT code description will change the specialty mix once implemented in 2017.

Specialty Hem/Onc	Frequency 11396	Percentage 33.00 %
Specialty Med Onc	Frequency 3453	Percentage 9.99 %

Specialty Pathology

Frequency 2763

Percentage 8.00 %

CPT Code: 38220

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 38242. Note: The RUC database reflects the top three specialties as Hem/Onc, Orthopedic Surgery, and Neurosurgery. However, we believe the addition of the word "diagnostic" to the CPT code description will change the specialty mix once implemented in 2017

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 38221      Tracking Number   C2

Original Specialty Recommended RVU: **1.37**Presented Recommended RVU: **1.37**

Global Period: XXX

RUC Recommended RVU: **1.28**

CPT Descriptor: Diagnostic bone marrow biopsy (ies)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 50-year-old male with newly diagnosed Hodgkin's disease who presents with adenopathy and fever. Patient requires bone marrow biopsy for staging to determine bone marrow involvement.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 10%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 26%

Description of Pre-Service Work: Review clinical history including laboratory data to validate the need for the procedure and determine the type (aspirate, biopsy, and flow cytometry, cultures) to perform, and the appropriate studies (e. g. flow cytometry, cultures, genomics) to order. Inquire about allergies (topical cleansing solution, lidocaine, sedatives, anxiolytics) from patient and any prior history of excessive or prolonged bleeding. Explain the risks, benefits and alternatives to the patient and obtain informed consent. Enter orders into computer system and confirm patient information. The patient is placed into lateral decubitus position, and the physician identifies landmarks, dons sterile gloves, and preps patient with appropriate antiseptic and local anesthetic. A time out to confirm patient identity is performed.

Description of Intra-Service Work: The physician makes a small incision with a scalpel, inserts and advances the bone marrow biopsy needle to the periosteal bone surface position and drills needle into the posterior iliac crest marrow space. Physician removes trocar. Patient is questioned regarding signs of pain. Physician drills needle about 2 cm into the bone/bone marrow of patient. Physician then replaces trocar to make sure that the biopsy is at least 2 cm in length and removes trocar again. Physician then rocks needle back and forth to break off biopsy. Biopsy is removed. Physician assesses bone marrow and biopsy length for adequacy. If adequate, biopsy needle is removed; if necessary a second biopsy is performed. If not, physician with places pressure on wound site for hemostasis cleanses the wound area and bandages. If the first biopsy is inadequate, the physician drills the needle again about 2 cm into the bone/bone marrow of patient. Physician then replaces the trocar to make sure that the biopsy is at least 2 cm in length. Physician then rocks needle back and forth to break off biopsy. Needle is removed, and removes biopsy. The biopsy is assessed to make certain it is bone marrow and the biopsy is measured for length and assessed for adequacy. If biopsy is less than 2 cm, another biopsy is done. The physician places pressure on wound site for hemostasis and the wound is then cleansed and bandaged

Description of Post-Service Work: The physician completes the procedure note and writes orders. Physician is monitoring the patient post-procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Dr. David Regan, Dr. Elizabeth Blanchard, Dr. Michael Lill, Dr. Jonathan Myles				
<b>Specialty(s):</b>	ASCO, ASH, ASBMT, CAP				
<b>CPT Code:</b>	38221				
<b>Sample Size:</b>	7735	<b>Resp N:</b>	120	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	10.00	27.00	500.00
<b>Survey RVW:</b>	0.20	1.20	1.80	2.52	45.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	15.00	20.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	<u>15.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	38221	<b>Recommended Physician Work RVU: 1.28</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	0.00	15.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	20.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	0.00	15.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
99215	XXX	2.11	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
99232	XXX	1.39	RUC Time

CPT Descriptor Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88331	XXX	1.19	RUC Time	526,449

CPT Descriptor 1 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 27      % of respondents: 22.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 12.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>38221</u></b>	<b>Top Key Reference CPT Code: <u>99215</u></b>	<b>2nd Key Reference CPT Code: <u>99232</u></b>
Median Pre-Service Time	15.00	5.00	10.00
Median Intra-Service Time	20.00	35.00	20.00
Median Immediate Post-service Time	15.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>50.00</b>	<b>50.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.19	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.04	-0.13
Urgency of medical decision making	0.11	0.00

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.78	1.33
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Physical effort required	1.00	1.27
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.26	0.60
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Outcome depends on the skill and judgment of physician	0.33	0.47
--	------	------

Estimated risk of malpractice suit with poor outcome	0.04	0.40
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.48	0.40
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

In the Final Rule for 2016 CMS re-ran the high expenditure services (*CMS High Expenditure Procedures Screen*) across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. **CPT code 38221 Bone marrow; biopsy, needle or trocar** was listed in this screen and is being brought forward to RUC, after the family 38221, G0364 and 38220 were revised at the February 2016 CPT Panel meeting. Specifically, at the February 2016 meeting CPT code 38220 was revised to specify diagnostic aspiration of bone marrow; revised bone marrow biopsy code 38221 by removing the specification of needle or trocar; addition of a new code to describe diagnostic bone marrow biopsy (ies) and aspiration(s) that would address the service currently reported with the ZZZ add-on G code, G0364 *Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service*.

The surveying societies convened an RVS consensus committee (herein referred to as "joint societies") consisting of experts appointed from the American Society of Clinical Oncology (ASCO), American Society of Hematology (ASH), American Society for Bone and Marrow Transplantation (ASBMT) and the College of American Pathologists (CAP).

**Compelling Evidence**

The joint societies believe that compelling evidence exists for this family that includes CPT 38220, 38221 and the new combined code 382X3. Specifically, the physician work and times have changed relative to the amount and types of specimens that are obtained today which are greater in number than in 1995 when 38220 and 38221 were discussed at the 1<sup>st</sup> five year review. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics the number of tests performed has increased. Therefore, this service would meet the compelling evidence for both technique and physician time. Additionally, we believe that the survey supports evidence that assumptions were made in the valuation in that the service was based on CMS/other codes.

### **38221 Survey Results & Recommendations:**

The joint societies were pleased that there were 120 responses to the survey request. The survey performance rate median was 10 studies per year among the 120 respondents are a reasonable rate given the volume of this revised code is projected to decrease by the volume of the G add on code since 382X3 will describe the full combine procedure rather than using an add on code. We believe that the survey respondents recognized the changes to the new family, which adds support to the survey responses. The joint society's experts agreed that the survey physician median times of 15 minutes pre-service, 20 minutes intra-service, 15 minutes post service time accurately reflect the times required to perform this service. As the prior times are CMS/other and not part of a survey we believe the survey times should prevail.

The joint societies reviewed the median RVW of 1.80 and like CPT 38220 believe that value is too high. However, the rank order of the medians is a better representation and relationship of the work between 38220 to 38221. The joint societies disagree with accepting the 25<sup>th</sup> percentile for this service and believe that maintaining the current value of 1.37 while accepting the median times is the correct representation of the rank order and work of these services.

Key reference code 1 (CPT 99215) was chosen by 27 survey respondents. The intensity complexity measures were a mix of slightly lower value and slightly higher value which supports our notion that the median is too high. Key reference code 2 (CPT 99232) was chosen by 15 respondents has a value of 1.39, again supporting our recommendation to maintain the current work value of 1.37. This is supported by the intensity complexity measures, where most believe the services were similar or slightly more work.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services clearly support maintaining CPT 38221 at the current RVW 1.37 with the median times.

<b>CPT</b>	<b>Short Description</b>	<b>RVW</b>	<b>Pre</b>	<b>Intra</b>	<b>Post</b>	<b>Total</b>
73721	MRI joint lower extremity; w/o contrast	1.35	5	20	5	30
94003	Ventilation assist and management	1.37	10	20	10	40
<b>38221</b>	<b>Diagnostic bone marrow; biopsy(ies)</b>	<b>1.37</b>	<b>15</b>	<b>20</b>	<b>15</b>	<b>50</b>
99232	Subsequent hosp care	1.39	10	20	10	50
99203	E/M moderate, typical 30 min	1.42	4	20	5	29

In summary, for CPT code 38221 the joint societies believe maintaining the current value of 1.37 and accepting the median survey times preserve the appropriate rank of the family. Therefore, for tracking number C2, we recommend an RVW of 1.37 with pre time at 15 minutes, intra time 20 minutes and 15 minutes of post time.

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 38221

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hem/Onc How often? Commonly

Specialty Diagnostic Radiology How often? Commonly

Specialty Medical Oncology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 133413

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This total was estimated by taking the 2014 Medicare claims volume multiplied by 3 minus the 2014 volume for HCPCS code G0364.

Specialty Hem/Onc	Frequency 54659	Percentage 40.96 %
Specialty Diagnostic Radiology	Frequency 18851	Percentage 14.12 %
Specialty Medical Oncology	Frequency 13235	Percentage 9.92 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 44,471 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This total was estimated from the 2014 Medicare claims volume in the RUC database minus the volume of HCPCS code G0364.

Specialty Hem/Onc	Frequency 18220	Percentage 40.97 %
Specialty Diagnostic Radiology	Frequency 6284	Percentage 14.13 %
Specialty Medical Oncology	Frequency 4412	Percentage 9.92 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 38221

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 382X3      Tracking Number   C3

Original Specialty Recommended RVU: **1.50**Presented Recommended RVU: **1.50**

Global Period: XXX

RUC Recommended RVU: **1.44**

CPT Descriptor: Diagnostic bone marrow biopsy (ies) and aspiration(s)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: 59-year-old female presenting with peripheral blood pancytopenia with non-diagnostic iron studies and level B12. Patient requires bone marrow biopsy and aspiration for diagnosis.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 24%

Description of Pre-Service Work: Review clinical history including laboratory data to validate the need for the procedure and determine the type (aspirate, biopsy,) to perform, and the appropriate studies (e.g. flow cytometry, cultures, genomics) to order. Inquire about allergies (topical cleansing solution, lidocaine, sedatives, anxiolytics) from patient and any prior history of excessive or prolonged bleeding. Explain risks, benefits, and alternatives to the patient and obtain informed consent. Enter orders into computer system and confirm patient information. The patient is placed into lateral decubitus position, and the physician, identifies landmarks, dons sterile gloves, and preps patient with appropriate antiseptic and local anesthetic.

Description of Intra-Service Work: The physician makes small incision with a scalpel, inserts and advances the bone marrow aspiration needle to the periosteal bone surface position and drills needle into the posterior iliac crest marrow space, the trocar is then removed. The patient is questioned and warned about pain and approximately 3mL of the bone marrow is aspirated and used to prepare microscopic slides at the bedside with a technologist's assistance after s/he confirms the presence of at least one spicule present. If necessary, the needle is repositioned after extraction from bone and the process repeated maintaining sterile techniques until adequate spicules are identified. Additional aspirates are obtained for culture, culture, cytogenetics, flow cytometry and molecular diagnostics. The physician then introduces the biopsy needle. Through the same skin hole, but to a different spot in bone surface the needle is advanced to the periosteal bone surface position and the needle is drilled into the posterior iliac crest marrow space. Physician removes trocar. Patient is questioned regarding signs of pain. Physician drills needle about 2 cm into the bone/bone marrow of patient. Physician then replaces trocar to make sure that the biopsy is at least 2 cm in length and removes trocar again. Physician then rocks needle back and forth to break off biopsy. Biopsy is removed. Physician assesses bone marrow and biopsy length for adequacy. If adequate, biopsy needle is removed; if necessary a second biopsy is performed. If not, physician with places pressure on wound site for hemostasis cleanses the wound area and bandages.

Description of Post-Service Work: The physician completes the procedure note and writes orders. Physician is monitoring the patient post-procedure.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Dr. David Regan, Dr. Elizabeth Blanchard, Dr. Michael Lill, Dr. Jonathan Myles				
<b>Specialty(s):</b>	ASCO, ASH, ASBMT, CAP				
<b>CPT Code:</b>	382X3				
<b>Sample Size:</b>	7735	<b>Resp N:</b>	120	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	25.00	50.00	500.00
<b>Survey RVW:</b>	0.25	1.50	2.32	3.00	60.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	20.00	30.00	35.00	120.00
<b>Immediate Post Service-Time:</b>	<u>15.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	382X3	<b>Recommended Physician Work RVU: 1.44</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	0.00	15.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	30.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	0.00	15.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99215	XXX	2.11	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99234	XXX	2.56	RUC Time

CPT Descriptor Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
88331	XXX	1.19	RUC Time	526,449

CPT Descriptor 1 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 27      % of respondents: 22.5 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 16      % of respondents: 13.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>382X3</u></b>	<b>Top Key Reference CPT Code: <u>99215</u></b>	<b>2nd Key Reference CPT Code: <u>99234</u></b>
Median Pre-Service Time	15.00	5.00	14.00
Median Intra-Service Time	30.00	35.00	40.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>60.00</b>	<b>55.00</b>	<b>69.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.04	0.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.19	0.19
Urgency of medical decision making	0.11	-0.19

**Technical Skill/Physical Effort (Mean)**

Technical skill required	1.04	1.13
Physical effort required	1.12	1.47

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.48	0.75
Outcome depends on the skill and judgment of physician	0.56	0.88
Estimated risk of malpractice suit with poor outcome	0.37	0.38

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.67	0.50
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

In the Final Rule for 2016 CMS re-ran the high expenditure services (*CMS High Expenditure Procedures Screen*) across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. **CPT code 38221 Bone marrow; biopsy, needle or trocar** was listed in this screen and is being brought forward to RUC, after the family 38221, G0364 and 38220 were revised at the February 2016 CPT Panel meeting. Specifically, at the February 2016 meeting CPT code 38220 was revised to specify diagnostic aspiration of bone marrow; revised bone marrow biopsy code 38221 by removing the specification of needle or trocar; addition of a new code to describe diagnostic bone marrow biopsy (ies) and aspiration(s) that would address the service currently reported with the ZZZ add-on G code, G0364 *Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service*.

The surveying societies convened an RVS consensus committee (herein referred to as "joint societies") consisting of experts appointed from the American Society of Clinical Oncology (ASCO), American Society of Hematology (ASH), American Society for Bone and Marrow Transplantation (ASBMT) and the College of American Pathologists (CAP).

**Compelling Evidence**

The joint societies believe that compelling evidence exists for this family that includes CPT 38220, 38221 and the new combined code 382X3. Specifically, the physician work and times have changed relative to the amount and types of specimens that are obtained today which are greater in number than in 1995 when 38220 and 38221 were discussed at the 1<sup>st</sup> five year review. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics the number of tests performed has increased. Therefore, this service would meet the compelling evidence for both technique and physician time. Additionally, we believe that the survey supports evidence that assumptions were made in the valuation in that the service was based on CMS/other codes.

### **382X3 Survey Results & Recommendations:**

The joint societies reviewed and discussed the survey results. The joint societies were pleased that there were 120 responses to the survey request. The survey performance rate median was 25 studies per year among the 120 respondents are appropriate since we believe the literature and current practice supports performing the services together. We believe a performance rate of 25 is appropriate rate given the volume of this new code is projected to be similar to the volume of the G add on code since 382X3 will describe the full combination procedure rather than using an add on code. We believe that the survey respondents recognized the changes to the new family, which adds support to the survey responses.

The joint society's experts agreed that the survey physician median times of 15 minutes pre-service, 30 minutes intra-service, and 15 minutes post service time accurately reflect the times required to perform this service. As the prior times are CMS/other and not part of a survey, we believe the survey times should prevail.

The joint societies believe the median RVW of 2.32 is too high to recommend and not consistent with the rank order in this family or of other services, while the survey 25<sup>th</sup> percentile of 1.50 correctly supports the value today. As noted in our compelling evidence arguments both physician time and work has changed for the aspiration service since 1995 due to the amount of aspirates and testing that are standards of care today. The table below and discussion below will supply supporting evidence for our recommendation to accept the 25<sup>th</sup> percentile of 1.50 RVW.

Key reference code 1 (CPT 99215) was chosen by 27 survey respondents and Key reference 2 CPT 99234 by 16 respondents. The intensity complexity measures were a mix of slightly lower value and slightly higher value which supports our notion that the median is too high. If you add the RVWs for the current 38221 plus the add on G0364 the current RVW is 1.53. This supports the 25<sup>th</sup> percentile value of 1.50 which we believe is the appropriate value for the combine service.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services is supported CPT at the 25<sup>th</sup> percentile with the median times.

CPT	Short Description	RVW	Pre	Intra	Post	Total
99497	Advance Care planning	1.50	5	30	10	45
90832	Psychotherapy, 30 minutes	1.50	5	30	10	45
<b>382X3</b>	<b>Diagnostic bone marrow; biopsy(ies) and aspiration(s)</b>	<b>1.50</b>	<b>20</b>	<b>30</b>	<b>15</b>	<b>60</b>
99325	Dom-Res home visit	1.52	10	30	12	52
99342	Home visit	1.52	10	30	12	52
76551	Ophthalmic ultrasound	1.55	5	30	10	45

In summary, CPT code 382X3, the joint societies believe the change in technique and physician work support the 25<sup>th</sup> percentile RVW 1.50. Therefore, for tracking number C3, we recommend an RVW of 1.50 with pre time 15 minutes, intra time 30 minutes and 15 minutes of post time.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was previously reported as G0364 (Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service) in conjunction with CPT code 38221.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hem/Onc                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 246153

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number was obtained by taking the 2014 Medicare volume and multiplying it by 3.

Specialty Hem/Onc	Frequency 100849	Percentage 40.97 %
Specialty Diagnostic Radiology	Frequency 34781	Percentage 14.12 %
Specialty Medical Oncology	Frequency 24418	Percentage 9.91 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 82,051 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. This number was obtained from the Part B National Summary Data File 2014  
 for G0364.

Specialty Hem/Onc	Frequency 33616	Percentage 40.96 %
Specialty Diagnostic Radiology	Frequency 11594	Percentage 14.13 %
Specialty Medical Oncology	Frequency 8139	Percentage 9.91 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number This service was previously reported as G0364 (Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service) in conjunction with CPT code 38221. We do not believe this mix will change.

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

6  
Tab Number


**Diagnostic Bone Marrow Aspiration and Biopsy  
Issue**

**38220, 38221, 382X3**  
Code Range

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
Signature

MICHAEL LILL, M.D.  
Printed Signature

HEMATOLOGY/ONCOLOGY  
Specialty Society

4/4/16  
Date



6  
Tab Number

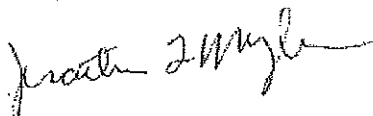
**Diagnostic Bone Marrow Aspiration and Biopsy**  
Issue

**38220, 38221, 382X3**  
Code Range

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\_\_\_\_\_  
Signature

Jonathan Myles \_\_\_\_\_  
Printed Signature

College of American Pathologists \_\_\_\_\_

April 5, 2016  
Date

6  
Tab Number

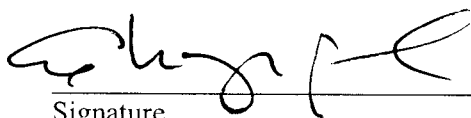
**Diagnostic Bone Marrow Aspiration and Biopsy**  
Issue

**38220, 38221, 382X3**  
Code Range

**Attestation Statement**

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Elizabeth Blanchard

Printed Signature

ASCO

Specialty Society

March 31, 2016

Date

6  
Tab Number

**Diagnostic Bone Marrow Aspiration and Biopsy  
Issue**

**38220, 38221, 382X3  
Code Range**

**Attestation Statement**

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
Signature

DAVID H. RECK, MD  
Printed Signature

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

Diagnostic bone marrow biopsy (ies) and aspiration(s)

Global Period: XXX

Meeting Date: April 2016

Revised 4/27/16

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO, ASH, ASBMT, and CAP held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** CPT Code 382X3 is a new code, approved at the February 2016 CPT Editorial Panel meeting. The reference code for 382X3 is G0364 (Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service).
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**Complete pre-service diagnostic & referral forms:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

**Follow-up phone calls and prescriptions:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 3 minutes should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The **RN/LPN/MTA** completes the required referral forms and ensures the information is in place prior to the procedure. (2 minutes)

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

The **RN/LPN/MTA** calls the patient to confirm the appointment and provides instructions for the day of the procedure (**3 minutes**)

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended **3 minutes** should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

Intra-Service Clinical Labor Activities:

The **RN/LPN/MTA** greets the patient and escorts them to the room. The patient is provided the appropriate gowning. The nurse verifies the patient information and ensures appropriate medical records are available. (3 minutes)

The following vitals are then obtained by the **RN/LPN/MTA**: (5 minutes)

- 1) Blood Pressure
- 2) Temperature
- 3) Pulse
- 4) Respiration
- 5) Weight

The **RN/LPN/MTA** provides pre-service education and obtains signed consent from the patient. (12 minutes)

The **RN/LPN/MTA** prepares the room, equipment, and gathers the necessary supplies. (2 minutes)

The **RN/LPN/MTA** prepares and positions patient. (2 minutes)

The RN then assists the physician with performing the procedure. (30 minutes)

Monitor patient following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation) (**RN/LPN/MTA**). (7.5 minutes)

Clean room/equipment by physician staff (**RN/LPN/MTA**) (3 minutes)

**Complete diagnostic forms, lab & x-ray requisitions (RN/LPN/MTA) (3 minutes)**

**Check dressings & wound/ home care instructions/coordinate office visits/prescriptions (RN/LPN/MTA) (5 minutes)**

**Other Clinical Activity: Lab Tech Activities (12.5 minutes):**

- 1) Label slides, tubes, and specimen containers with 2 unique patient identifiers (5 minutes)
- 2) Receive biopsy and/or aspirate specimen from physician into Petri dish (0.5 minutes)
- 3) Examine for adequacy (trabecular bone of adequate length and or adequate spicules in clot/aspirate) (1.5 minutes)
- 4) Aspirate with or without biopsy: Carefully select and collect spicules using pipette, place on slide, make smear, air dry. Repeat for total 10 slides. Biopsy only: Carefully roll biopsy core on slide. Air dry, repeat for total 10 slides (4 minutes)
- 5) Using spatula aggregate clot and place in labeled specimen container (0.5 minutes)
- 6) Aspirate only: Assist physician placing separate aspirate material into tube(s) for flow cytometry genetic studies, other studies as applicable (1 minute)

Post-Service Clinical Labor Activities:

**The RN/LPN/MTA conducts phone calls and calls in the necessary prescriptions for the patient. (3 minutes)**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Diagnostic bone marrow aspiration(s)

Global Period: XXX

Meeting Date: April 2016

Revised 4/27/16

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO, ASH, ASBMT, and CAP held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The reference code for 38220 is a direct comparison, however, it should be noted the CPT description was updated at the February 2016 CPT Editorial Panel meeting.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**Complete pre-service diagnostic & referral forms:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

**Follow-up phone calls and prescriptions:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 3 minutes should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**Obtain Vitals:** We are requesting 5 minutes for vitals, an increase from the current 3 minutes. The vitals for this procedure include 1) Blood Pressure, 2) Temperature, 3) Pulse, 4) Respiration, 5) Weight

**Complete diagnostic forms, lab & X-ray requisitions:** We are requesting 2 minutes for this task, an increase from the current 1 minute. This minute accounts for the additional completion of diagnostic

forms and lab requisitions. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics, requests for tests have increased along with the forms staff must complete. This is the new standard of care.

Manu Goyal and K. Gayathri (2012). Diagnostic Approach in Acute Myeloid Leukemias in Line with WHO 2008 Classification, Myeloid Leukemia - Clinical Diagnosis and Treatment, Dr Steffen Koschmieder (Ed.), ISBN: 978- 953-307-886-1, InTech, Available from: <http://www.intechopen.com/books/myeloid-leukemia-clinical-diagnosisand-treatment/diagnostic-approach-in-acute-myeloid-leukemias-in-line-with-who-2008-classification>

Hartmut Döhner, M.D., Daniel J. Weisdorf, M.D., and Clara D. Bloomfield, M.D.  
N Engl J Med 2015; 373:1136-1152 September 17, 2015 DOI: 10.1056/NEJMra1406184  
<http://www.nejm.org/doi/full/10.1056/NEJMra1406184?af=R&>

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**The RN/LPN/MTA completes the required referral forms and ensures the information is in place prior to the procedure. (2 minutes)**

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies felt there should be 2 minutes to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed

**The RN/LPN/MTA calls the patient to confirm the appointment and provides instructions for the day of the procedure (3 minutes)**

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies felt there should be 3 minutes to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

Intra-Service Clinical Labor Activities:

**The RN/LPN/MTA greets the patient and escorts them to the room. The patient is provided the appropriate gowning. The nurse verifies the patient information and ensures appropriate medical records are available. (3 minutes)**

**The following vitals are then obtained by the RN/LPN/MTA: (5 minutes)**

- 1) Blood Pressure
- 2) Temperature
- 3) Pulse
- 4) Respiration
- 5) Weight



We are requesting an increase from 3 to 5 minutes, as there are 5 vitals that are typically obtained by the RN. The standard number of minutes for Level 2 (4-6 vitals) is 5 minutes.

The **RN/LPN/MTA** provides pre-service education and obtains signed consent from the patient. (12 minutes)

The **RN/LPN/MTA** prepares the room, equipment, and supplies. (2 minutes)

The **RN/LPN/MTA** prepares and positions patient. (2 minutes)

The RN assists the physician with performing the procedure. (20 minutes)

The **RN/LPN/MTA** monitors the patient following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation). (7.5 minutes)

Clean room/equipment by physician staff (**RN/LPN/MTA**) (3 minutes)

**Complete diagnostic forms, lab & x-ray requisitions (RN/LPN/MTA) (2 minutes)**

We are requesting 2 minutes for this task, an increase from the current 1 minute. This minute accounts for the additional completion of diagnostic forms and lab requisitions. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics, requests for tests have increased along with the forms staff must complete. This is the new standard of care.

Manu Goyal and K. Gayathri (2012). Diagnostic Approach in Acute Myeloid Leukemias in Line with WHO 2008 Classification, Myeloid Leukemia - Clinical Diagnosis and Treatment, Dr Steffen Koschmieder (Ed.), ISBN: 978- 953-307-886-1, InTech, Available from: <http://www.intechopen.com/books/myeloid-leukemia-clinical-diagnosisand-treatment/diagnostic-approach-in-acute-myeloid-leukemias-in-line-with-who-2008-classification>

Hartmut Döhner, M.D., Daniel J. Weisdorf, M.D., and Clara D. Bloomfield, M.D.  
N Engl J Med 2015; 373:1136-1152 September 17, 2015 DOI: 10.1056/NEJMra1406184  
<http://www.nejm.org/doi/full/10.1056/NEJMra1406184?af=R&>

**Check dressings & wound/ home care instructions/coordinate office visits/prescriptions (RN/LPN/MTA) (5 minutes)**

**Other Clinical Activity: Lab Tech Activities (12 minutes):**

- 1) Label slides, tubes, and specimen containers with 2 unique patient identifiers (5 minutes)
- 2) Receive biopsy and/or aspirate specimen from physician into Petri dish (0.5 minutes)
- 3) Examine for adequacy (trabecular bone of adequate length and or adequate spicules in clot/aspirate) (1 minute)
- 4) Aspirate with or without biopsy: Carefully select and collect spicules using pipette, place on slide, make smear, air dry. Repeat for total 10 slides. Biopsy only: Carefully roll biopsy core on slide. Air dry, repeat for total 10 slides (4 minutes)
- 5) Using spatula aggregate clot and place in labeled specimen container (0.5 minutes)

**CPT Code: 38220**

**Specialty Society('s): ASCO, ASH, ASBMT, CAP**

- 6) Aspirate only: Assist physician placing separate aspirate material into tube(s) for flow cytometry genetic studies, other studies as applicable (1 minute)

Post-Service Clinical Labor Activities:

The **RN/LPN/MTA** conducts phone calls and calls in the necessary prescriptions for the patient. (3 minutes)

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Diagnostic bone marrow biopsy (ies)

Global Period: XXX

Meeting Date: April 2016

Revised 4/27/16

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO, ASH, ASBMT, and CAP held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The reference code for 38221 is a direct comparison, however, it should be noted the CPT description was updated at the February 2016 CPT Editorial Panel meeting.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**Complete pre-service diagnostic & referral forms:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

**Follow-up phone calls and prescriptions:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 3 minutes should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**Obtain Vitals:** We are requesting an increase from 3 to 5 minutes, as there are 5 vitals: (1) Blood Pressure 2) Temperature 3) Pulse 4) Respiration 5) Weight that are typically obtained by the RN. The standard number of minutes for Level 2 (4-6 vitals) is 5 minutes.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The **RN/LPN/MTA** completes the required referral forms and ensures the information is in place prior to the procedure. (2 minutes)

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

The **RN/LPN/MTA** calls the patient to confirm the appointment and provides instructions for the day of the procedure (**3 minutes**)

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended **3 minutes** should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

Intra-Service Clinical Labor Activities:

The **RN/LPN/MTA** greets the patient and escorts them to the room. The patient is provided the appropriate gowning. The nurse verifies the patient information and ensures appropriate medical records are available. (3 minutes)

The following vitals are then obtained by the **RN/LPN/MTA**: (5 minutes)

- 1) Blood Pressure
- 2) Temperature
- 3) Pulse
- 4) Respiration
- 5) Weight

We are requesting an increase from 3 to 5 minutes, as there are 5 vitals that are typically obtained by the RN. The standard number of minutes for Level 2 (4-6 vitals) is 5 minutes.

The **RN/LPN/MTA** provides pre-service education and obtains signed consent from the patient. (12 minutes)

The **RN/LPN/MTA** prepares the room, equipment, and gathers the necessary supplies. (2 minutes)

The **RN/LPN/MTA** prepares and positions patient. (2 minutes)

The RN then assists the physician with performing the procedure. (20 minutes)

The **RN/LPN/MTA** monitors the patient following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation). (7.5 minutes)

Clean room/equipment by physician staff (**RN/LPN/MTA**) (3 minutes)

**Complete diagnostic forms, lab & x-ray requisitions (RN/LPN/MTA) (1 minute)**

**Check dressings & wound/ home care instructions/coordinate office visits/prescriptions (RN/LPN/MTA) (5 minutes)**

**Other Clinical Activity: Lab Tech Activities (7.5 minutes):**

- 1) Label slides, tubes, and specimen containers with 2 unique patient identifiers (3 minutes)
- 2) Receive biopsy and/or aspirate specimen from physician into Petri dish (0.5 minutes)
- 3) Examine for adequacy (trabecular bone of adequate length and or adequate spicules in clot/aspirate) (0.5 minutes)
- 4) Aspirate with or without biopsy: Carefully select and collect spicules using pipette, place on slide, make smear, air dry. Repeat for total 10 slides. Biopsy only: Carefully roll biopsy core on slide. Air dry, repeat for total 10 slides (3 minutes)
- 5) Using spatula aggregate clot and place in labeled specimen container (0.5 minutes)

Post-Service Clinical Labor Activities:

**The RN/LPN/MTA conducts phone calls and calls in the necessary prescriptions for the patient. (3 minutes)**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE						REFERENCE CODE	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			38220		38220		38221		38221		382X3		G0364	
3	Meeting Date: April 2016 (Revised 4/27/16) Tab: 6- Diagnostic Bone Marrow Aspiration and Biopsy Specialty: ASCO, ASH, ASBMT, CAP	CMS Code	Staff Type	Bone marrow; aspiration only		Diagnostic bone marrow aspiration(s)		Bone marrow biopsy, needle or trocar		Diagnostic bone marrow biopsy (ies)		Diagnostic bone marrow biopsy(ies) and aspiration(s)		Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX	XXX	XXX		XXX		ZZZ	
6	TOTAL CLINICAL LABOR TIME			81.0	0.0	81.5	0.0	84.0	0.0	76.0	0.0	93.0	0.0	7.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L051A	RN	0.0	0.0	5.0	0.0	0.0	0.0	5.0	0.0	5.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	69.0	0.0	61.5	0.0	74.0	0.0	60.5	0.0	72.5	0.0	5.0	0.0
9	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L033A	Lab Tech	9.0	0.0	12.0	0.0	7.0	0.0	7.5	0.0	12.5	0.0	2.0	0.0
10	TOTAL POST-SERV CLINICAL LABOR TIME	L051A	RN	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	0.0	0.0
11	PRE-SERVICE														
12	Start: Following visit when decision for surgery or procedure made														
13	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA			2				2		2			
14	Coordinate pre-surgery services														
15	Schedule space and equipment in facility														
16	Provide pre-service education/obtain consent														
17	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA			3				3		3			
18	Other Clinical Activity - specify:														
19	End: When patient enters office/facility for surgery/procedure														
20	SERVICE PERIOD														
21	Start: When patient enters office/facility for surgery/procedure:														
22	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	6		3		6		3		3			
23	Obtain vital signs	L037D	RN/LPN/MTA	3		5		3		5		5			
24	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	12		12		12		12		12			
25	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	5		2		5		2		2			
26	Setup scope (non facility setting only)														
27	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	6		2		6		2		2			
28	Sedate/apply anesthesia														
29	Other Clinical Activity - specify:														
30	Intra-service														
31	Assist physician in performing procedure	L051A	RN	20		20		25		20		30		5	
32	Assist physician/moderate sedation (% of physician time)														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE						REFERENCE CODE	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			38220		38220		38221		38221		382X3		G0364	
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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX	XXX	XXX		XXX		ZZZ	
33	Post-Service														
34	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	L037D	RN/LPN/MTA	8		7.5		8		7.5		7.5			
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		3		3		3			
37	Clean Scope														
38	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	1		2		1		1		3			
39	Review/read X-ray, lab, and pathology reports														
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	5		5		5		5		5			
41	Other Clinical Activity - <i>specify</i> : Lab Tech activities	L033A	Lab Tech	9		12		7		7.5		12.5		2	
42	Label slides, tubes, and specimen containers with 2 unique patient identifiers	L033A	Lab Tech			5				3		5			
43	Receive biopsy and/or aspirate specimen from physician into Petri dish	L033A	Lab Tech			0.5				0.5		0.5			
44	Examine for adequacy (trabecular bone of adequate length and or adequate spicules in clot/aspirate)	L033A	Lab Tech			1				0.5		1.5			
45	Aspirate with or without biopsy: Carefully select and collect spicules using pipette, place on slide, make smear, air dry. Repeat for total 10 slides. Biopsy only: Carefully roll biopsy core on slide. Air dry, repeat for total 10 slides	L033A	Lab Tech			4				3		4			
46	Using spatula aggregate clot and place in labeled specimen container	L033A	Lab Tech			0.5				0.5		0.5			
47	Aspirate only: Assist physician placing separate aspirate material into tube(s) for flow cytometry genetic studies, other studies as applicable	L033A	Lab Tech			1						1			
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
51	End: Patient leaves office														
52	POST-SERVICE Period														
53	Start: Patient leaves office/facility														
54	Conduct phone calls/call in prescriptions	L051A	RN	3		3		3		3		3			
55	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
56	99211 16 minutes		16												
57	99212 27 minutes		27												
58	99213 36 minutes		36												
59	99214 53 minutes		53												
60	99215 63 minutes		63												
61	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
62	Other Clinical Activity - <i>specify</i> :														
63	End: with last office visit before end of global period														



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE						REFERENCE CODE	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			38220		38220		38221		38221		382X3		G0364	
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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX	XXX	XXX		XXX		ZZZ	
64	MEDICAL SUPPLIES*	CODE	UNIT												
65	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1			
66	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1			
67	syringe with needle, OSHA compliant (Safety Glide)	SC058	item	1		0		1		0					
68	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1		1			
69	syringe 10-12 ml	SC051	item	1		0		1		0		0			
70	tray, bone marrow biopsy-aspiration	SA062	tray	1		1		1		1		1			
71	cover, thermometer probe	SB004	item	1		0		1		0		0			
72	swab pad, alcohol	SJ053	item	2		5		2		5		5			
73	eye shield, non-fog	SG049	item	2		0		2		0					
74	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1		0		1		0					
75	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	1		0		1		0					
76	gown, staff, impervious	SB027	item	2		3		2		3		3			
77	gloves, sterile	SB024	pair	1		1		1		1		1			
78	cup, biopsy-speciment non-sterile 4oz	SL035	item					2		1		1			
79	spatula, pathology	SL130	item			1				1		1			
80	fixative (for tissue specimen)	SL068	ml			50				50		100			
81	blood collection tube (Vacutainer)	SC006	item			1						1			
82	petri dish	SL103	item			1				1		1			
83	heparin 1,000 units-ml inj	SH039	ml			1				1		1			
84	EQUIPMENT	CODE													
85	table, exam	EF023	Lines 22-40	69		84.0		74		83.0		95.0		5	



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*Codes Reported Together 75% or More, New Technology/New Services and CMS Request -Final Rule for 2016\**

January 2017

**Nasal-Sinus Endoscopy**

In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296. In the Final Rule for 2016, a stakeholder indicated that due to changes in technology and technique, several codes that describe endoscopic sinus surgeries can now be furnished in the non-facility setting. According to Medicare claims data, there are a relatively small number of these services furnished in non-facility settings. The RUC noted that this code family is already being reviewed by CPT and RUC for bundling of services. In October 2016 the CPT Editorial Panel created five new codes (31241-31298) with new instructions how to report bundled nasal endoscopy services and revised the parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297.

Codes 31231-31297 were included on the level of interest for survey due to the changes in the introductory language, parentheticals or the code descriptor itself. The specialty societies indicated:

- 1) CPT codes 31231, 31233 and 31235 are not part of the family because these are diagnostic services as contrasted with the endoscopic sinus surgery and balloon sinus dilation codes which are therapeutic services. **The RUC agreed that codes 31231-31235 are not part of this family of services.**
- 2) CPT codes 31231, 31237, 31238, 31239 and 31240 should not be included as part of the family because they were recently surveyed. 31237-31240 were reviewed (31239 along with Ophthalmology) in April 2013 and 31231 was reviewed in January 2012. **The specialty societies requested and the RUC agreed to affirm the January 2012 and April 2013 work and practice expense recommendations for codes 31231, 31237-31240;**
- 3) Last, CPT 31290-31294 should not be included as part of family because they are clinically dissimilar. This group of codes are used to treat different disease processes (i.e. CSF leaks and orbital/ocular conditions) rather than disease of the sinus(es). **The RUC agreed that codes 31290-31294 are not part of this family of services.**

The specialty societies proceeded with a survey of 31254-31288, 31241-31298 and 31295-31297 as this is the properly defined family of codes for review and also captures the list of services that the CMS and RUC screens requested for review.

Based on the extensive preliminary review and pre-facilitation with RUC members, the RUC agreed with the specialty societies that the survey results for the majority of the existing codes were disparate due to the lack of similar services with a 000-day global period with a wide range of work RVUs available to be placed on the reference service list (as most were being surveyed or affirmed as part of this family of services) resulting in a low percentage of respondents choosing the same key reference service. Therefore, the RUC suggested either maintaining existing work RVUs or recommending an appropriate direct crosswalk to support the recommendations relative to similar services in the payment schedule.

### **Balloon Sinuplasty Codes**

Medical therapy is typically used to manage chronic and acute rhinosinusitis. However, there are some patients who do not respond to medical therapy and will need surgery, either balloon or functional endoscopic sinus surgery to establish ventilation and drainage. Endoscopic sinus surgery optimizes further medical therapy and allows obtaining cultures and tissues for pathology. Several key things introduced since the 1990s are dramatic advances in medical therapy. Therefore, the typical patient has changed which results in increased intensity of the service for those individuals who must undergo these procedures. Additionally, when these codes were valued as new technology in 2010, they were solely performed in the hospital outpatient setting under general anesthesia. Over time, physicians have increased their skill and comfort level with performing these in the office setting, and now virtually all balloon procedures are done in the office under local/topical anesthesia. This dramatically reduced the pre-time (based on survey time and the package differentials) allotted for these procedures. However, the work has remained unchanged, resulting in increased intensities for these procedures.

The sphenoid balloon sinus is the least intense of these services. It is a straightforward shot enlarging of ostium of the sphenoid sinus. The next intense is the maxillary balloon sinus surgery, where the physician must work on an angle to create an opening and enlarge the opening of maxillary sinus. The most intense is the frontal sinus codes, which involves enlarging the ostium of the frontal sinus using angled scopes working adjacent to skull base and orbit to remove tissue and bone establish ventilation between the skull base and the sinus. Additionally, for frontal sinus surgery the physician is normally working at a 45-70 degree angle with both the endoscope and instruments. The frontal ostium is a very narrow space compared to the other sinuses and any scarring leads the patients to additional surgeries to repair.

### ***31295 Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or canine fossa***

The RUC reviewed the survey results of 123 otolaryngologists for CPT 31295 and recommends maintaining a work RVU of 2.70. The RUC recommends 15 minutes of evaluation time, 1 minute positioning, 5 minutes of scrub/dress/wait time, 20 minutes of intra-service time and 15 minutes immediate post-service time. The RUC noted that the intra-service time for this service is the same and the difference in total time is primarily due to applying the standard pre-time package. The specialty society noted that the site of service for this procedure has changed and this service is now typically performed in the office setting under topical and local anesthesia. The specialty noted and the RUC agreed that this service is slightly more intense performed on wide awake patient without any sedation. The physician is instrumenting the maxillary sinus and performing multiple dilations at a time while the patient hears and feels the bone cracking and reverberating, which is more intense than previously when the patient was sedated and unaware.

The RUC compared the surveyed code to MPC codes 51102 *Aspiration of bladder; with insertion of suprapubic catheter* (work RVU = 2.70 and 20 minutes intra-service time) and 52281 *Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female* (work RVU = 2.75 and 20 minutes intra-service time) and determined that these similar widely performed services support the existing value and physician time required to perform this service. **The RUC recommends a work RVU of 2.70 for CPT code 31295.**

**31297 Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)**

The RUC reviewed CPT 31297 and recommends a work RVU of 2.44. The RUC recommends 15 minutes of evaluation time, 1 minute positioning, 5 minutes of scrub/dress/wait time, 20 minutes of intra-service time and 15 minutes immediate post-service time. The RUC noted that the survey top reference services were not comparable for physician work and time. The specialty society recommended and vetted by the robust pre-facilitation of this tab, the RUC agreed that a direct crosswalk to CPT 43215 *Esophagoscopy, flexible, transoral; with removal of foreign body(s)* (work RVU = 2.44 and 20 minutes intra-service time) appropriately accounts for the work and time required to perform this service. The RUC noted that the decrease from the current work RVU appropriately accounts for the decrease in intra-service work as indicated by the survey respondents. The RUC agreed with the specialty society that this service is appropriately less intense and requires less physician work than the frontal sinus code 31296. The specialty society noted that the site of service for this procedure has changed and this service is now typically performed in the office setting under topical and local anesthesia. The specialty noted and the RUC agreed that this service is more intense performed on wide awake patient without any sedation. For additional support, the RUC referenced MPC code 51102 *Aspiration of bladder; with insertion of suprapubic catheter* (work RVU = 2.70 and 20 minutes intra-service time). **The RUC recommends a work RVU of 2.44 for CPT code 31297.**

**31296 Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)**

The RUC reviewed CPT 31296 and recommends a work RVU of 3.10. The RUC recommends 15 minutes of evaluation time, 1 minute positioning, 5 minutes of scrub/dress/wait time, 25 minutes of intra-service time and 15 minutes immediate post-service time. The RUC noted that the survey top reference services were not comparable for physician work and time. The specialty society recommended and the RUC agreed that a direct crosswalk to CPT 19083 *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance* (work RVU = 3.10 and 25 minutes intra-service time) appropriately accounts for the work and time required to perform this service. The RUC noted that the decrease from the current work RVU appropriately accounts for the 5 minute decrease in intra-service work as indicated by the survey respondents. The specialty society noted that the site of service for this procedure has changed and this service is now typically performed in the office setting under topical and local anesthesia. The specialty noted and the RUC agreed that this service is more intense performed on wide awake patient without any sedation. The RUC also noted that the frontal sinus is the most complex sinus for the balloon dilation endoscopy services and therefore appropriately valued higher than 31295 and 31297. For additional support, the RUC referenced similar service 45378 *Colonoscopy, flexible;*

*diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) (work RVU = 3.26 and 25 minutes intra-service time).* **The RUC recommends a work RVU of 3.10 for CPT code 31296.**

**31298 Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)**

The RUC reviewed the survey results from 114 otolaryngologists and recommends the survey 25<sup>th</sup> percentile work RVU of 4.50. The RUC recommends 15 minutes of evaluation time, 1 minute positioning, 5 minutes of scrub/dress/wait time, 40 minutes of intra-service time and 15 minutes immediate post-service time. The RUC noted that this is a bundle of 31296 and 31297. The RUC determined that the intensity and complexity, physician work and time for this bundled service is appropriate. The RUC compared the surveyed code to similar services 47532 *Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram) (work RVU = 4.25 and 45 minutes intra-service time)* and 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C (work RVU = 4.17 and 30 minutes intra-service time).* **The RUC recommends a work RVU of 4.50 for CPT code 31298.**

**Functional Endoscopic Sinus Surgery (FESS) Codes**

Medical therapy is typically used to manage chronic and acute rhinosinusitis. However, there are some patients who do not respond to medical therapy and will need surgery, either balloon or functional endoscopic sinus surgery to establish ventilation and drainage. Endoscopic sinus surgery optimizes further medical therapy and allows obtaining cultures and tissues for pathology. The typical patient and the intensity of the surgery have changed since these codes were last valued in the 1990s. The specialty society explained the increased intensity for these procedures.

First, the specialty societies indicated that the etiology and pathophysiology of chronic sinusitis has improved significantly since that time, as has the medical treatments clinicians have available. Such improvement in knowledge and treatment has led to greater success with initial medical treatment. In addition, those patients who fail medical therapy may undergo less invasive surgery with balloons, a procedure not available in the early 1990s. As such, the most recalcitrant, complex, difficult patients fail medical therapy and undergo endoscopic sinus surgery. These patients have greater degree of inflammation and infection, which makes the surgery more technically demanding, as visualization is hampered by the increased vascularity of infected and inflamed tissue.

Second, the outcome of surgery has changed significantly, also greatly increasing the technical demands of the surgery. It is now evident that stripping of mucosa, removal of turbinates, and minor abrasions to structures such as the nasal septum can contribute to scarring and can lead to significantly worse outcomes. Preserving mucosa and avoiding trauma to adjacent structures increases the technical demands and intensity of the surgery. This is of paramount importance in the frontal recess, where a small amount of scarring can lead to complete obstruction of the frontal sinus and the need for revision surgery. This information was not evident back in the early 1990s and, as such, the technical proficiency required to perform the surgery is much greater.

Lastly, the surgery itself has changed significantly since the early 1990s. In the past, the dictum was to avoid critical structures such as the ethmoid skull base and lamina papyracea along the orbit. Dissection stopped before ever reaching these areas. It is now known and taught to future physicians, that in order to obtain optimal outcomes, a comprehensive dissection must be performed. This involves removing partitions along the medial orbital wall, along the ethmoid skull base, and widely opening the sphenoid sinus in the vicinity of the carotid artery and optic nerve. This change represents the most technically challenging and intense portions of endoscopic sinus surgery. This and the other reasons above represent the increase in intensity from the original valuation in the 1990s when compared to present day.

**31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

The RUC reviewed CPT 31256 and recommends a work RVU of 3.11, below the survey 25<sup>th</sup> percentile. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 10 minutes of scrub/dress/wait time, 30 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC noted that the survey top reference services were not comparable for physician work and time. The specialty society recommended and the RUC agreed that a direct crosswalk to CPT 43247 *Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)* (work RVU = 3.11 and 30 minutes intra-service time) appropriately accounts for the work and time required to perform this service. The RUC noted that the decrease from the current work RVU appropriately accounts for the decrease in intra-service work as indicated by the survey respondents. The RUC noted that the services' intensity was probably undervalued previously based on the understanding of the complexity of this service. For additional support, the RUC referenced similar service 43214 *Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)* (work RVU = 3.40 and 30 minutes intra-service time). **The RUC recommends a work RVU of 3.11 for CPT code 31256.**

**31267 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

The RUC reviewed CPT 31267 and recommends a work RVU of 4.68. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 10 minutes of scrub/dress/wait time, 40 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing

and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC noted that the survey top reference services were not comparable for physician work and time. The specialty society recommended and the RUC agreed that a direct crosswalk to CPT 45393 *Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed* (work RVU = 4.68 and 40 minutes intra-service time) appropriately accounts for the work and time required to perform this service. The RUC noted that the decrease from the current work RVU appropriately accounts for the decrease in intra-service work as indicated by the survey respondents. The RUC pre-facilitated and fully examined the direct crosswalk and confirmed the physician time, intensity and complexity and physician work are appropriate. For additional support, the RUC referenced similar service 43253 *Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)* (work RVU = 4.73 and 40 minutes intra-service time). **The RUC recommends a work RVU of 4.68 for CPT code 31267.**

**31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

The RUC reviewed CPT 31287 and recommends a work RVU of 3.50. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 13 minutes of scrub/dress/wait time, 30 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC noted that the survey top reference services were not comparable for physician work and time. The specialty society recommended and the RUC agreed that a direct crosswalk to CPT 36473 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated* (work RVU = 3.50 and 30 minutes intra-service time) appropriately accounts for the work and time required to perform this service. The RUC noted that the decrease from the current work RVU appropriately accounts for the decrease in intra-service work as indicated by the survey respondents. The RUC pre-facilitated and fully examined the direct crosswalk and confirmed the physician time, intensity and complexity and physician work are appropriate. For additional support, the RUC referenced similar service 43233 *Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or*

larger) (includes fluoroscopic guidance, when performed) (work RVU = 4.07 and 30 minutes intra-service time). **The RUC recommends a work RVU of 3.50 for CPT code 31287.**

**31288 Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

The RUC reviewed CPT 31288 and recommends a work RVU of 4.10. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 13 minutes of scrub/dress/wait time, 40 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC noted that the survey top reference services were not comparable for physician work and time. The specialty society recommended and the RUC agreed that a direct crosswalk to CPT 44406 *Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures* (work RVU = 4.10 and 40 minutes intra-service time) appropriately accounts for the work and time required to perform this service. The RUC noted that the decrease from the current work RVU appropriately accounts for the decrease in intra-service work as indicated by the survey respondents. The RUC pre-facilitated and fully examined the direct crosswalk and confirmed the physician time, intensity and complexity and physician work are appropriate. For additional support, the RUC referenced similar service 43253 *Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)* (work RVU = 4.73 and 40 minutes intra-service time). **The RUC recommends a work RVU of 4.10 for CPT code 31288.**

**31254 Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

The RUC reviewed CPT 31254 and recommends a work RVU of 4.27. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 10 minutes of scrub/dress/wait time, 30 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the

increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC agreed that the intensity for this service is higher than the functional endoscopic sinus surgery on the maxillary or sphenoid sinuses. The physician is working closer to the orbit and skull base and the risk of major complications such as injury to eye muscles, bleeding into the eye or brain fluid leak become more inherent to these specific technical procedures.

The RUC noted that the survey top reference services were not comparable for physician work and time. The specialty society recommended and the RUC agreed that a direct crosswalk to CPT 43243 *Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices* (work RVU = 4.27 and 30 minutes intra-service time) appropriately accounts for the work and time required to perform this service. The RUC noted that the decrease from the current work RVU appropriately accounts for the decrease in intra-service work as indicated by the survey respondents. The RUC pre-facilitated and fully examined the direct crosswalk and confirmed the physician time, intensity and complexity and physician work are appropriate. For additional support, the RUC referenced similar service 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.46 and 30 minutes intra-service time). **The RUC recommends a work RVU of 4.27 for CPT code 31254.**

**31255 *Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)***

The RUC reviewed CPT 31255 and recommends a work RVU of 5.75. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 10 minutes of scrub/dress/wait time, 45 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC noted that the survey top reference services were not comparable for physician work and time. The RUC indicated that the intensity may be slightly higher than the anterior only code 31254, but there were no other comparable crosswalks. The specialty society recommended and the RUC agreed that a direct crosswalk to MPC code 52351 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic* (work RVU = 5.75 and 45 minutes intra-service time) appropriately accounts for the work and time required to perform this service. The RUC noted that the decrease from the current work RVU appropriately accounts for the decrease in intra-service work as indicated by the survey respondents. The RUC pre-facilitated and fully examined the direct crosswalk and confirmed the physician time, intensity and complexity and physician work are appropriate.



For additional support, the RUC referenced similar service 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75 and 45 minutes intra-service time). **The RUC recommends a work RVU of 5.75 for CPT code 31255.**

***31276 Nasal/sinus endoscopy, surgical; with frontal sinus exploration, including removal of tissue from frontal sinus, when performed***

The RUC reviewed CPT 31276 and recommends a work RVU of 6.75. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 10 minutes of scrub/dress/wait time, 45 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC noted that this is the most intense and complex functional endoscopic sinus surgeries. The specialty societies reiterated that this is the most difficult working with 45-70 degree endoscope working in the narrow confines up in the frontal recess. The frontal sinus is the least forgiving, if the physician inadvertently strips the mucosa or develop scarring the risk of failure is significant. The RUC noted that the survey top reference services were not comparable for physician work and time. The specialty society recommended and the RUC agreed that a direct crosswalk to CPT code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75 and 45 minutes intra-service time) appropriately accounts for the work and time required to perform this service. The RUC noted that the decrease from the current work RVU appropriately accounts for the decrease in intra-service work as indicated by the survey respondents. The RUC pre-facilitated and fully examined the direct crosswalk and confirmed the physician time, intensity and complexity and physician work are appropriate. For additional support, the RUC referenced similar service 37192 *Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 7.10 and 45 minutes intra-service time). **The RUC recommends a work RVU of 6.75 for CPT code 31276.**

**New Bundled Codes**

***31253 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed***

The RUC reviewed the survey results from 128 otolaryngologists and determined the survey 25<sup>th</sup> percentile work RVU of 9.00 appropriately accounts for the physician work required to perform this service. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 13

minutes of scrub/dress/wait time, 70 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC noted that this new service bundles 31255 (recommended work RVU = 5.75 and 45 minutes intra-time) and 31276 (recommended work RVU = 6.75 and 45 minutes intra-service time). The RUC notes that the survey physician time and 25<sup>th</sup> percentile work RVU appropriately accounts for the efficiencies of these services being performed together. The RUC compared the surveyed code to key reference 93582 *Percutaneous transcatheter closure of patent ductus arteriosus* (work RVU = 12.31 and 60 minutes intra-service time) and noted that the surveyed code is more intense and complex. For additional support the RUC referenced CPT code 47539 *Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter* (work RVU = 8.75 and 75 minutes intra-service time). **The RUC recommends a work RVU of 9.00 for CPT code 31253.**

**31257 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

The RUC reviewed CPT 31257 and recommends a work RVU of 8.00. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 15 minutes of scrub/dress/wait time, 60 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC recommends a direct crosswalk to CPT code 52356 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU = 8.00 and 60 minutes intra-service time). The RUC noted that this new service bundles 31255 (recommended work RVU = 5.75 and 45 minutes intra-time) and 31287 (recommended work RVU = 3.50 and 30 minutes intra-service time). The RUC notes that the recommended physician time and work RVU appropriately accounts for the efficiencies of

these services being performed together. The RUC confirmed the physician time and work for 31257 and 31241 are the same and thus should be valued the same. The additional support the RUC referenced CPT code 47539 *Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter* (work RVU = 8.75 and 75 minutes intra-service time). **The RUC recommends a work RVU of 8.00 for CPT code 31257.**

***31259 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus***

The RUC reviewed CPT 31259 and recommends a work RVU of 8.48. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 15 minutes of scrub/dress/wait time, 65 minutes of intra-service time and 20 minutes immediate post-service time. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The RUC recommends a direct crosswalk to CPT code 43274 *Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent* (work RVU = 8.48 and 68 minutes intra-service time). The RUC noted that this new service bundles 31255 (recommended work RVU = 5.75 and 45 minutes intra-time) and 31288 (recommended work RVU = 4.10 and 40 minutes intra-service time). The RUC notes that the recommended physician time and work RVU appropriately accounts for the efficiencies of these services being performed together. The additional support the RUC referenced CPT code 47539 *Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter* (work RVU = 8.75 and 75 minutes intra-service time). **The RUC recommends a work RVU of 8.48 for CPT code 31259.**

**New Sphenopalatine Artery Code**

***31241 Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery***

The RUC reviewed CPT 31241 and recommends a work RVU of 8.00. The RUC recommends 15 minutes of evaluation time, 8 minutes positioning, 15 minutes of scrub/dress/wait time, 60 minutes of intra-service time, 25 minutes immediate post-service time and a half day discharge day management 99238. The specialty society indicated and the RUC agreed that additional 5 minutes of positioning time is required for

the multiple applications of topical decongestant. As is indicated in the description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family and is consistent with the increased time provided in positioning. The RUC agreed that this was the typical flow of the procedure to provide the appropriate positioning and preparation of the patient.

The specialty society noted that they failed to use the 000-day survey instrument that questions the number and type of visits. However, during review of the direct practice expense inputs the specialty society confirmed that a half day discharge day management is necessary as the patients typically stay overnight to be monitored for further bleeding and monitored due to the recent acute blood loss.

The RUC recommends a direct crosswalk to CPT code 52356 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU = 8.00 and 60 minutes intra-service time). The RUC confirmed the physician time and work for 31257 and 31241 are the same and thus should be valued the same. For additional support the RUC referenced CPT code 52346 *Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU = 8.58 and 60 minutes intra-service time). **The RUC recommends a work RVU of 8.00 for CPT code 31241.**

### **Affirmation of RUC Recommendations**

The RUC affirmed the recent RUC recommendations for CPT codes 31231, 31237, 31238, 31239 and 31240, previously submitted after review in this coding cycle. The relativity within the family remains correct.

### **Work Neutrality**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

### **Practice Expense**

The Practice Expense Subcommittee reviewed the direct practice expense inputs as recommended by the specialty and reduced the pre-service time for all the services to be similar to pre-service time for 000 day global endoscopic procedures. The PE Subcommittee reduced the overall time for CPT code 31241 because of its emergent nature and also to account for any service that is typically reported with an Evaluation and Management service. In addition, the PE Subcommittee added a half discharge day management for 31241. This is unusual for a 000 day global, however the Subcommittee determined that it was appropriate because the patient will be staying overnight in the facility setting. The Subcommittee increased the time to correct cleaning of the instrument pack for CPT codes 31254, 31295, 31296, 31297 and 31298 which had incorrectly been assigned 10 minutes to clean a basic pack previously, but requires 15 minutes to clean a medium pack. The Subcommittee also verified that a full balloon is necessary for the 31298 because this service includes two sinuses. The Subcommittee noted that a half catheter for

each balloon is necessary for the rest of the services because multiple sinuses, typically two, could be balloon dilated at the same time. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Respiratory System Endoscopy</b>  A surgical sinus endoscopy includes a sinusotomy (when appropriate) and diagnostic endoscopy.  Codes 31295-31297 describe dilation of sinus ostia by displacement of tissue, any method, and include fluoroscopy if performed.  <u>Stereotactic computer-assisted navigation may be used to facilitate the performance of endoscopic sinus surgery, and may be reported with 61782.</u>  Codes 31233-31297 are used to report unilateral procedures unless otherwise specified.  Codes 31231-31235 for diagnostic evaluation refer to employing a nasal/sinus endoscope to inspect the interior of the nasal cavity and the middle and superior meatus, the turbinates, and the spheno-ethmoid recess. Any time a diagnostic evaluation is performed all these areas would be inspected and a separate code is not reported for each area. <u>To report these services when all the elements are not fully examined (eg, judged not clinically pertinent), or because the clinical situation precludes such exam (eg, technically unable, altered anatomy), append modifier 52 if repeat examination is not planned, or modifier 53 if repeat examination is planned.</u>  31239 <i>with dacryocystorhinostomy</i>  31240				
(f) 31231		Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	000	Specialty Society indicates not part of family  (Affirmed 1.10 RUC Surveyed January 2012)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
(f) 31233		Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	000	Specialty Society indicates not part of family
(f) 31235		Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	000	Specialty Society indicates not part of family
(f) 31237		Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	000	2.60 (Affirmed RUC Surveyed April 2013)
(f) 31238		with control of nasal hemorrhage <u>(Do not report 31238 in conjunction with 31241 when performed on the ipsilateral side)</u>		2.74 (Affirmed RUC Surveyed April 2013)
(f) 31239		with dacryocystorhinostomy		9.04 (Affirmed RUC Surveyed April 2013)
(f) 31240		with concha bullosa resection (For endoscopic osteomeatal complex [OMC] resection with antrostomy and/or anterior ethmoidectomy, with or without removal of polyp[s], use 31254 and 31256) (For endoscopic osteomeatal complex [OMC] resection with		2.61 (Affirmed RUC Surveyed April 2013)

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		antrostromy, removal of antral mucosal disease, and/or anterior ethmoidectomy, with or without removal of polyp[s], use 31254 and 31267)		
●31241	R1	with ligation of sphenopalatine artery (Do not report 31241 in conjunction with 31238 when performed on the ipsilateral side)	000	8.00
▲ 31254	R2	Nasal/sinus endoscopy, surgical; with ethmoidectomy; partial (anterior) <u>(Do not report 31254 with 31255, 31253, 31257, 31259, 0406T, 0407T when performed on the ipsilateral side)</u>	000	4.27
▲31255	R3	total (anterior and posterior) <u>(Do not report 31255 in conjunction with 31253, 31257, 31259, 31254, 31276, 31287, 31288, 0406T, 0407T when performed on the ipsilateral side)</u>	000	5.75
●31253	R4	total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed <u>(Do not report 31253 in conjunction with 31298, 31237, 31254, 31255, 31276, 31296, 0406T, 0407T when performed on the ipsilateral side)</u>	000	9.00

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●31257	R5	total (anterior and posterior), including sphenoidotomy <u>(Do not report 31257 in conjunction with 31259, 31298, 31235, 31237, 31254, 31255, 31287, 31288, 31297, 0406T, 0407T when performed on the ipsilateral side)</u>	000	8.00
●31259	R6	total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus <u>(Do not report 31259 in conjunction with 31257, 31298, 31235, 31237, 31254, 31255, 31287, 31288, 31297, 0406T, 0407T when performed on the ipsilateral side)</u>	000	8.48
(f) 31256	R7	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; (For endoscopic anterior and posterior .....) (For endoscopic anterior and posterior.....) (For endoscopic anterior and posterior.....)	000	3.11
(f) 31267	R8	with removal of tissue from maxillary sinus (Do not report 31256, 31267 in conjunction.....) (For endoscopic anterior and posterior.....)	000	4.68
▲31276	R9	Nasal/sinus endoscopy, surgical; with frontal sinus exploration, <u>including</u> removal of tissue from frontal sinus, <u>when performed</u>  (Do not report 31276 in conjunction with <u>31253, 31298, 31255,</u>	000	6.75



CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		<p>31296 when performed on the <del>same sinus</del> <u>ipsilateral side</u>)</p> <p><i>(For endoscopic anterior and posterior.....)</i></p> <p><i>(For endoscopic anterior and posterior.....)</i></p>		
(f) 31287	R10	<p>Nasal/sinus endoscopy, surgical, with sphenoidotomy;</p> <p><u>(Do not report 31287 in conjunction with 31235, 31255, 31257, 31259, 31298, 31288 31297 when performed on the ipsilateral side)</u></p>	000	3.50
(f) 31288	R11	<p>with removal of tissue from the sphenoid sinus</p> <p><u>(Do not report <del>31287</del>, 31288 in conjunction with 31235, 31255, 31257, 31259, 31298, 31287, 31297 when performed on the ipsilateral side)</u></p>	000	4.10
(f) 31290		Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	010	Specialty Society indicates not part of family (2017:18.61)
(f) 31291		sphenoid region	010	Specialty Society indicates not part of family (2017:19.56)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
(f) 31292		Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	010	Specialty Society indicates not part of family (2017:15.90)
(f) 31293		with medial orbital wall and inferior orbital wall decompression	010	Specialty Society indicates not part of family (2017:17.47)
(f) 31294		with optic nerve decompression	010	Specialty Society indicates not part of family (2017:20.31)
(f) 31295	R12	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or canine fossa  (Do not report 31295 in conjunction with 31233, 31256, 31267 when performed on the <del>same sinus</del> ipsilateral side)	000	2.70 (No Change)
(f) 31296	R13	with dilation of frontal sinus ostium (eg, balloon dilation)  (Do not report 31296 in conjunction with <u>31253, 31298, 31276, 31297</u> when performed on the <del>same sinus</del> ipsilateral side)	000	3.10

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
(f) 31297	R14	<p>with dilation of sphenoid sinus ostium (eg, balloon dilation)</p> <p>(Do not report 31297 in conjunction with <u>31257, 31259, 31298, 31235, 31287, 31288, 31296</u> when performed on the <del>same sinus</del> <u>ipsilateral side</u>)</p>	000	2.44
●31298	R15	<p><u>with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)</u></p> <p>(Do not report 31298 in conjunction with <u>31253, 31257, 31259, 31235, 31237, 31276, 31287, 31288, 31296, 31297</u> when performed on the <u>ipsilateral side</u>)</p>	000	4.50



December 12, 2016

Peter Smith, MD  
Chair, AMA Relative Update Committee  
American Medical Association  
330 N. Wabash Ave.  
Suite 39300  
Chicago, IL 60611

Re: Tab 7: Nasal Endoscopy

Dear Dr. Smith:

On behalf of the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS), presenters for Tab 7 Nasal Endoscopy, we are writing to outline our rationale for selecting which codes to survey for the upcoming RUC meeting in January 2017. Immediately after the level of interest (LOI) forms were released, our RUC staff contacted our assigned AMA staff for Tab 7 (Susan Clark) to notify her that we disagreed with the list of codes included on the LOI. Specifically, the LOI included over 20 CPT codes, ranging from 31231-31297 as well as the five new codes approved by the CPT Editorial Panel during the October 2016 CPT meeting. After discussion with Ms. Clark, it was clarified that the reason that several codes (31231-40 and 31290-94) were included were because minor editorial changes were made to their parentheticals as part of the CPT meeting. In contrast, the codes that underwent significant review/revision included: 31254-88 (endoscopic sinus surgery codes) and CPT 31295-97 (balloon sinus dilation codes). These were the codes initially captured by the reported 75% together (endoscopic sinus surgery codes and balloon codes) and the new technology screen (balloon codes), and for which CMS and the RUC had requested review.

After discussion, AMA staff requested a rationale for why 31231-40 and 31290-94 should not be included in the review. We note that there are multiple reasons for exclusion of these codes in the survey for the upcoming RUC meeting. That includes:

- 1) CPT codes 31231, 31233 and 31235 are not part of the family because these are diagnostic services as contrasted with the endoscopic sinus surgery and balloon sinus dilation codes which are therapeutic services;
- 2) CPT codes 31231 and 31237-40 should not be included as part of the family because they were recently surveyed. 31237-40 were reviewed (31239 along with Ophthalmology) in April 2013 and 31231 was reviewed in January 2012. As such, we request that the RUC reaffirm the January 2012 and April 2013 work and practice expense recommendations for these codes;
- 3) Last, CPT 31290-94 should not be included as part of family because they are clinically dissimilar. This group of codes are used to treat different disease processes (i.e. CSF leaks and orbital/ocular conditions) rather than disease of the sinus(es).

In conclusion, based on the aforementioned rationale, we proceeded with a survey of 31254-88, 312XX1-X5 and 31295-97 as we believe this is the properly defined family of codes for review and it also captures



the list of services that the CMS and RUC screens requested for review. As such, we respectfully request that the RUC reaffirm the recently recommended values for 31231 and 31237-40. We do not believe the remaining codes require review at this time.

Should you have any questions or concerns regarding this matter, please contact our RUC staff, Jenna Minton, Esq., at: [mintonhealthcarestrategies@gmail.com](mailto:mintonhealthcarestrategies@gmail.com) or 517.927.8696. Thank you in advance for your consideration of this request.

Sincerely,

R. Peter Manes, MD  
AAO-HNS RUC Advisor

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31295      Tracking Number R12

Original Specialty Recommended RVU: **2.70**Presented Recommended RVU: **2.70**

Global Period: 000

RUC Recommended RVU: **2.70**

CPT Descriptor: Nasal/sinus endoscopy, surgical with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or canine fossa

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old patient who has failed medical management presents with chronic maxillary sinusitis, characterized by maxillary discomfort, purulent drainage from the maxillary ostium, and/or maxillary outflow (infundibulum) obstruction, is considered a candidate for balloon dilation of the ostium.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Vital signs are obtained and the physician ensures that the endoscopes, suction, air source for insufflation, and video recording equipment are available and functioning properly. Radiographic images are reviewed. The physician explains the procedure and obtains consent. A time out is performed and the physician washes hands and dons proper gloves, gown and personal protective equipment. The patient is draped. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect. Pledgets soaked in decongestant and anesthesia are then placed in the nasal cavity followed by a wait time for them to take effect.

Description of Intra-Service Work: Previously placed pledgets are removed. Under endoscopic visualization, pledgets soaked in decongestant and anesthesia are placed in the middle meatus followed by a wait time for them to take effect. Pledgets are then removed and an intranasal anesthetic/vasoconstrictive agent is injected into the middle turbinate and uncinate process, followed by a wait time for this to take effect. The middle turbinate is medialized. The uncinate process is rotated anteriorly. Under endoscopic visualization a guide-wire is introduced into the maxillary ostium via either a transnasal or sublabial transmaxillary (puncture) approach. A deflated balloon catheter is threaded over the guide wire and introduced into the natural maxillary ostium. Positioning of both the guide-wire and the balloon are confirmed endoscopically and with transillumination. The balloon is then inflated resulting in dilation of the natural ostium of the sinus, displacing bone and mucosa. After dilation the balloon is deflated and removed. In some cases, a separate catheter can be introduced over the guide-wire for irrigation of the sinus.

Description of Post-Service Work: The patient is monitored during the recovery period. Home restrictions (ie, activity), treatment, and findings are explained to the patient using the procedure video recording and pointing out areas of normal anatomy and pathology. Subsequent evaluation and therapeutic plan are discussed. Prescriptions are written for medications needed post discharge. Medication reconciliation is performed. The examination and any still images are saved on the digital recording system. The procedure note is dictated and findings communicated to the referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31295				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	123	<b>Response:</b>	2.9 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	10.00	30.00	300.00
<b>Survey RVW:</b>	1.00	2.80	4.00	6.00	40.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	5.00	15.00	20.00	30.00	180.00
<b>Immediate Post Service-Time:</b>	15.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	31295	<b>Recommended Physician Work RVU: 2.70</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	17.00	-2.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	5.00	0.00	
<b>Intra-Service Time:</b>	20.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43220	000	2.10	RUC Time

CPT Descriptor Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43195	000	3.07	RUC Time

CPT Descriptor Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52005	000	2.37	RUC Time	41,740

CPT Descriptor 1 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52281	000	2.75	RUC Time	82,484

CPT Descriptor 2 Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43250	000	3.07	RUC Time

CPT Descriptor Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 17      % of respondents: 13.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 8.1 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31295</u></b>	<b>Top Key Reference CPT Code: <u>43220</u></b>	<b>2nd Key Reference CPT Code: <u>43195</u></b>
Median Pre-Service Time	21.00	27.00	49.00
Median Intra-Service Time	20.00	20.00	30.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>56.00</b>	<b>57.00</b>	<b>94.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.76	-0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.24	-0.20
Urgency of medical decision making	-0.59	-0.30
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	-0.29	0.40
Physical effort required	-0.35	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.88	0.10
Outcome depends on the skill and judgment of physician	-0.53	-0.20
Estimated risk of malpractice suit with poor outcome	-0.59	0.10

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.71	0.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Physician Time:*****Pre-Service Time***

As our reviewers likely noticed, the pre-service times for the balloon codes are down considerably. The reason for this is when the codes were initially presented in 2010 these procedures were only done in the facility setting, therefore pre-service package 3 was selected. Over the past six years, the site of service has changed and is now predominantly office based. Given this, our expert panel selected pre-service package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) for this code based on the fact that the procedure is typically performed in the non-

facility setting using local/topical anesthesia. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a total pretime of 21 minutes.**

### ***Intra-Service Time***

**We are recommending our median survey time of 20 minutes for intra service work.**

### ***Post-Service Time***

The expert panel selected post-package 7A (Local Anesthesia/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 15 minutes.**

### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends maintenance of existing value at 2.70 RVUs with a total time of 56 minutes**

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31295, as they demonstrate relativity across the fee schedule.

### ***Additional Reference Codes***

<b>CPT Code</b>	<b>Long Desc</b>	<b>Work RVU</b>	<b>Pre</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>Most Recent RUC Review</b>	<b>IWPUT</b>	<b>2015 Utilization</b>
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2.43	33	20	10	63	Oct12	0.0769	19
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	2.49	27	20	15	62	Jan13	0.081	15556
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	2.5	22	20	18	60	Oct12	0.0845	3715
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2.54	33	20	10	63	Oct12	0.0824	215
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.54	33	20	10	63	Oct12	0.0824	1171
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	2.6	23	20	5	48	Apr13	0.1022	113805
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	2.61	38	20	15	73	Apr13	0.0783	5082
<b>31295</b>	<b>Nasal/sinus endoscopy, surgical with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or canine fossa</b>	<b>2.70</b>	<b>21</b>	<b>20</b>	<b>15</b>	<b>56</b>		<b>.098</b>	<b>26,482</b>
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	2.75	16	20	10	46	Apr10	0.112	82484
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	2.77	27	20	15	62	Jan13	0.095	100132
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2.91	33	20	10	63	Oct13	0.1009	1
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through	3.01	27	20	15	62	Jan13	0.107	102824

	esophagus over guide wire								
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.07	24	20	14	58	Jan13	0.1145	4772
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	3.29	39	20	25	84	Apr14	0.0964	73
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	3.5	55	20	20	95	Apr15	0.0982	3087

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☒ Other reason (please explain) The 2012 claims data available when this code family initially hit the RAW screen for services reported together greater than 75% did not indicate these code pairings. The 2014 claims data sent prior to this RUC meeting indicated that these code combinations are now also reported together greater than 75% of the time. This information was not available until the surveys for the January RUC meeting were already out to respondents.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
4.	31295	000	2.70	43	20	15	4.74
5.	31296	000	3.39	43	30	15	
6.							
7.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
8.	31295	000	2.70	43	20	15	4.02
9.	31297	000	2.64	43	28	15	
10.							

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This procedure previously was reported using 31295

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 79446

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the Medicare database volume

Specialty Otolaryngology Frequency 79446 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 26,482 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology Frequency 26482 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31295

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31295	<b># of Respondents:</b>	123
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or canine fossa		

<b>Top Ref Code:</b>	43220	<b># of Respondents:</b>	17	<b>% of Respondents:</b>	14%
<b>Top Ref Code Descriptor:</b>	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		12%	47%	41%	0%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		64%	18%	18%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		41%	35%	24%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		53%	41%	6%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		41%	41%	18%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		41%	47%	12%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		64%	29%	6%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		48%	35%	18%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		39%	24%	18%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:31297      Tracking Number   R14

Original Specialty Recommended RVU: **2.64**Presented Recommended RVU: **2.44**

Global Period: 000

RUC Recommended RVU: **2.44**

CPT Descriptor: Nasal/sinus endoscopy, surgical with dilation of sphenoid sinus ostium (eg, balloon dilation)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old patient who has failed medical management presents with chronic sphenoid sinusitis, characterized by a history of headaches, purulent drainage from the sphenoid ostium, and/or sphenoid ostial obstruction, with possible visual disturbance, is considered a candidate for balloon dilation of the sphenoid ostium.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Vital signs are obtained and the physician ensures that the endoscopes, suction, air source for insufflation, and video recording equipment are available and functioning properly. Radiographic images are reviewed. The physician explains the procedure and obtains consent. A time out is performed and the physician washes hands and dons proper gloves, gown and personal protective equipment. The patient is draped. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect. Pledgets soaked in decongestant and anesthesia are then placed in the nasal cavity followed by a wait time for them to take effect.

Description of Intra-Service Work: Previously placed pledgets are removed. Under endoscopic visualization, pledgets soaked in decongestant and anesthesia are placed in the sphenoethmoid recess followed by a wait time for them to take effect. Pledgets are then removed and an intranasal anesthetic/vasoconstrictive agent is injected into the middle turbinate, followed by a wait time for this to take effect. The middle turbinate is lateralized. Under endoscopic visualization a guide-wire is introduced into the sphenoid ostium via a transnasal approach. A deflated balloon catheter is threaded over the guide wire and introduced into the sphenoid ostium. Positioning of both the guide-wire and the balloon are confirmed endoscopically during the course of the placement of each. The balloon is then inflated resulting in dilation of the natural ostium of the sinus, displacing bone and mucosa. After dilation the balloon is deflated and removed. In some cases, a separate catheter can be introduced over the guide-wire for irrigation of the sinus.

Description of Post-Service Work: The patient is monitored during the recovery period. Home restrictions (ie, activity), treatment, and findings are explained to the patient using the procedure video recording and pointing out areas of normal anatomy and pathology. Subsequent evaluation and therapeutic plan are discussed. Prescriptions are written for medications needed post discharge. Medication reconciliation is performed. The examination and any still images are saved on the digital recording system. The procedure note is dictated and findings communicated to the referring physician.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31297				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	121	<b>Response:</b> 2.9 %	
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	5.00	25.00	300.00
<b>Survey RVW:</b>	1.00	2.90	4.11	7.25	60.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	5.00	15.00	20.00	30.00	180.00
<b>Immediate Post Service-Time:</b>	15.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	31297	<b>Recommended Physician Work RVU: 2.44</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	17.00	-2.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	5.00	0.00	
<b>Intra-Service Time:</b>	20.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43220	000	2.10	RUC Time

CPT Descriptor Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
11043	000	2.70	RUC Time

CPT Descriptor Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52005	000	2.37	RUC Time	41,740

CPT Descriptor 1 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
31628	000	3.55	RUC Time	35,060

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31237	000	2.60	RUC Time

CPT Descriptor Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 16      % of respondents: 13.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 7.4 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31297</u></b>	<b>Top Key Reference CPT Code: <u>43220</u></b>	<b>2nd Key Reference CPT Code: <u>11043</u></b>
Median Pre-Service Time	21.00	27.00	41.00
Median Intra-Service Time	20.00	20.00	30.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>56.00</b>	<b>57.00</b>	<b>86.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	-0.50	0.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.50
Urgency of medical decision making	-0.06	0.11

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.06	0.67
Physical effort required	-0.19	0.22

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.56	0.67
Outcome depends on the skill and judgment of physician	-0.25	0.78
Estimated risk of malpractice suit with poor outcome	-0.50	0.78

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.56	0.67
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Physician Time:*****Pre-Service Time***

As our reviewers likely noticed, the pre-service times for the balloon codes are down considerably. The reason for this is when the codes were initially presented in 2010 these procedures were only done in the facility setting, therefore pre-service package 3 was selected. Over the past six years, the site of service has changed and is now predominantly office based. Given this, our expert panel selected pre-service package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) for this code based on the fact that the procedure is typically performed in the non-

facility setting using local/topical anesthesia. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a total pretime of 21 minutes.**

### ***Intra-Service Time***

**We are recommending our median survey time of 20 minutes for intra service work.**

### ***Post-Service Time***

The expert panel selected post-package 7A (Local Anesthesia/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 15 minutes.**

### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends maintenance a work RVU of 2.44 based on a crosswalk to CPT 43215 Esophagoscopy, flexible, transoral; with removal of foreign body(s), with a total time of 56 minutes**

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31297, as they demonstrate relativity across the fee schedule.

### ***Additional Reference Codes***

<b>CPT Code</b>	<b>Long Desc</b>	<b>Work RVU</b>	<b>Pre</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>Most Recent RUC Review</b>	<b>IWPUT</b>	<b>2015 Utilization</b>
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2.43	33	20	10	63	Oct12	0.0769	19
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	2.49	27	20	15	62	Jan13	0.081	15556
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	2.5	22	20	18	60	Oct12	0.0845	3715
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2.54	33	20	10	63	Oct12	0.0824	215
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.54	33	20	10	63	Oct12	0.0824	1171
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	2.6	23	20	5	48	Apr13	0.1022	113805
<b>31297</b>	<b>Nasal/sinus endoscopy, surgical with dilation of sphenoid sinus ostium (eg, balloon dilation)</b>	<b>2.64</b>	<b>21</b>	<b>20</b>	<b>15</b>	<b>56</b>		<b>.095</b>	<b>16,988</b>
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	2.61	38	20	15	73	Apr13	0.0783	5082
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	2.68	30	20	10	60	Apr03	0.0928	35
51102	Aspiration of bladder; with insertion of suprapubic catheter	2.7	25	20	15	60	Apr08	0.0938	13821
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	2.75	16	20	10	46	Apr10	0.112	82484
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	2.77	27	20	15	62	Jan13	0.095	100132
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2.91	33	20	10	63	Oct13	0.1009	1
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	3.01	27	20	15	62	Jan13	0.107	102824

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) The 2012 claims data available when this code family initially hit the RAW screen for services reported together greater than 75% did not indicate these code pairings. The 2014 claims data sent prior to this RUC meeting indicated that these code combinations are now also reported together greater than 75% of the time. This information was not available until the surveys for the January RUC meeting were already out to respondents.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
4.	31295	000	2.70	43	20	15	4.02
5.	31297	000	2.64	43	28	15	
6.							
7.							

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This procedure previously was reported using 31297

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50964

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the annual Medicare volume multiplied by three.

Specialty Otolaryngology Frequency 50964 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 16,988 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology	Frequency 16988	Percentage 100.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31297

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31297	<b># of Respondents:</b>	121
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with dilation of sphenoid sinus ostium (eg, balloon dilation)		

<b>Top Ref Code:</b>	43220	<b># of Respondents:</b>	16	<b>% of Respondents:</b>	13%
<b>Top Ref Code Descriptor:</b>	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		25%	19%	50%	0%	6%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		57%	25%	19%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		25%	44%	31%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		25%	56%	19%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		19%	50%	31%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		25%	63%	13%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		51%	44%	6%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		44%	31%	25%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		57%	25%	19%		



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31296      Tracking Number R13

Original Specialty Recommended RVU: **3.29**Presented Recommended RVU: **3.10**

Global Period: 000

RUC Recommended RVU: **3.10**

CPT Descriptor: Nasal/sinus endoscopy, surgical with dilation of frontal sinus ostium (eg, balloon dilation)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old patient who has failed medical management presents with chronic frontal sinusitis, characterized by frontal discomfort, purulent frontal recess drainage, and/or frontal recess obstruction, is considered a candidate for balloon dilation of the frontal sinus ostium/outflow tract

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Vital signs are obtained and the physician ensures that the endoscopes, suction, air source for insufflation, and video recording equipment are available and functioning properly. Radiographic images are reviewed. The physician explains the procedure and obtains consent. A time out is performed and the physician washes hands and dons proper gloves, gown and personal protective equipment. The patient is draped. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect. Pledgets soaked in decongestant and anesthesia are then placed in the nasal cavity followed by a wait time for them to take effect.

Description of Intra-Service Work: Previously placed pledgets are removed. Under endoscopic visualization, pledgets soaked in decongestant and anesthesia are placed in the middle meatus followed by a wait time for them to take effect. Pledgets are then removed and an intranasal anesthetic/vasoconstrictive agent is injected into the middle turbinate and uncinate process, followed by a wait time for this to take effect. The middle turbinate is medialized. Pledgets soaked in decongestant and anesthesia are placed in the frontal recess followed by a wait time for them to take effect. Under endoscopic visualization a guide-wire is introduced into the frontal recess via a transnasal approach. A deflated balloon catheter is threaded over the guide wire and introduced into the frontal ostium. Positioning of both the guide-wire and the balloon are confirmed endoscopically and with transillumination during the course of the placement of each. The balloon is then inflated resulting in dilation of the natural ostium of the sinus, displacing bone and mucosa. After dilation the balloon is deflated and removed. In some cases, a separate catheter can be introduced over the guide-wire for irrigation of the sinus.

Description of Post-Service Work: The patient is monitored during the recovery period. Home restrictions (ie, activity), treatment, and findings are explained to the patient using the procedure video recording and pointing out areas of normal anatomy and pathology. Subsequent evaluation and therapeutic plan are discussed. Prescriptions are written for medications needed post discharge. Medication reconciliation is performed. The examination and any still images are saved on the digital recording system. The procedure note is dictated and findings communicated to the referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31296				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	123	<b>Response:</b>	2.9 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	12.00	30.00	350.00
<b>Survey RVW:</b>	1.00	3.30	4.75	7.50	60.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	5.00	15.00	25.00	38.00	180.00
<b>Immediate Post Service-Time:</b>	15.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	31296	<b>Recommended Physician Work RVU: 3.10</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	17.00	-2.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	5.00	0.00	
<b>Intra-Service Time:</b>	25.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43196	000	3.31	RUC Time

CPT Descriptor Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43220	000	2.10	RUC Time

CPT Descriptor Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52005	000	2.37	RUC Time	41,740

CPT Descriptor 1 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
31628	000	3.55	RUC Time	35,060

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
45378	000	3.36	RUC Time

CPT Descriptor Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 16      % of respondents: 13.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 6.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31296</u></b>	<b>Top Key Reference CPT Code: <u>43196</u></b>	<b>2nd Key Reference CPT Code: <u>43220</u></b>
Median Pre-Service Time	21.00	49.00	27.00
Median Intra-Service Time	25.00	33.00	20.00
Median Immediate Post-service Time	15.00	20.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>61.00</b>	<b>102.00</b>	<b>57.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.06	-0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.25	0.00
Urgency of medical decision making	0.06	-0.13
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.31	0.00
Physical effort required	-0.06	-0.50

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.13	-0.63
Outcome depends on the skill and judgment of physician	0.38	-0.25
Estimated risk of malpractice suit with poor outcome	0.25	-0.38

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.31	-0.38
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Physician Time:*****Pre-Service Time***

As our reviewers likely noticed, the pre-service times for the balloon codes are down considerably. The reason for this is when the codes were initially presented in 2010 these procedures were only done in the facility setting, therefore pre-service package 3 was selected. Over the past six years, the site of service has changed and is now predominantly office based. Given this, our expert panel selected pre-service package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) for this code based on the fact that the procedure is typically performed in the non-

facility setting using local/topical anesthesia. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a total pretime of 21 minutes.**

### ***Intra-Service Time***

**We are recommending our median survey time of 25 minutes for intra service work.**

### ***Post-Service Time***

The expert panel selected post-package 7A (Local Anesthesia/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 15 minutes.**

### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a work RVU of 3.10 based on a crosswalk to CPT 19083 Biopsy, breast, with placement of breast localization device(s) of 3.10 and a total time of 61 minutes**

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31296, as they demonstrate relativity across the fee schedule.

### ***Additional Reference Codes***

CPT Code	Long Desc	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2015 Utilization
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	3.1	19	25	15	59	Apr13	0.0964	108026
<b>31296</b>	<b>Nasal/sinus endoscopy, surgical with dilation of frontal sinus ostium (eg, balloon dilation)</b>	<b>3.29</b>	<b>21</b>	<b>25</b>	<b>15</b>	<b>61</b>		<b>.102</b>	<b>26,168</b>
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	3.36	27	25	15	67	Jan14	0.0996	461645
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	4	65	25	20	110	Apr11	0.0896	1335

## **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) The 2012 claims data available when this code family initially hit the RAW screen for services reported together greater than 75% did not indicate these code pairings.

The 2014 claims data sent prior to this RUC meeting indicated that these code combinations are now also reported together greater than 75% of the time. This information was not available until the surveys for the January RUC meeting were already out to respondents.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
4.	31295	000	2.70	43	20	15	4.74
5.	31296	000	3.39	43	30	15	
6.							

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This procedure previously was reported using 31296

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 78504

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the annual Medicare volume multiplied by three.

Specialty Otolaryngology Frequency 78504 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

26,168 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology Frequency 26168 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Procedures

BETOS Sub-classification:  
Minor procedure

BETOS Sub-classification Level II:  
Musculoskeletal

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31296

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31296	<b># of Respondents:</b>	123
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with dilation of frontal sinus ostium (eg, balloon dilation)		

<b>Top Ref Code:</b>	43196	<b># of Respondents:</b>	16	<b>% of Respondents:</b>	13%
<b>Top Ref Code Descriptor:</b>	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	13%	56%	19%	13%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		12%	63%	25%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		13%	50%	38%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		19%	56%	25%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		19%	38%	44%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		37%	31%	31%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		31%	31%	48%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		13%	50%	38%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		25%	38%	38%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31298      Tracking Number R15

Original Specialty Recommended RVU: **4.50**Presented Recommended RVU: **4.50**

Global Period: 000

RUC Recommended RVU: **4.50**

CPT Descriptor: Nasal/sinus endoscopy, surgical with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48 year-old female presents with chronic right frontal and ipsilateral sphenoid sinusitis, with obstruction of the right sphenoid ostium, and of the frontal recess. She has failed medical therapy. The patient undergoes balloon dilatation of the right frontal and sphenoid sinus ostia.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Vital signs are obtained and the physician ensures that the endoscopes, suction, air source for insufflation, and video recording equipment are available and functioning properly. Radiographic images are reviewed. The physician explains the procedure and obtains consent. A time out is performed and the physician washes hands and dons proper gloves, gown and personal protective equipment. The patient is draped. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect. Pledgets soaked in decongestant and anesthesia are then placed in the nasal cavity followed by a wait time for them to take effect.

Description of Intra-Service Work: Previously placed pledgets are removed. Under endoscopic visualization, pledgets soaked in decongestant and anesthesia are placed in the middle meatus followed by a wait time for them to take effect. Pledgets are then removed and an intranasal anesthetic/vasoconstrictive agent is injected into the middle turbinate and uncinate process, followed by a wait time for this to take effect. The middle turbinate is medialized. Pledgets soaked in decongestant and anesthesia are placed in the frontal recess followed by a wait time for them to take effect. Under endoscopic visualization a guide-wire is introduced into the frontal recess via a transnasal approach. A deflated balloon catheter is threaded over the guide wire and introduced into the frontal ostium. Positioning of both the guide-wire and the balloon are confirmed endoscopically and with transillumination during the course of the placement of each. The balloon is then inflated resulting in dilation of the natural ostium of the sinus, displacing bone and mucosa. After dilation the balloon is deflated and removed. In some cases, a separate catheter can be introduced over the guide-wire for irrigation of the sinus. The middle turbinate is then lateralized and pledgets soaked in decongestant and anesthesia are placed in the sphenoethmoid recess, followed by a wait time for this to take effect. Pledgets are then removed. Under endoscopic visualization a guide-wire is introduced into the sphenoid ostium via a transnasal approach. A deflated balloon catheter is threaded over the guide wire and introduced into the sphenoid ostium. Positioning of both the guide-wire and the balloon are confirmed endoscopically during the course of the placement of each. The balloon is then inflated resulting in dilation of the natural ostium of the sinus, displacing bone and mucosa. After dilation the balloon is deflated and removed. In some cases, a separate catheter can be introduced over the guide-wire for irrigation of the sinus.

Description of Post-Service Work: The patient is monitored during the recovery period. Home restrictions (ie, activity), treatment, and findings are explained to the patient using the procedure video recording and pointing out areas of normal

anatomy and pathology. Subsequent evaluation and therapeutic plan are discussed. Prescriptions are written for medications needed post discharge. Medication reconciliation is performed. The examination and any still images are saved on the digital recording system. The procedure note is dictated and findings communicated to the referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31298				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	114	<b>Response:</b> 2.7 %	
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	5.00	20.00	300.00
<b>Survey RVW:</b>	1.00	4.50	6.38	9.50	99.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	5.00	22.00	40.00	60.00	180.00
<b>Immediate Post Service-Time:</b>	15.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	31298	<b>Recommended Physician Work RVU: 4.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	17.00	-2.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	5.00	0.00	
<b>Intra-Service Time:</b>	40.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
45389	000	5.34	RUC Time

CPT Descriptor Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
32608	000	6.84	RUC Time

CPT Descriptor Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
15004	000	4.58	RUC Time	23,944

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52441	000	4.50	RUC Time	1,420

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
45393	000	4.78	RUC Time

CPT Descriptor Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 13      % of respondents: 11.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 10.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31298</u></b>	<b>Top Key Reference CPT Code: <u>45389</u></b>	<b>2nd Key Reference CPT Code: <u>32608</u></b>
Median Pre-Service Time	21.00	41.00	65.00
Median Intra-Service Time	40.00	45.00	60.00
Median Immediate Post-service Time	15.00	17.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>76.00</b>	<b>103.00</b>	<b>195.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.15	-0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.38	0.08
Urgency of medical decision making	0.00	0.08
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.62	0.00

Physical effort required	0.54	-0.08
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.00	0.17
Outcome depends on the skill and judgment of physician	0.31	0.00
Estimated risk of malpractice suit with poor outcome	0.31	0.17

**INTENSITY/COMPLEXITY MEASURES**

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Time Segment (Mean)</u></b>		
Overall intensity/complexity	0.31	0.00

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31241-31298 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Physician Time:*****Pre-Service Time***

Our expert panel selected pre-service package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) for this code based on the fact that the procedure is typically performed in the non-facility setting using local/topical anesthesia. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a total pretime of 21 minutes.**

***Intra-Service Time***

We are recommending our median survey time of 40 minutes for intra service work.

***Post-Service Time***

The expert panel selected post-package 7A (Local Anesthesia/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 15 minutes.**

***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends the survey's 25<sup>th</sup> percentile of 4.50 RVUs with a total time of 76 minutes**

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 312X5, as they demonstrate relativity across the fee schedule.

***Additional Reference Codes***

CPT Code	Long Desc	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2015 Utilization
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	4.17	41	40	20	101	Jan13	0.0719	4783
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	4.2	40	40	20	100	Jan14	0.0732	0
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	44	40	20	104	Apr10	0.0712	5207
44391	Colonoscopy through stoma; with control of bleeding, any method	4.22	40	40	15	95	Jan14	0.0765	197
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	4.24	40	40	15	95	Jan14	0.077	0
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	4.25	41	40	20	101	Apr15	0.0739	0
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	4.25	45	40	20	105	Jan13	0.0716	6046
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	4.25	45	40	20	105	Jan13	0.0716	30464



312XX5	Nasal/sinus endoscopy, surgical with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	4.5	21	40	15	76		.094	NEW
45382	Colonoscopy, flexible; with control of bleeding, any method	4.76	41	40	15	96	Jan14	0.0894	23810
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	4.78	41	40	15	96	Jan14	0.0899	0
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4.83	41	40	23	104	Apr13	0.0867	1411

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This procedure previously was reported using code combination 31296 and 31297

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology

How often? Commonly

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 112197

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on a population studies (Martin TJ, Yauck JS, Smith TL. Patients undergoing sinus surgery: constructing a demographic profile. Laryngoscope. 2006 Jul;116(7):1185-91 and Bhattacharyya, Neil. Ambulatory sinus and nasal surgery in the United States: Demographics and perioperative outcomes. The Laryngoscope. 2010 March; 120 (3): 635–638.), 10-20% of patients are Medicare age, therefore we have multiplied the Medicare volume by 5 to estimate total volume nationally.

Specialty Otolaryngology	Frequency 112197	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 22,439 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology	Frequency 22439	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31296

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31298	<b># of Respondents:</b>	114
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)		

<b>Top Ref Code:</b>	45389	<b># of Respondents:</b>	13	<b>% of Respondents:</b>	11%
<b>Top Ref Code Descriptor:</b>	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	23%	38%	23%	15%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		31%	23%	46%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		23%	23%	54%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		31%	38%	31%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	54%	39%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	62%	38%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		46%	15%	38%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		23%	38%	38%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		31%	15%	53%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31256      Tracking Number R7

Original Specialty Recommended RVU: **3.29**Presented Recommended RVU: **3.11**

Global Period: 000

RUC Recommended RVU: **3.11**

CPT Descriptor: Nasal/sinus endoscopy, surgical with maxillary antrostomy

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48 year-old female presents with chronic right maxillary sinusitis, which has been refractory to medical management. Endoscopic examination reveals edema and/or mucopurulent within the ipsilateral middle meatus. CT scan demonstrates opacification of the right maxillary sinus. A nasal/sinus endoscopy with maxillary antrostomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. . Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is medialized. The uncinate process is identified and resected. The orbital wall (lamina papyracea) is identified within the infundibulum. The natural ostium of maxillary sinus is identified and surgically opened posteriorly and inferiorly. The antrum of the maxillary sinus is irrigated and/or suctioned. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31256				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	140	<b>Response:</b>	3.3 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	30.00	<b>55.00</b>	120.00	350.00
<b>Survey RVW:</b>	1.80	3.50	<b>5.39</b>	6.81	18.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>10.00</b>		
<b>Intra-Service Time:</b>	5.00	20.00	<b>30.00</b>	45.00	90.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31256	<b>Recommended Physician Work RVU: 3.11</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>15.00</b>	<b>33.00</b>	<b>-18.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>8.00</b>	<b>3.00</b>	<b>5.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>10.00</b>	<b>15.00</b>	<b>-5.00</b>	
<b>Intra-Service Time:</b>	<b>30.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>20.00</b>	<b>30.00</b>	<b>-10.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43211	000	4.30	RUC Time

CPT Descriptor Esophagoscopy, flexible, transoral; with endoscopic mucosal resection**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
32608	000	6.84	RUC Time

CPT Descriptor Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
11643	000	3.42	RUC Time	39,867
<u>CPT Descriptor 1</u> Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
31622	000	2.53	RUC Time	65,213

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43212	000	3.50	RUC Time

CPT Descriptor Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 14      **% of respondents:** 10.0 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 14      **% of respondents:** 10.0 %

#### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31256</u></b>	<b>Top Key Reference CPT Code: <u>43211</u></b>	<b>2nd Key Reference CPT Code: <u>32608</u></b>
Median Pre-Service Time	33.00	41.00	65.00
Median Intra-Service Time	30.00	45.00	60.00
Median Immediate Post-service Time	20.00	18.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>83.00</b>	<b>104.00</b>	<b>195.00</b>
<b>Other time if appropriate</b>			

#### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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#### **Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.29	-0.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.00
Urgency of medical decision making	0.29	-0.14

#### **Technical Skill/Physical Effort (Mean)**

Technical skill required	0.36	0.14
Physical effort required	0.36	-0.07

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.14	0.36
Outcome depends on the skill and judgment of physician	0.43	0.43
Estimated risk of malpractice suit with poor outcome	0.50	0.36

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.36	0.43
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs).

We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar enough to them to use as comparators for the procedures being surveyed. Additionally, 2-3 codes that were "CMS Revised" were included on the on the RSL in order to avoid large gaps value between codes.



In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that *“The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.”* Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 additional minutes from the surveyee indicated positioning time be added to the package’s 3 minutes as we believe survey respondents assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family, and we feel explains the consistency in increased time provided in positioning.

**Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 33 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 30 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a work RVU of 3.11 and total time of 83 minutes, based on a crosswalk to CPT 43247 Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s).**

#### ***Comments on Increased Intensity***

Our expert panel feels that the intensity of the endoscopic sinus surgery codes has changed since the first valuation in the early 1990s. First, our understanding of the etiology and pathophysiology of chronic sinusitis has improved significantly since that time, as has the medical treatments clinicians have available. Such improvement in knowledge and treatment has led to greater success with initial medical treatment. In addition, those patients who fail medical therapy may undergo less invasive surgery with balloons, a procedure not available in the early 1990s. As such, the most recalcitrant, complex, difficult patients fail medical therapy and undergo endoscopic sinus surgery. These patient have greater degree of inflammation and infection, which makes the surgery more technically demanding, as visualization is hampered by the increased vascularity of infected and inflamed tissue.

Second, our knowledge of the outcomes of surgery has changed significantly, also greatly increasing the technical demands of the surgery. We now know that stripping of mucosa, removal of turbinates, and minor abrasions to structures such as the nasal septum can contribute to scarring and can lead to significantly worse outcomes. Preserving mucosa and avoiding trauma to adjacent structures increases the technical demands and intensity of the surgery. This is of paramount importance in the frontal recess, where a small amount of scarring can lead to complete obstruction of the frontal sinus and the need for revision surgery. We did not have this knowledge back in the early 1990s and, as such, the technical proficiency required to perform the surgery is much greater.

Lastly, the surgery itself has changed significantly since the early 1990s. In the past, the dictum was to avoid critical structures such as the ethmoid skull base and lamina papyracea along the orbit. Dissection stopped before ever reaching these areas. We now know, and teach future physicians, that in order to obtain optimal outcomes, a comprehensive dissection must be performed. This involves removing partitions along the medial orbital wall, along the ethmoid skull base, and widely opening the sphenoid sinus in the vicinity of the carotid artery and optic nerve. This change represents the most technically challenging and intense portions of endoscopic sinus surgery. This and the other reasons above represent the increase in intensity from the original valuation in the 1990s when compared to present day.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31256, as they demonstrate relativity across the fee schedule.

#### *Additional Reference Codes*

CPT Code	Long Desc	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2015 Utilization
<b>31256</b>	<b>Nasal/sinus endoscopy, surgical with maxillary antrostomy</b>	<b>3.29</b>	<b>33</b>	<b>30</b>	<b>20</b>	<b>83</b>		<b>.077</b>	<b>16,055</b>
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.5	41	30	15	86	Jan13	0.0772	644
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	3.5	41	30	16	87	Jan13	0.0765	189
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.5	29	30	20	79	Jan12	0.0825	20000
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.62	33	30	15	78	Apr14	0.0872	0
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.63	26	30	10	66	Jan14	0.0965	521
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	3.66	41	30	15	86	Apr13	0.0826	94189

#### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) The 2012 claims data available when this code family initially hit the RAW screen for services reported together greater than 75% did not indicate these code pairings. The 2014 claims data sent prior to this RUC meeting indicated that while these code combinations are "typically" (i.e. greater than 50% of the time) reported together, they still do not meet the 75% RAW screen threshold.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
4.	31255	000	6.95	30	68	30	8.60
5.	31256	000	3.29	33	45	18	

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31256

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 48165

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the RUC database frequency for Medicare patients multiplied by three.

Specialty Otolaryngology Frequency 48165 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

16,055 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology Frequency 16055 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31256

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31256	<b># of Respondents:</b>	140
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with maxillary antrostomy		

<b>Top Ref Code:</b>	43211	<b># of Respondents:</b>	14	<b>% of Respondents:</b>	10%
<b>Top Ref Code Descriptor:</b>	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	7%	50%	43%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 14%	Identical 50%	More 36%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 0%	Identical 50%	More 50%		
	Urgency of medical decision making	Less 0%	Identical 79%	More 21%		
Technical Skill:		Less 7%	Identical 50%	More 43%		
Physical Effort:		Less 14%	Identical 36%	More 50%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 7%	Identical 79%	More 14%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 64%	More 36%		
	Estimated risk of malpractice suite with poor outcome	Less 7%	Identical 50%	More 43%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31267      Tracking Number   R8

Original Specialty Recommended RVU: **5.28**Presented Recommended RVU: **4.68**

Global Period: 000

RUC Recommended RVU: **4.68**

CPT Descriptor: Nasal/sinus endoscopy, surgical with removal of tissue from maxillary sinus

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48 year-old female presents with chronic right maxillary sinusitis and ipsilateral nasal airway obstruction, which has been refractory to medical management. Endoscopic examination reveals a large polyp extending through the natural ostium of the maxillary sinus and into the nasopharynx. CT scan demonstrates opacification of the right maxillary sinus and a soft tissue mass filling the posterior nasal cavity and nasopharynx. A nasal/sinus endoscopy with maxillary antrostomy with removal of tissue from the maxillary sinus is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. . Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is medialized. Inflammatory tissue extending into the middle meatus and nasal cavity from the maxillary sinus is removed to provide visualization. After hemostasis, the uncinate process is identified and resected. The orbital wall (lamina papyracea) is identified within the infundibulum. The natural ostium of maxillary sinus is identified and surgically opened posteriorly and inferiorly. The antrum of the maxillary sinus is inspected and inflammatory tissue and inspissated debris within the maxillary antrum is surgically removed. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and

supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31267				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	143	<b>Response:</b>	3.4 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	20.00	50.00	100.00	500.00
<b>Survey RVW:</b>	2.20	5.28	6.50	9.21	24.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	5.00	30.00	40.00	60.00	120.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31267	<b>Recommended Physician Work RVU: 4.68</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	10.00	15.00	-5.00	
<b>Intra-Service Time:</b>	40.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52235	000	5.44	RUC Time

CPT Descriptor Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
32608	000	6.84	RUC Time

CPT Descriptor Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52235	000	5.44	RUC Time	31,935

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
15004	000	4.58	RUC Time	23,944

CPT Descriptor 2 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36222	000	5.53	RUC Time

CPT Descriptor Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 15      **% of respondents:** 10.4 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 14      **% of respondents:** 9.7 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>31267</u>	<b>Top Key Reference CPT Code:</b> <u>52235</u>	<b>2nd Key Reference CPT Code:</b> <u>32608</u>
Median Pre-Service Time	33.00	29.00	65.00
Median Intra-Service Time	40.00	45.00	60.00
Median Immediate Post-service Time	20.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>93.00</b>	<b>94.00</b>	<b>195.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.20	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.13	0.58
Urgency of medical decision making	0.00	0.42

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.40	0.50
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Physical effort required	0.33	0.50
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.07	0.50
Outcome depends on the skill and judgment of physician	0.40	0.50
Estimated risk of malpractice suit with poor outcome	0.40	0.75

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.27	0.75
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs). We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar enough to them to use as comparators for the procedures being

surveyed. Additionally, 2-3 codes that were “CMS Revised” were included on the on the RSL in order to avoid large gaps value between codes.

In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that “*The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.*” Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 additional minutes from the surveyee indicated positioning time be added to the package’s 3 minutes as we believe survey respondents incorrectly assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family, and we feel explains the consistency in increased time provided in positioning.

**Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 33 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 40 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a work RVU of 4.68 with a total time of 93 minutes, based on a crosswalk to CPT 45393** Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed.

#### ***Comments on Increased Intensity***

Our expert panel feels that the intensity of the endoscopic sinus surgery codes has changed since the first valuation in the early 1990s. First, our understanding of the etiology and pathophysiology of chronic sinusitis has improved significantly since that time, as has the medical treatments clinicians have available. Such improvement in knowledge and treatment has led to greater success with initial medical treatment. In addition, those patients who fail medical therapy may undergo less invasive surgery with balloons, a procedure not available in the early 1990s. As such, the most recalcitrant, complex, difficult patients fail medical therapy and undergo endoscopic sinus surgery. These patient

have greater degree of inflammation and infection, which makes the surgery more technically demanding, as visualization is hampered by the increased vascularity of infected and inflamed tissue.

Second, our knowledge of the outcomes of surgery has changed significantly, also greatly increasing the technical demands of the surgery. We now know that stripping of mucosa, removal of turbinates, and minor abrasions to structures such as the nasal septum can contribute to scarring and can lead to significantly worse outcomes. Preserving mucosa and avoiding trauma to adjacent structures increases the technical demands and intensity of the surgery. This is of paramount importance in the frontal recess, where a small amount of scarring can lead to complete obstruction of the frontal sinus and the need for revision surgery. We did not have this knowledge back in the early 1990s and, as such, the technical proficiency required to perform the surgery is much greater.

Lastly, the surgery itself has changed significantly since the early 1990s. In the past, the dictum was to avoid critical structures such as the ethmoid skull base and lamina papyracea along the orbit. Dissection stopped before ever reaching these areas. We now know, and teach future physicians, that in order to obtain optimal outcomes, a comprehensive dissection must be performed. This involves removing partitions along the medial orbital wall, along the ethmoid skull base, and widely opening the sphenoid sinus in the vicinity of the carotid artery and optic nerve. This change represents the most technically challenging and intense portions of endoscopic sinus surgery. This and the other reasons above represent the increase in intensity from the original valuation in the 1990s when compared to present day.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31267, as they demonstrate relativity across the fee schedule.

#### *Additional Reference Codes*

CPT Code	Long Desc	Work RVU	pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2015 Utilization
45382	Colonoscopy, flexible; with control of bleeding, any method	4.66	41	40	15	96	Jan14	0.0894	23810
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	4.68	41	40	15	96	Jan14	0.0899	0
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4.83	41	40	23	104	Apr13	0.0867	1411
<b>31267</b>	<b>Nasal/sinus endoscopy, surgical with removal of tissue from maxillary sinus</b>	<b>5.28</b>	<b>33</b>	<b>40</b>	<b>20</b>	<b>93</b>		<b>.108</b>	<b>26,580</b>
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	48	40	30	118	Apr12	0.0964	10564

93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	5.54	53	40	30	CPT Code: 31267 123 Apr10 0.0938				25985
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## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) The 2012 claims data available when this code family initially hit the RAW screen for services reported together greater than 75% did not indicate these code pairings. The 2014 claims data sent prior to this RUC meeting indicated that while these code combinations are "typically" (i.e. greater than 50% of the time) reported together, they still do not meet the 75% RAW screen threshold.

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
4.	31255	000	6.95	30	68	30	9.68
5.	31267	000	5.45	30	50	30	
6.							
7.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
8.	31276	000	8.84	30	75	30	11.57
9.	31267	000	5.45	30	50	30	
10.							
11.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
12.	31288	000	4.57	30	60	30	7.74
13.	31267	000	5.45	30	50	30	
14.							

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31267

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 79740

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the RUC database frequency for Medicare patients multiplied by three.

Specialty Otolaryngology Frequency 79740 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

26,580 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology Frequency 26580 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31267

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31267	<b># of Respondents:</b>	143
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with removal of tissue from maxillary sinus		

<b>Top Ref Code:</b>	52235	<b># of Respondents:</b>	15	<b>% of Respondents:</b>	10.49%
<b>Top Ref Code Descriptor:</b>	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	7%	67%	20%	7%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		7%	67%	27%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		7%	73%	20%		
	Urgency of medical decision making	Less	Identical	More		
		7%	87%	7%		
Technical Skill:		Less	Identical	More		
		0%	67%	34%		
Physical Effort:		Less	Identical	More		
		0%	73%	27%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		27%	53%	20%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		0%	73%	26%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		27%	33%	40%		



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31287      Tracking Number   R10

Original Specialty Recommended RVU: **3.91**Presented Recommended RVU: **3.50**

Global Period: 000

RUC Recommended RVU: **3.50**

CPT Descriptor: Nasal/sinus endoscopy; surgical, with sphenoidotomy

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48 year-old female presents with chronic right sphenoid sinusitis, which has been refractory to medical management. Endoscopic examination reveals edema and/or mucopurulent within the ipsilateral sphenoethmoid recess. CT scan demonstrates opacification of the right sphenoid sinus. A nasal/sinus endoscopy with sphenoidotomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is lateralized and the superior turbinate is identified. The natural ostium of the sphenoid sinus is identified and surgically enlarged. The anterior face of the sphenoid is resected superiorly to sphenoid planum (sphenoid skull base) and laterally to the level of the orbit. The sphenoid sinus is irrigated and/or suctioned. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31287				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	142	<b>Response:</b>	3.4 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	15.00	<b>40.00</b>	88.00	300.00
<b>Survey RVW:</b>	2.60	4.75	<b>6.87</b>	8.28	25.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>13.00</b>		
<b>Intra-Service Time:</b>	5.00	20.00	<b>30.00</b>	50.00	120.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31287	<b>Recommended Physician Work RVU: 3.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	13.00	15.00	-2.00	
<b>Intra-Service Time:</b>	30.00			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43254	000	4.97	RUC Time

CPT Descriptor Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
11044	000	4.10	RUC Time

CPT Descriptor Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
15002	000	3.65	RUC Time	19,494

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52441	000	4.50	RUC Time	1,420

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43233	000	4.17	RUC Time

CPT Descriptor Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 16      % of respondents: 11.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 16      % of respondents: 11.2 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31287</u></b>	<b>Top Key Reference CPT Code: <u>43254</u></b>	<b>2nd Key Reference CPT Code: <u>11044</u></b>
Median Pre-Service Time	36.00	38.00	51.00
Median Intra-Service Time	30.00	45.00	45.00
Median Immediate Post-service Time	20.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>86.00</b>	<b>103.00</b>	<b>116.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.31	0.44
Urgency of medical decision making	0.13	0.25

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.50	0.94
Physical effort required	0.31	0.38

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.75	1.00
Outcome depends on the skill and judgment of physician	0.50	0.81
Estimated risk of malpractice suit with poor outcome	0.81	1.13

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.56	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs).

We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar enough to them to use as comparators for the procedures being surveyed. Additionally, 2-3 codes that were "CMS Revised" were included on the on the RSL in order to avoid large gaps value between codes.

In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that *“The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.”* Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 additional minutes from the surveyee indicated positioning time be added to the package’s 3 minutes as we believe survey respondents incorrectly assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family, and we feel explains the consistency in increased time provided in positioning.

**Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 36 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 30 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a work value of 3.50 with a total of 86 minutes, based on a crosswalk to CPT 36473 Endovenous ablation therapy of incompetent vein, extremity.**

#### ***Comments on Increased Intensity***

Our expert panel feels that the intensity of the endoscopic sinus surgery codes has changed since the first valuation in the early 1990s. First, our understanding of the etiology and pathophysiology of chronic sinusitis has improved significantly since that time, as has the medical treatments clinicians have available. Such improvement in knowledge and treatment has led to greater success with initial medical treatment. In addition, those patients who fail medical therapy may undergo less invasive surgery with balloons, a procedure not available in the early 1990s. As such, the most recalcitrant, complex, difficult patients fail medical therapy and undergo endoscopic sinus surgery. These patient have greater degree of inflammation and infection, which makes the surgery more technically demanding, as visualization is hampered by the increased vascularity of infected and inflamed tissue.

Second, our knowledge of the outcomes of surgery has changed significantly, also greatly increasing the technical demands of the surgery. We now know that stripping of mucosa, removal of turbinates, and minor abrasions to

structures such as the nasal septum can contribute to scarring and can lead to significantly worse outcomes. Preserving mucosa and avoiding trauma to adjacent structures increases the technical demands and intensity of the surgery. This is of paramount importance in the frontal recess, where a small amount of scarring can lead to complete obstruction of the frontal sinus and the need for revision surgery. We did not have this knowledge back in the early 1990s and, as such, the technical proficiency required to perform the surgery is much greater.

Lastly, the surgery itself has changed significantly since the early 1990s. In the past, the dictum was to avoid critical structures such as the ethmoid skull base and lamina papyracea along the orbit. Dissection stopped before ever reaching these areas. We now know, and teach future physicians, that in order to obtain optimal outcomes, a comprehensive dissection must be performed. This involves removing partitions along the medial orbital wall, along the ethmoid skull base, and widely opening the sphenoid sinus in the vicinity of the carotid artery and optic nerve. This change represents the most technically challenging and intense portions of endoscopic sinus surgery. This and the other reasons above represent the increase in intensity from the original valuation in the 1990s when compared to present day.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31287, as they demonstrate relativity across the fee schedule.

### *Additional Reference Codes*

<b>CPT Code</b>	<b>Long Desc</b>	<b>Work RVU</b>	<b>Pre</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>Most Recent RUC Review</b>	<b>IWPUT</b>	<b>2015 Utilization</b>
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	3.66	41	30	15	86	Apr13	0.0826	94189
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	3.66	41	30	20	91	Jan13	0.0788	56198
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4	30	30	30	90	Apr07	0.0933	835
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	29	30	20	79	Jan12	0.1008	44970
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.13	27	30	10	67	Jan14	0.1124	1595
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	4.17	38	30	20	88	Jan13	0.0981	1762
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	4.3	33	30	15	78	Jan14	0.1099	0
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	4.37	41	30	20	91	Jan13	0.1025	1394
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	4.44	32	30	10	72	Jan14	0.119	0
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	4.5	42	30	21	93	Apr14	0.1125	1420
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	4.5	41	30	20	91	Jan13	0.1068	19722

31287	Nasal/sinus endoscopy; surgical, with sphenoidotomy	3.91	36	30	20	86		.097	8,929
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## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) The 2012 claims data available when this code family initially hit the RAW screen for services reported together greater than 75% did not indicate these code pairings. The 2014 claims data sent prior to this RUC meeting indicated that while these code combinations are "typically" (i.e. greater than 50% of the time) reported together, they still do not meet the 75% RAW screen threshold.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
4.	31276	000	8.84	30	75	30	10.80
5.	31287	000	3.91	30	45	30	
6.							

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31287

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 26787

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the RUC database frequency for Medicare patients multiplied by three.

Specialty Otolaryngology Frequency 26787 Percentage 100.00 %



Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,929  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology	Frequency 8929	Percentage 100.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31287

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31287	<b># of Respondents:</b>	142
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy; surgical, with sphenoidotomy		

<b>Top Ref Code:</b>	43254	<b># of Respondents:</b>	16	<b>% of Respondents:</b>	11%
<b>Top Ref Code Descriptor:</b>	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	6%	38%	50%	6%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 19%	Identical 44%	More 37%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 13%	Identical 44%	More 44%		
	Urgency of medical decision making	Less 6%	Identical 75%	More 19%		
Technical Skill:		Less 13%	Identical 31%	More 56%		
Physical Effort:		Less 6%	Identical 56%	More 38%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 13%	Identical 19%	More 69%		
	Outcome depends on the skill and judgment of physician	Less 6%	Identical 50%	More 44%		
	Estimated risk of malpractice suite with poor outcome	Less 0%	Identical 38%	More 63%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31288      Tracking Number   R11

Original Specialty Recommended RVU: **4.57**Presented Recommended RVU: **4.10**

Global Period: 000

RUC Recommended RVU: **4.10**

CPT Descriptor: Nasal/sinus endoscopy, surgical with removal of tissue from sphenoid sinus

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48 year-old female presents with chronic right sphenoid sinusitis, which has been refractory to medical management. Endoscopic examination reveals edema and a polypoid mass within the ipsilateral sphenoethmoid recess. CT scan demonstrates opacification of the right sphenoid sinus. A nasal/sinus endoscopy with sphenoidotomy with removal of tissue is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped.

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is lateralized and the superior turbinate is identified. Inflammatory tissue extending into the sphenoethmoid recess and nasal cavity from the sphenoid sinus is removed to provide visualization. After hemostasis, the natural ostium of the sphenoid sinus is identified and surgically enlarged. The anterior face of the sphenoid is resected superiorly to sphenoid planum (sphenoid skull base) and laterally to the level of the orbit. The sphenoid sinus is irrigated and/or suctioned. . The sphenoid sinus is inspected and inflammatory tissue and inspissated debris within the sinus is surgically removed. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31288				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	140	<b>Response:</b>	3.3 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	30.00	53.00	270.00
<b>Survey RVW:</b>	2.80	5.30	7.54	9.03	30.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			13.00		
<b>Intra-Service Time:</b>	10.00	30.00	40.00	60.00	180.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31288	<b>Recommended Physician Work RVU: 4.10</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	13.00	15.00	-2.00	
<b>Intra-Service Time:</b>	40.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
41019	000	8.84	RUC Time

CPT Descriptor Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
32608	000	6.84	RUC Time

CPT Descriptor Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
11044	000	4.10	RUC Time	69,570

CPT Descriptor 1 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52235	000	5.44	RUC Time	31,935

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
45393	000	4.78	RUC Time

CPT Descriptor Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 14      **% of respondents:** 10.0 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 13      **% of respondents:** 9.2 %

#### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31288</u></b>	<b>Top Key Reference CPT Code: <u>41019</u></b>	<b>2nd Key Reference CPT Code: <u>32608</u></b>
Median Pre-Service Time	36.00	55.00	65.00
Median Intra-Service Time	40.00	90.00	60.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>96.00</b>	<b>175.00</b>	<b>195.00</b>
<b>Other time if appropriate</b>			

#### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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#### **Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.54
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.38
Urgency of medical decision making	0.07	0.23

#### **Technical Skill/Physical Effort (Mean)**

Technical skill required	0.79	0.85
Physical effort required	0.79	0.54

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.21	1.00
Outcome depends on the skill and judgment of physician	1.14	0.85
Estimated risk of malpractice suit with poor outcome	0.86	1.23

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.93	0.69
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs).

We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar enough to them to use as comparators for the procedures being surveyed. Additionally, 2-3 codes that were "CMS Revised" were included on the on the RSL in order to avoid large gaps value between codes.

In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that *“The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.”* Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 additional minutes from the surveyee indicated positioning time be added to the package’s 3 minutes as we believe survey respondents incorrectly assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family, and we feel explains the consistency in increased time provided in positioning.

**Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 36 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 40 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a value of 4.10 with a total time of 96 minutes, based on a crosswalk to CPT 44406** Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures.

#### ***Comments on Increased Intensity***

Our expert panel feels that the intensity of the endoscopic sinus surgery codes has changed since the first valuation in the early 1990s. First, our understanding of the etiology and pathophysiology of chronic sinusitis has improved significantly since that time, as has the medical treatments clinicians have available. Such improvement in knowledge and treatment has led to greater success with initial medical treatment. In addition, those patients who fail medical therapy may undergo less invasive surgery with balloons, a procedure not available in the early 1990s. As such, the most recalcitrant, complex, difficult patients fail medical therapy and undergo endoscopic sinus surgery. These patient have greater degree of inflammation and infection, which makes the surgery more technically demanding, as visualization is hampered by the increased vascularity of infected and inflamed tissue.



Second, our knowledge of the outcomes of surgery has changed significantly, also greatly increasing the technical demands of the surgery. We now know that stripping of mucosa, removal of turbinates, and minor abrasions to structures such as the nasal septum can contribute to scarring and can lead to significantly worse outcomes. Preserving mucosa and avoiding trauma to adjacent structures increases the technical demands and intensity of the surgery. This is of paramount importance in the frontal recess, where a small amount of scarring can lead to complete obstruction of the frontal sinus and the need for revision surgery. We did not have this knowledge back in the early 1990s and, as such, the technical proficiency required to perform the surgery is much greater.

Lastly, the surgery itself has changed significantly since the early 1990s. In the past, the dictum was to avoid critical structures such as the ethmoid skull base and lamina papyracea along the orbit. Dissection stopped before ever reaching these areas. We now know, and teach future physicians, that in order to obtain optimal outcomes, a comprehensive dissection must be performed. This involves removing partitions along the medial orbital wall, along the ethmoid skull base, and widely opening the sphenoid sinus in the vicinity of the carotid artery and optic nerve. This change represents the most technically challenging and intense portions of endoscopic sinus surgery. This and the other reasons above represent the increase in intensity from the original valuation in the 1990s when compared to present day.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31288, as they demonstrate relativity across the fee schedule.

#### *Additional Reference Codes*

<b>CPT Code</b>	<b>Long Desc</b>	<b>Work RVU</b>	<b>Pre</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>IWPUT</b>	<b>2015 Utilization</b>
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	4.17	41	40	20	101	Jan13	0.0719
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	4.10	40	40	20	100	Jan14	0.0732
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	44	40	20	104	Apr10	0.0712
44391	Colonoscopy through stoma; with control of bleeding, any method	4.22	40	40	15	95	Jan14	0.0765
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	4.24	40	40	15	95	Jan14	0.077
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	4.25	41	40	20	101	Apr15	0.0739
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	4.25	45	40	20	105	Jan13	0.0716
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	4.25	45	40	20	105	Jan13	0.0716

	Nasal/sinus endoscopy, surgical with with removal of tissue from sphenoid sinus							
31288		4.57	36	40	20	96		.089
45382	Colonoscopy, flexible; with control of bleeding, any method	4.76	41	40	15	96	Jan14	0.0894
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	4.78	41	40	15	96	Jan14	0.0899
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4.83	41	40	23	104	Apr13	0.0867

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☒ Other reason (please explain) The 2012 claims data available when this code family initially hit the RAW screen for services reported together greater than 75% did not indicate these code pairings. The 2014 claims data sent prior to this RUC meeting indicated that while these code combinations are "typically" (i.e. greater than 50% of the time) reported together, they still do not meet the 75% RAW screen threshold.

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
4.	31288	000	4.57	30	60	30	7.74
5.	31267	000	5.45	30	50	30	
6.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
7.	31276	000	8.84	30	75	30	11.13
8.	31288	000	4.57	30	60	30	

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31288

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 29949

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the RUC database frequency for Medicare patients multiplied by three.

Specialty Otolaryngology Frequency 29949 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,983

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology Frequency 9983 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31288

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31288	<b># of Respondents:</b>	140
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with with removal of tissue from sphenoid sinus		

<b>Top Ref Code:</b>	41019	<b># of Respondents:</b>	14	<b>% of Respondents:</b>	10%
<b>Top Ref Code Descriptor:</b>	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	36%	36%	29%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	43%	50%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	50%	50%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		21%	50%	29%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	29%	64%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	43%	37%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	14%	86%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	21%	79%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	21%	71%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31254      Tracking Number R2

Original Specialty Recommended RVU: **4.64**Presented Recommended RVU: **4.27**

Global Period: 000

RUC Recommended RVU: **4.27**

CPT Descriptor: Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48 year-old female presents with chronic left ethmoid sinusitis, which has been refractory to medical management. Endoscopic examination reveals chronic ethmoiditis. CT scan demonstrated opacification of the osteomeatal complex and anterior ethmoid sinuses. A nasal/sinus endoscopy, with ethmoidectomy, partial (anterior) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. . Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is medialized. bulla ethmoidalis is entered and its walls removed. Following identification of the orbital wall (lamina papyracea), all ethmoid lamella are removed posteriorly to the level of basal lamella, and superiorly to the level of the ethmoid skull base. The anterior ethmoidal neurovascular bundle is identified and preserved. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31254				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	140	<b>Response:</b>	3.3 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	20.00	44.00	100.00	300.00
<b>Survey RVW:</b>	1.80	4.64	5.50	8.00	20.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	15.00	20.00	30.00	45.00	90.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31254	<b>Recommended Physician Work RVU: 4.27</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	10.00	15.00	-5.00	
<b>Intra-Service Time:</b>	30.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43213	000	4.73	RUC Time

CPT Descriptor Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43254	000	4.97	RUC Time

CPT Descriptor Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
62264	000	4.42	RUC Time	10,221

CPT Descriptor 1 Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52441	000	4.50	RUC Time	1,420

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52234	000	4.64	RUC Time

CPT Descriptor Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 14      **% of respondents:** 10.0 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 13      **% of respondents:** 9.2 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <b><u>31254</u></b>	<b>Top Key Reference CPT Code:</b> <b><u>43213</u></b>	<b>2nd Key Reference CPT Code:</b> <b><u>43254</u></b>
Median Pre-Service Time	33.00	41.00	38.00
Median Intra-Service Time	30.00	45.00	45.00
Median Immediate Post-service Time	20.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>83.00</b>	<b>101.00</b>	<b>103.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.64	-0.23
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.57	0.23
Urgency of medical decision making	-0.36	0.00

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.64	0.62
Physical effort required	0.21	0.15

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.29	0.69
Outcome depends on the skill and judgment of physician	0.50	0.62
Estimated risk of malpractice suit with poor outcome	0.57	0.85

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.29	0.08
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs).

We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar enough to them to use as comparators for the procedures being surveyed. Additionally, 2-3 codes that were "CMS Revised" were included on the on the RSL in order to avoid large gaps value between codes.

In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that *“The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.”* Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 additional minutes from the surveyee indicated positioning time be added to the package’s 3 minutes as we believe survey respondents incorrectly assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family, and we feel explains the consistency in increased time provided in positioning.

**Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 33 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 30 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a work value of 4.27 with a total of 83 minutes, based on a crosswalk to CPT 43243 Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices.**

#### ***Comments on Increased Intensity***

Our expert panel feels that the intensity of the endoscopic sinus surgery codes has changed since the first valuation in the early 1990s. First, our understanding of the etiology and pathophysiology of chronic sinusitis has improved significantly since that time, as has the medical treatments clinicians have available. Such improvement in knowledge and treatment has led to greater success with initial medical treatment. In addition, those patients who fail medical therapy may undergo less invasive surgery with balloons, a procedure not available in the early 1990s. As such, the most recalcitrant, complex, difficult patients fail medical therapy and undergo endoscopic sinus surgery. These patient have greater degree of inflammation and infection, which makes the surgery more technically demanding, as visualization is hampered by the increased vascularity of infected and inflamed tissue.

Second, our knowledge of the outcomes of surgery has changed significantly, also greatly increasing the technical demands of the surgery. We now know that stripping of mucosa, removal of turbinates, and minor abrasions to structures such as the nasal septum can contribute to scarring and can lead to significantly worse outcomes. Preserving mucosa and avoiding trauma to adjacent structures increases the technical demands and intensity of the surgery. This is of paramount importance in the frontal recess, where a small amount of scarring can lead to complete obstruction of the frontal sinus and the need for revision surgery. We did not have this knowledge back in the early 1990s and, as such, the technical proficiency required to perform the surgery is much greater.

Lastly, the surgery itself has changed significantly since the early 1990s. In the past, the dictum was to avoid critical structures such as the ethmoid skull base and lamina papyracea along the orbit. Dissection stopped before ever reaching these areas. We now know, and teach future physicians, that in order to obtain optimal outcomes, a comprehensive dissection must be performed. This involves removing partitions along the medial orbital wall, along the ethmoid skull base, and widely opening the sphenoid sinus in the vicinity of the carotid artery and optic nerve. This change represents the most technically challenging and intense portions of endoscopic sinus surgery. This and the other reasons above represent the increase in intensity from the original valuation in the 1990s when compared to present day.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31254, as they demonstrate relativity across the fee schedule.

### *Additional Reference Codes*

<b>CPT Code</b>	<b>Long Desc</b>	<b>Work RVU</b>	<b>Pre</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>Most Recent RUC Review</b>	<b>IWPUT</b>	<b>2015 Utilization</b>
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	4.44	32	30	10	72	Jan14	0.119	0
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	4.47	60	30	20	130	Apr14	0.0711	0
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	4.47	48	30	20	118	Apr14	0.08	12
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	4.5	42	30	21	93	Apr14	0.1125	1420
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	4.5	41	30	20	91	Jan13	0.1068	19722
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	29	30	20	79	Sept11	0.1198	26897
<b>31254</b>	<b>Nasal/sinus endoscopy, surgical, with ethmoidectomy; partial (anterior)</b>	<b>4.64</b>	<b>33</b>	<b>30</b>	<b>20</b>	<b>83</b>		<b>.122</b>	<b>10,745</b>
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.67	33	30	15	78	Jan14	0.1222	781487
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological	4.71	38	30	15	83	Apr11	0.1198	44371

supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31254

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology

How often? Commonly

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 32235

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the RUC database frequency for Medicare patients multiplied by three.

Specialty Otolaryngology

Frequency 31590

Percentage 97.99 %

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

10,745 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology

Frequency 10530

Percentage 97.99 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States?

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31254

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31254	<b># of Respondents:</b>	140
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)		

<b>Top Ref Code:</b>	43213	<b># of Respondents:</b>	14	<b>% of Respondents:</b>	10%
<b>Top Ref Code Descriptor:</b>	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	7%	57%	36%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	29%	64%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	29%	64%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		28%	71%	0%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	43%	57%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	64%	29%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	57%	36%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	43%	50%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	43%	50%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31255      Tracking Number R3

Original Specialty Recommended RVU: **6.95**Presented Recommended RVU: **5.75**

Global Period: 000

RUC Recommended RVU: **5.75**

CPT Descriptor: Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48 year-old female presents with chronic left ethmoid sinusitis, which has been refractory to medical management. Endoscopic examination reveals chronic ethmoiditis. CT scan demonstrated opacification of the osteomeatal complex, anterior, and posterior ethmoid sinuses. A nasal/sinus endoscopy with ethmoidectomy, total (anterior and posterior) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. . Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped.

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is medialized. The bulla ethmoidalis is entered and its walls removed. Following identification of the orbital wall (lamina papyracea), all ethmoid lamella are removed posteriorly to the level of basal lamella, and superiorly to the level of the ethmoid skull base. The anterior ethmoidal neurovascular bundle is identified and preserved. After completion of the anterior ethmoidectomy, the basal lamella is incised to gain access to the posterior ethmoid cells. The orbit is identified posterior to the basal lamella and the superior turbinate is identified. All posterior ethmoid lamella are resected posteriorly to the anterior face of the sphenoid sinus, laterally to the orbit (lamina papyracea) and superiorly to the posterior ethmoid skull base. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and



supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31255				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	142	<b>Response:</b>	3.4 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	36.00	<b>80.00</b>	137.00	350.00
<b>Survey RVW:</b>	2.15	6.95	<b>8.00</b>	10.75	26.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>10.00</b>		
<b>Intra-Service Time:</b>	10.00	35.00	<b>45.00</b>	60.00	120.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31255	<b>Recommended Physician Work RVU: 5.75</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	10.00	15.00	-5.00	
<b>Intra-Service Time:</b>	45.00			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43240	000	7.25	RUC Time

CPT Descriptor Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52354	000	8.00	RUC Time

CPT Descriptor Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52352	000	6.75	RUC Time	23,086

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52353	000	7.50	RUC Time	12,262

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37192	000	7.35	RUC Time

CPT Descriptor Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 22      % of respondents: 15.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 16      % of respondents: 11.2 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>31255</u>	Top Key Reference CPT Code: <u>43240</u>	2nd Key Reference CPT Code: <u>52354</u>
Median Pre-Service Time	33.00	41.00	53.00
Median Intra-Service Time	45.00	70.00	60.00
Median Immediate Post-service Time	20.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>98.00</b>	<b>141.00</b>	<b>133.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.32	0.69
Urgency of medical decision making	-0.09	-0.06
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.77	0.81

Physical effort required	0.50	0.56
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.95	1.06
Outcome depends on the skill and judgment of physician	0.86	0.94
Estimated risk of malpractice suit with poor outcome	0.91	1.13

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.41	0.88
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs). We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar

enough to them to use as comparators for the procedures being surveyed. Additionally, 2-3 codes that were “CMS Revised” were included on the on the RSL in order to avoid large gaps value between codes.

In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that *“The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.”* Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 additional minutes from the surveyee indicated positioning time be added to the package’s 3 minutes as we believe survey respondents incorrectly assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was pro

**Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. . This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 33 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 45 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a value of 5.75 with a total time of 98 minutes, based on a crosswalk to CPT 52351 cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic.**

#### ***Comments on Increased Intensity***

Our expert panel feels that the intensity of the endoscopic sinus surgery codes has changed since the first valuation in the early 1990s. First, our understanding of the etiology and pathophysiology of chronic sinusitis has improved significantly since that time, as has the medical treatments clinicians have available. Such improvement in knowledge and treatment has led to greater success with initial medical treatment. In addition, those patients who fail medical therapy may undergo less invasive surgery with balloons, a procedure not available in the early 1990s. As such, the most recalcitrant, complex, difficult patients fail medical therapy and undergo endoscopic sinus surgery. These patient have greater degree of inflammation and infection, which makes the surgery more technically demanding, as visualization is hampered by the increased vascularity of infected and inflamed tissue.

Second, our knowledge of the outcomes of surgery has changed significantly, also greatly increasing the technical demands of the surgery. We now know that stripping of mucosa, removal of turbinates, and minor abrasions to structures such as the nasal septum can contribute to scarring and can lead to significantly worse outcomes. Preserving mucosa and avoiding trauma to adjacent structures increases the technical demands and intensity of the surgery. This is of paramount importance in the frontal recess, where a small amount of scarring can lead to complete obstruction of the frontal sinus and the need for revision surgery. We did not have this knowledge back in the early 1990s and, as such, the technical proficiency required to perform the surgery is much greater.

Lastly, the surgery itself has changed significantly since the early 1990s. In the past, the dictum was to avoid critical structures such as the ethmoid skull base and lamina papyracea along the orbit. Dissection stopped before ever reaching these areas. We now know, and teach future physicians, that in order to obtain optimal outcomes, a comprehensive dissection must be performed. This involves removing partitions along the medial orbital wall, along the ethmoid skull base, and widely opening the sphenoid sinus in the vicinity of the carotid artery and optic nerve. This change represents the most technically challenging and intense portions of endoscopic sinus surgery. This and the other reasons above represent the increase in intensity from the original valuation in the 1990s when compared to present day.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31255, as they demonstrate relativity across the fee schedule.

#### *Additional Reference Codes*

<b>CPT Code</b>	<b>Long Desc</b>	<b>Work RVU</b>	<b>Pre</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>Most Recent RUC Review</b>	<b>2015 Utilization</b>
45390	Colonoscopy, flexible; with endoscopic mucosal resection	6.14	33	45	15	93	Jan14	0
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	6.75	53	45	20	118	Sept11	23086
<b>31255</b>	<b>Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)</b>	<b>6.95</b>	<b>33</b>	<b>45</b>	<b>20</b>	<b>98</b>		<b>30,928</b>
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	7.05	60	45	20	125	Apr08	3214
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7.35	41	45	15	101	Apr11	38
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7.35	41	45	15	101	Apr11	6161
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	7.55	70	45	20	135	Apr08	496

#### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) The 2012 claims data available when this code family initially hit the RAW screen for services reported together greater than 75% did not indicate these code pairings. The 2014 claims data sent prior to this RUC meeting indicated that while these code combinations are "typically" (i.e. greater than 50% of the time) reported together, they still do not meet the 75% RAW screen threshold.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
4.	31255	000	6.95	30	68	30	8.60
5.	31256	000	3.29	33	45	18	
6.							
7.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
8.	31255	000	6.95	30	68	30	9.68
9.	31267	000	5.45	30	50	30	
10.							
11.							

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31255

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 92784

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the RUC database frequency for Medicare patients multiplied by three.

Specialty Otolaryngology Frequency 92784 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %



Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 30,928 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology	Frequency 30928	Percentage 100.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States?

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31255

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31255	<b># of Respondents:</b>	142
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical, with ethmoidectomy; partial (anterior)		

<b>Top Ref Code:</b>	43213	<b># of Respondents:</b>	14	<b>% of Respondents:</b>	15%
<b>Top Ref Code Descriptor:</b>	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	9%	45%	41%	5%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		5%	45%	50%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		9%	50%	41%		
	Urgency of medical decision making	Less	Identical	More		
		27%	55%	18%		
Technical Skill:		Less	Identical	More		
		9%	14%	73%		
Physical Effort:		Less	Identical	More		
		14%	32%	50%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		0%	27%	68%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		0%	32%	63%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		0%	36%	59%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31276      Tracking Number   R9

Original Specialty Recommended RVU: **8.00**Presented Recommended RVU: **6.75**

Global Period: 000

RUC Recommended RVU: **6.75**

CPT Descriptor: Nasal/sinus endoscopy, surgical with with frontal sinus exploration, including removal of tissue from frontal sinus, when performed

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48 year-old female presents with chronic right frontal sinusitis, which has been refractory to medical management. Endoscopic examination reveals edema and/or mucopurulent within the ipsilateral frontal recess. CT scan demonstrates opacification of the right frontal sinus. A nasal/sinus endoscopy with frontal exploration is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is medialized. The bulla ethmoidalis is identified and used to serve as the posterior limit of frontal recess dissection. The superior portion of the uncinate process is identified and resected. Using angled endoscopes and instruments, the agger nasi cell at the superior extent of the uncinate process is entered inferiorly allowing access to the frontal recess. Cells within the frontal recess and superior to the bulla ethmoidalis are examined and sequentially resected laterally to the orbital wall (lamina papyracea), posteriorly to the anterior ethmoidal neurovascular bundle, and medially to the lateral lamella of the cribriform plate. After access to the frontal sinus is established, tissue may be removed from within the sinus. Care is taken to preserve mucosa on all surfaces of the frontal recess as denuded mucosa will lead to scarring of the frontal ostium. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and

supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31276				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	139	<b>Response:</b>	3.3 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	23.00	50.00	100.00	270.00
<b>Survey RVW:</b>	3.00	8.00	9.25	12.00	30.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	10.00	35.00	45.00	60.00	210.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31276	<b>Recommended Physician Work RVU: 6.75</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	10.00	15.00	-5.00	
<b>Intra-Service Time:</b>	45.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
41019	000	8.84	RUC Time

CPT Descriptor Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93582	000	12.55	RUC Time

CPT Descriptor Percutaneous transcatheter closure of patent ductus arteriosus

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52354	000	8.00	RUC Time	8,128
<u>CPT Descriptor 1</u> Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52352	000	6.75	RUC Time	23,086

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37193	000	7.35	RUC Time

CPT Descriptor Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 21      % of respondents: 15.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 16      % of respondents: 11.5 %**

#### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31276</u></b>	<b>Top Key Reference CPT Code: <u>41019</u></b>	<b>2nd Key Reference CPT Code: <u>93582</u></b>
Median Pre-Service Time	33.00	55.00	51.00
Median Intra-Service Time	45.00	90.00	60.00
Median Immediate Post-service Time	20.00	30.00	45.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>98.00</b>	<b>175.00</b>	<b>156.00</b>
<b>Other time if appropriate</b>			

#### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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#### **Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.57	0.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.71	0.75
Urgency of medical decision making	0.52	0.38

#### **Technical Skill/Physical Effort (Mean)**

Technical skill required	1.29	1.19
Physical effort required	1.10	0.94

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.29	1.00
Outcome depends on the skill and judgment of physician	1.10	1.06
Estimated risk of malpractice suit with poor outcome	1.29	1.13

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.19	1.31
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs).

We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar enough to them to use as comparators for the procedures being surveyed. Additionally, 2-3 codes that were "CMS Revised" were included on the on the RSL in order to avoid large gaps value between codes.



In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that *“The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.”* Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 minutes from the surveyee indicated positioning time be moved to the time allotted for scrub, dress, and wait as we believe survey respondents incorrectly assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. The typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning, and thus appears to have been assigned in the positioning time. This additional time provided by the survey respondents was provided consistently across the family, and we feel explains the consistency in increased time provided in positioning.

**Given the extra time this requires, we are requesting an additional 5 minutes to the 10 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 33 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 45 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

### ***Comments on Increased Intensity***

Our expert panel feels that the intensity of the endoscopic sinus surgery codes has changed since the first valuation in the early 1990s. First, our understanding of the etiology and pathophysiology of chronic sinusitis has improved significantly since that time, as has the medical treatments clinicians have available. Such improvement in knowledge and treatment has led to greater success with initial medical treatment. In addition, those patients who fail medical therapy may undergo less invasive surgery with balloons, a procedure not available in the early 1990s. As such, the most recalcitrant, complex, difficult patients fail medical therapy and undergo endoscopic sinus surgery. These patients have greater degree of inflammation and infection, which makes the surgery more technically demanding, as visualization is hampered by the increased vascularity of infected and inflamed tissue.

Second, our knowledge of the outcomes of surgery has changed significantly, also greatly increasing the technical demands of the surgery. We now know that stripping of mucosa, removal of turbinates, and minor abrasions to structures such as the nasal septum can contribute to scarring and can lead to significantly worse outcomes. Preserving mucosa and avoiding trauma to adjacent structures increases the technical demands and intensity of the surgery. This is of paramount importance in the frontal recess, where a small amount of scarring can lead to complete obstruction of the

frontal sinus and the need for revision surgery. We did not have this knowledge back in the early 1990s and, as such, the technical proficiency required to perform the surgery is much greater.

Lastly, the surgery itself has changed significantly since the early 1990s. In the past, the dictum was to avoid critical structures such as the ethmoid skull base and lamina papyracea along the orbit. Dissection stopped before ever reaching these areas. We now know, and teach future physicians, that in order to obtain optimal outcomes, a comprehensive dissection must be performed. This involves removing partitions along the medial orbital wall, along the ethmoid skull base, and widely opening the sphenoid sinus in the vicinity of the carotid artery and optic nerve. This change represents the most technically challenging and intense portions of endoscopic sinus surgery. This and the other reasons above represent the increase in intensity from the original valuation in the 1990s when compared to present day.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31276, as they demonstrate relativity across the fee schedule.

### *Additional Reference Codes*

<b>CPT Code</b>	<b>Long Desc</b>	<b>Work RVU</b>	<b>Pre</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>Most Recent RUC Review</b>	<b>2015 Utilization</b>
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7.35	41	45	15	101	Apr11	6161
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	7.55	70	45	20	135	Apr08	496
<b>31276</b>	<b>Nasal/sinus endoscopy, surgical with frontal sinus exploration, including removal of tissue from frontal sinus, when performed</b>	<b>6.75</b>	<b>33</b>	<b>45</b>	<b>20</b>	<b>98</b>		<b>22,249</b>
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	9.00	60	48	20	183	Apr14	0

### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) The 2012 claims data available when this code family initially hit the RAW screen for services reported together greater than 75% did not indicate these code pairings. The 2014 claims data sent prior to this RUC meeting indicated that while these code combinations are "typically" (i.e. greater than 50% of the time) reported together, they still do not meet the 75% RAW screen threshold.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
4.	31276	000	8.84	30	75	30	11.57
5.	31267	000	5.45	30	50	30	
6.							
7.							
8.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
9.	31276	000	8.84	30	75	30	10.80
10.	31287	000	3.91	30	45	30	
11.							
12.	CPT Code	Global	Work RVU	Pre time	Intra time	Post Time	TOTAL RVW w/ MPPR
13.	31276	000	8.84	30	75	30	11.13
14.	31288	000	4.57	30	60	30	
15.							

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31276

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 66747

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the RUC database frequency for Medicare patients multiplied by three.

Specialty Otolaryngology Frequency 66747 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 22,249 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology Frequency 22249 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31276

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31276	<b># of Respondents:</b>	139
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with with frontal sinus exploration, including removal of tissue from frontal sinus, when performed		

<b>Top Ref Code:</b>	41019	<b># of Respondents:</b>	21	<b>% of Respondents:</b>	15%
<b>Top Ref Code Descriptor:</b>	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	10%	52%	33%	5%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		19%	19%	62%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		5%	33%	62%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		5%	52%	43%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	14%	86%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	19%	81%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	14%	86%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		5%	19%	76%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	19%	81%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31253      Tracking Number R4

Original Specialty Recommended RVU: **12.28**Presented Recommended RVU: **9.00**

Global Period: 000

RUC Recommended RVU: **9.00**

CPT Descriptor: Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48-year-old female presents with chronic right frontal and ipsilateral ethmoid sinusitis, with obstruction of the right frontal, and anterior and posterior ethmoid sinuses. She has failed medical therapy. The patient undergoes right endoscopic frontal sinusotomy and right endoscopic total ethmoidectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped.

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is medialized. The superior portion of the uncinate process is identified and resected. The bulla ethmoidalis is entered and its walls removed. Following identification of the orbital wall (lamina papyracea), all ethmoid lamella are removed posteriorly to the level of basal lamella, and superiorly to the level of the ethmoid skull base. The anterior ethmoidal neurovascular bundle is identified and preserved. After completion of the anterior ethmoidectomy, the basal lamella is incised to gain access to the posterior ethmoid cells. The orbit is identified posterior to the basal lamella and the superior turbinate is identified. All posterior ethmoid lamella are resected posteriorly to the anterior face of the sphenoid sinus, laterally to the orbit (lamina papyracea) and superiorly to the posterior ethmoid skull base. Using angled endoscopes and instruments, the agger nasi cell at the superior extent of the uncinate process is entered inferiorly allowing access to the frontal recess. Cells within the frontal recess and superior to the bulla ethmoidalis are examined and sequentially resected laterally to the orbital wall (lamina papyracea), posteriorly to the anterior ethmoidal neurovascular bundle, and medially to the lateral lamella of the cribriform. After access to the frontal sinus is established, tissue may be removed from within the sinus. Care is taken to preserve mucosa on all surfaces

of the frontal recess as denuded mucosa will lead to scarring of the frontal ostium. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31253				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	128	<b>Response:</b>	3.0 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	25.00	<b>50.00</b>	100.00	300.00
<b>Survey RVW:</b>	2.90	9.00	<b>12.28</b>	15.84	36.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>13.00</b>		
<b>Intra-Service Time:</b>	15.00	55.00	<b>70.00</b>	90.00	120.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31253	<b>Recommended Physician Work RVU: 9.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	13.00	15.00	-2.00	
<b>Intra-Service Time:</b>	70.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93582	000	12.56	RUC Time

CPT Descriptor Percutaneous transcatheter closure of patent ductus arteriosus

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37225	000	12.00	RUC Time

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52354	000	8.00	RUC Time	8,128

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37244	000	13.75	RUC Time	9,240

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92941	000	12.56	RUC Time

CPT Descriptor Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 45      % of respondents: 35.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 21      % of respondents: 16.4 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>31253</u>	Top Key Reference CPT Code: <u>93582</u>	2nd Key Reference CPT Code: <u>37225</u>
Median Pre-Service Time	36.00	51.00	48.00
Median Intra-Service Time	70.00	60.00	118.00
Median Immediate Post-service Time	20.00	45.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>126.00</b>	<b>156.00</b>	<b>196.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.69	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.56	0.43
Urgency of medical decision making	-0.11	-0.29
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	1.09	1.05

Physical effort required	0.89	0.86
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.82	0.86
Outcome depends on the skill and judgment of physician	1.09	0.90
Estimated risk of malpractice suit with poor outcome	0.98	1.19

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.16	1.24
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31241-31298 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs). We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar

**Physician Time:**  
*Pre-Service Time*

Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 36 minutes.

**We are recommending our median survey time of 70 minutes for intra service work.**

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

Upon review of the survey results, the expert panel **recommends a work value of 9.00 and a total time of 126 based on the survey's 25<sup>th</sup> percentile value.**

### *Additional Reference Codes*

CPT Code	Long Desc	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2015 Utilization
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92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	10.1	39	68	30	137	Jan12	0.1269	25148
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	11.2	39	67	30	136	Jan12	0.1452	20766
<b>31253</b>	<b>Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed</b>	<b>9.00</b>	<b>36</b>	<b>70</b>	<b>20</b>	<b>126</b>		<b>0.113</b>	<b>NEW</b>
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	12.56	39	70	40	149	Jan12	0.1552	48487

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is

involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This procedure previously was reported using two codes, 31255 and 31276

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 146163

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is consistent with our estimates provided in our CCP to the CPT editorial Panel. Based on a population studies (Martin TJ, Yauck JS, Smith TL. Patients undergoing sinus surgery: constructing a demographic profile. Laryngoscope. 2006 Jul;116(7):1185-91 and Bhattacharyya, Neil. Ambulatory sinus and nasal surgery in the United States: Demographics and perioperative outcomes. The Laryngoscope. 2010 March; 120 (3): 635–638.), 10-20% of patients are Medicare age, therefore we have multiplied the Medicare volume by 5 to estimate total volume nationally.

Specialty Otolaryngology                      Frequency 146163                      Percentage 100.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,228 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology                      Frequency 29228                      Percentage 100.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:  
Musculoskeletal

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31276

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31253	<b># of Respondents:</b>	128
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed		

<b>Top Ref Code:</b>	93582	<b># of Respondents:</b>	45	<b>% of Respondents:</b>	35%
<b>Top Ref Code Descriptor:</b>	Percutaneous transcatheter closure of patent ductus arteriosus				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	4%	16%	40%	40%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		11%	29%	60%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		11%	38%	52%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		44%	29%	27%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	20%	76%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	31%	65%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		13%	27%	60%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		2%	27%	71%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	31%	65%		



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31257      Tracking Number   R5

Original Specialty Recommended RVU: **8.38**Presented Recommended RVU: **8.00**

Global Period: 000

RUC Recommended RVU: **8.00**

CPT Descriptor: Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 48-year-old female presents with chronic left ethmoid and ipsilateral sphenoid sinusitis, with obstruction of the left sphenoid, and anterior and posterior ethmoid sinuses. She has failed medical therapy. The patient undergoes left endoscopic total ethmoidectomy and left endoscopic sphenoidotomy.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped.

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is medialized. The uncinate process is identified and resected. The bulla ethmoidalis is entered and its walls removed. Following identification of the orbital wall (lamina papyracea), all ethmoid lamella are removed posteriorly to the level of basal lamella, and superiorly to the level of the ethmoid skull base. The anterior ethmoidal neurovascular bundle is identified and preserved. After completion of the anterior ethmoidectomy, the basal lamella is incised to gain access to the posterior ethmoid cells. The orbit is identified posterior to the basal lamella and the superior turbinate is identified. All posterior ethmoid lamella are resected posteriorly to the anterior face of the sphenoid sinus, laterally to the orbit (lamina papyracea) and superiorly to the posterior ethmoid skull base. The superior turbinate is then identified. The natural ostium of the sphenoid sinus is identified and surgically enlarged. The anterior face of the sphenoid is resected superiorly to sphenoid planum (sphenoid skull base) and laterally to the level of the orbit. The sphenoid sinus is irrigated and/or suctioned. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31257				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	132	<b>Response:</b>	3.1 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	20.00	50.00	100.00	300.00
<b>Survey RVW:</b>	2.90	8.38	10.70	12.52	30.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	15.00	49.00	60.00	87.00	210.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31257	<b>Recommended Physician Work RVU: 8.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	15.00	0.00	
<b>Intra-Service Time:</b>	60.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93582	000	12.56	RUC Time

CPT Descriptor Percutaneous transcatheter closure of patent ductus arteriosus**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37225	000	12.00	RUC Time

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52354	000	8.00	RUC Time	8,128

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37244	000	13.75	RUC Time	9,240

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52346	000	8.58	RUC Time

CPT Descriptor Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 19      **% of respondents:** 14.3 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 19      **% of respondents:** 14.3 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>31257</u>	<b>Top Key Reference CPT Code:</b> <u>93582</u>	<b>2nd Key Reference CPT Code:</b> <u>37225</u>
Median Pre-Service Time	38.00	51.00	48.00
Median Intra-Service Time	60.00	60.00	118.00
Median Immediate Post-service Time	20.00	45.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>118.00</b>	<b>156.00</b>	<b>196.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.63	0.47
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.53	0.16
Urgency of medical decision making	-0.11	-0.42
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	1.16	0.58
Physical effort required	1.11	0.47

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.00	0.68
Outcome depends on the skill and judgment of physician	1.21	0.74
Estimated risk of malpractice suit with poor outcome	1.21	0.89

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.16	0.84
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31241-31298 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 31241-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs).

We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar enough to them to use as comparators for the procedures being surveyed. Additionally, 2-3 codes that were "CMS Revised" were included on the on the RSL in order to avoid large gaps value between codes.

In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that *“The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.”* Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 additional minutes from the surveyee indicated positioning time be added to the package’s 3 minutes as we believe survey respondents incorrectly assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family, and we feel explains the consistency in increased time provided in positioning.

**Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 38 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 60 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a value of 8.00 with a total time of 118 minutes, based on the crosswalk to CPT 52356 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type).**

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 312X3, as they demonstrate relativity across the fee schedule.

#### ***Additional Reference Codes***

<b>CPT Code</b>	<b>Long Desc</b>	<b>Work RVU</b>	<b>Pre</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>Most Recent RUC Review</b>	<b>IWPUT</b>	<b>2015 Utilization</b>
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including	8	48	60	30	138	Apr12	0.1054	10313

	radiological supervision and interpretation, initial treatment day								
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	8	53	60	20	133	Apr13	0.1097	50333
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	8	53	60	20	133	Sept11	0.1097	8128
<b>31257</b>	<b>Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoideotomy</b>	<b>8.00</b>	<b>38</b>	<b>60</b>	<b>20</b>	<b>118</b>		<b>0.115</b>	<b>NEW</b>
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	8.58	60	60	20	140	Apr08	0.1155	253
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	8.94	48	60	25	133	Apr13	0.1229	12214

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This procedure previously was reported using two codes, 31255 and 31287

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.



Specialty Otolaryngology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 44113

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is consistent with our estimates provided in our CCP to the CPT editorial Panel. Based on a population studies (Martin TJ, Yauck JS, Smith TL. Patients undergoing sinus surgery: constructing a demographic profile. Laryngoscope. 2006 Jul;116(7):1185-91 and Bhattacharyya, Neil. Ambulatory sinus and nasal surgery in the United States: Demographics and perioperative outcomes. The Laryngoscope. 2010 March; 120 (3): 635–638.), 10-20% of patients are Medicare age, therefore we have multiplied the Medicare volume by 5 to estimate total volume nationally.

Specialty Otolaryngology                      Frequency 44113                      Percentage 100.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,822

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology                      Frequency 8822                      Percentage 100.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31255



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31257	<b># of Respondents:</b>	132
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including spehnoidotomy		

<b>Top Ref Code:</b>	93582	<b># of Respondents:</b>	19	<b>% of Respondents:</b>	14%
<b>Top Ref Code Descriptor:</b>	Percutaneous transcatheter closure of patent ductus arteriosus				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	16%	53%	32%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		5%	32%	63%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		5%	42%	52%		
	Urgency of medical decision making	Less	Identical	More		
		42%	26%	32%		
Technical Skill:		Less	Identical	More		
		0%	26%	74%		
Physical Effort:		Less	Identical	More		
		0%	21%	79%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		11%	16%	74%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		0%	21%	79%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		0%	16%	84%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31259      Tracking Number R6

Original Specialty Recommended RVU: **9.13**Presented Recommended RVU: **8.48**

Global Period: 000

RUC Recommended RVU: **8.48**

CPT Descriptor: Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from sphenoid sinus

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 46-year-old female presents with chronic left ethmoid and ipsilateral sphenoid sinusitis, with obstruction of the left sphenoid, and anterior and posterior ethmoid sinuses. Significant diseased tissue is present within the sphenoid sinus. She has failed medical therapy. The patient undergoes left endoscopic total ethmoidectomy, and sphenoidotomy with removal of tissue from the sphenoid sinus cavity.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. Mark sinus side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped.

Description of Intra-Service Work: Previously placed pledgets are removed. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is medialized. The uncinate process is identified and resected. The bulla ethmoidalis is entered and its walls removed. Following identification of the orbital wall (lamina papyracea), all ethmoid lamella are removed posteriorly to the level of basal lamella, and superiorly to the level of the ethmoid skull base. The anterior ethmoidal neurovascular bundle is identified and preserved. After completion of the anterior ethmoidectomy, the basal lamella is incised to gain access to the posterior ethmoid cells. The orbit is identified posterior to the basal lamella and the superior turbinate is identified. All posterior ethmoid lamella are resected posteriorly to the anterior face of the sphenoid sinus, laterally to the orbit (lamina papyracea) and superiorly to the posterior ethmoid skull base. The superior turbinate is identified. Inflammatory tissue extending into the sphenoid recess and nasal cavity from the sphenoid sinus is removed to provide visualization. After hemostasis, the natural ostium of the sphenoid sinus is identified and surgically enlarged. The anterior face of the sphenoid is resected superiorly to sphenoid planum (sphenoid skull base) and laterally to the level of the orbit. The sphenoid sinus is irrigated and/or suctioned. The sphenoid

sinus is inspected and inflammatory tissue and inspissated debris within the sinus is surgically removed. Following completion of the procedure, hemostasis is ensured and packing or a stent may be placed within the middle meatus.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31259				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	131	<b>Response:</b> 3.1 %	
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	35.00	85.00	300.00
<b>Survey RVW:</b>	3.10	9.13	11.50	13.50	40.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	18.00	55.00	65.00	90.00	210.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31259	<b>Recommended Physician Work RVU: 8.48</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	15.00	0.00	
<b>Intra-Service Time:</b>	65.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93582	000	12.56	RUC Time

CPT Descriptor Percutaneous transcatheter closure of patent ductus arteriosus

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37225	000	12.00	RUC Time

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52354	000	8.00	RUC Time	8,128

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37244	000	13.75	RUC Time	9,240

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43276	000	8.94	RUC Time

CPT Descriptor Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 28      % of respondents: 21.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 26      % of respondents: 19.8 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31259</u></b>	<b>Top Key Reference CPT Code: <u>93582</u></b>	<b>2nd Key Reference CPT Code: <u>37225</u></b>
Median Pre-Service Time	38.00	51.00	48.00
Median Intra-Service Time	65.00	60.00	118.00
Median Immediate Post-service Time	20.00	45.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>123.00</b>	<b>156.00</b>	<b>196.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.54
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.43	0.15
Urgency of medical decision making	-0.07	-0.15
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.79	0.58



Physical effort required	0.82	0.46
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.75	0.73
Outcome depends on the skill and judgment of physician	0.96	0.77
Estimated risk of malpractice suit with poor outcome	1.14	1.12

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.11	0.88
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31241-31298 to report bundled nasal endoscopy services (X2-X5) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 312XX1-X5 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs). We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar

enough to them to use as comparators for the procedures being surveyed. Additionally, 2-3 codes that were “CMS Revised” were included on the on the RSL in order to avoid large gaps value between codes.

In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that *“The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.”* Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 additional minutes from the surveyee indicated positioning time be added to the package’s 3 minutes as we believe survey respondents incorrectly assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family, and we feel explains the consistency in increased time provided in positioning.

**Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 38 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 65 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 20 minutes.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a value of 8.48 with a total time of 123 minutes, based on a crosswalk to CPT 43274 Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent.**

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 312X4, as they demonstrate relativity across the fee schedule.

#### ***Additional Reference Codes***

CPT Code	Long Desc	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2015 Utilization
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	8.94	48	60	25	133	Apr13	0.1229	12214
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	9.11	60	60	30	190	Apr14	0.0986	0
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	9.11	48	60	30	178	Apr14	0.1031	294
<b>31259</b>	<b>Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from sphenoid sinus</b>	<b>8.48</b>	<b>38</b>	<b>65</b>	<b>20</b>	<b>123</b>		<b>0.114</b>	<b>NEW</b>
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	9.5	60	60	20	195	Apr14	0.0987	18
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	10	60	60	30	205	Apr14	0.1033	138

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This procedure previously was reported using two codes, 31255 and 31288

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50045

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is consistent with our estimates provided in our CCP to the CPT editorial Panel. Based on a population studies (Martin TJ, Yauck JS, Smith TL. Patients undergoing sinus surgery: constructing a demographic profile. Laryngoscope. 2006 Jul;116(7):1185-91 and Bhattacharyya, Neil. Ambulatory sinus and nasal surgery in the United States: Demographics and perioperative outcomes. The Laryngoscope. 2010 March; 120 (3): 635–638.), 10-20% of patients are Medicare age, therefore we have multiplied the Medicare volume by 5 to estimate total volume nationally.

Specialty Otolaryngology                      Frequency 50045                      Percentage 100.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

10,009 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the RUC database volume for CY 2015

Specialty Otolaryngology                      Frequency 10009                      Percentage 100.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:  
Minor procedure

BETOS Sub-classification Level II:  
Musculoskeletal

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31288

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31259	<b># of Respondents:</b>	131
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from sphenoid sinus		

<b>Top Ref Code:</b>	93582	<b># of Respondents:</b>	28	<b>% of Respondents:</b>	21%
<b>Top Ref Code Descriptor:</b>	Percutaneous transcatheter closure of patent ductus arteriosus				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	21%	46%	32%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	39%	54%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	46%	47%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		39%	29%	32%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	39%	55%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	32%	64%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		11%	25%	64%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	32%	68%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	18%	78%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31241      Tracking Number R1

Original Specialty Recommended RVU: **8.51**Presented Recommended RVU: **8.00**

Global Period: 000

RUC Recommended RVU: **8.00**

CPT Descriptor: Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 62-year-old male presents with left-sided epistaxis refractory to attempts to control. The patient undergoes left endoscopic ligation of the sphenopalatine artery.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0% , In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's records and imaging studies are reviewed for surgical planning. Pre-anesthesia studies are reviewed, the patient is examined, and a history and physical examination note is written. Relative risks and benefits of the surgery are discussed with the patient. Mark side for procedure. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Change into scrub clothes. Ensure that radiographic images are available in the OR. The patient is transported to the surgical suite, where positioning and general anesthesia is induced. Monitor/assist with positioning of the patient, endoscopy and video equipment, and anesthesia lines. Pledgets soaked with topical decongestant are placed around previously placed nasal packing and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. A time-out is performed. The surgeon scrubs and gowns. The patient is prepped and draped

Description of Intra-Service Work: Previously placed nasal packing and pledgets are removed and attempts are made to isolate and slow down the bleeding to allow adequate visualization. Comprehensive nasal endoscopy is performed and pre-surgical findings are confirmed. Topical decongestion is performed in the middle meatus. An intranasal anesthetic/vasoconstrictive agent is injected. The middle turbinate is medialized and the posterior attachment is identified. Local anesthesia is infiltrated into the posterior attachment of the middle turbinate. An incision is made along the lateral nasal wall and a mucoperiosteal flap is raised, with identification of the crista ethmoidalis. The sphenopalatine foramen is identified and the sphenopalatine artery is traced out. This takes place in the midst of active bleeding, which obscures visualization and requires repeated packing with topical vasoconstrictors. There are often multiple branches of the sphenopalatine artery and each one is traced out and dissected from surrounding tissues. An endoscopic clip applier is then utilized to clip each branch of the vessel in multiple spots, and the vessel is ligated. Hemostasis is then obtained using topical vasoconstrictors. The mucoperiosteal flap is replaced. Packing or a stent may be placed.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and findings with family in the waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions and supplies needed for post-discharge. Perform medication reconciliation. Review post-discharge wound care and activity limitations with the patient and family and write discharge instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Peter Manes, MD; Pete Batra, MD; Jay Shah, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31241				
<b>Sample Size:</b>	4138	<b>Resp N:</b>	114	<b>Response:</b>	2.7 %
<b>Description of Sample:</b>	Random Sample of Applicable Subsets (general oto, rhinology, allergy)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	5.00	10.00	250.00
<b>Survey RVW:</b>	2.95	6.00	8.51	11.00	30.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	10.00	45.00	60.00	87.00	240.00
<b>Immediate Post Service-Time:</b>	<b>25.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31241	<b>Recommended Physician Work RVU: 8.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	33.00	-18.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	15.00	0.00	
<b>Intra-Service Time:</b>	60.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Srghtrfow Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	25.00	30.00	-5.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
41019	000	8.84	RUC Time

CPT Descriptor Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93582	000	12.56	RUC Time

CPT Descriptor Percutaneous transcatheter closure of patent ductus arteriosus

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52354	000	8.00	RUC Time	8,128

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52353	000	7.50	RUC Time	12,262

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52346	000	8.58	RUC Time

CPT Descriptor Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 16      **% of respondents:** 14.0 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 11      **% of respondents:** 9.6 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <b><u>31241</u></b>	<b>Top Key Reference CPT Code:</b> <b><u>41019</u></b>	<b>2nd Key Reference CPT Code:</b> <b><u>93582</u></b>
Median Pre-Service Time	38.00	55.00	51.00
Median Intra-Service Time	60.00	90.00	60.00
Median Immediate Post-service Time	25.00	30.00	45.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>142.00</b>	<b>175.00</b>	<b>156.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.63	0.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.25	0.18
Urgency of medical decision making	1.06	1.27

**Technical Skill/Physical Effort (Mean)**

Technical skill required	1.00	1.45
Physical effort required	0.94	1.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.00	0.27
Outcome depends on the skill and judgment of physician	1.00	0.82
Estimated risk of malpractice suit with poor outcome	1.06	0.55

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.88	1.27
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** This family of codes is being reviewed following the October 2016 CPT meeting where the CPT Editorial Panel approved the addition of 5 codes 31XX1-31XX5 to report bundled nasal endoscopy services (21352-31298) in response to identification in RAW screen for services reported together with more than 75% frequency and revision of parentheticals for codes 31238 and 31254, 31255, 31276, 31287, 31288, 31296 and 31297. CPT 312XX1 represents a new code entirely. The existing endoscopic sinus surgery family of codes 31254-88 were also captured by a CMS high expenditure screen. Separately, the balloon sinuplasty codes were captured by the new technology screen as well as the reported together greater than 75% of the time screen, resulting in our specialty's decision to take all of the codes on the reported together screen to CPT in one sitting, and ultimately review them as a family at the January 2017 RUC meeting.

**Background on prior valuations:** CPT codes 31254-31276 were last valued by the AMA RUC in 1994 and CPT 31287 and 31288 were valued in 1993. CPT codes 31295-31297 were first valued by the RUC in 2010 as new technology. CPT 31253-31298 are new codes and have never been RUC valued.

**Survey Sample:**

The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto, rhinology, allergy) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Rhinologic Society (ARS), and American Academy of Otolaryngic Allergy (AAOA) members. The total sample size was 4138 otolaryngologists.

**Reference Service List Background:** As a reminder to our reviewers, we note that this tab was taken before the Research Subcommittee to review the revised vignettes for all existing codes as well as the reference service list for the survey. We struggled to compile an RSL that included an appropriate range of values for this family of codes given that the bundled codes were expected to be valued well above the highest RVU in the current family of services (CPT 31276 at 8.84 RVUs). We noted to Research that there are very limited RVU options in the 8-13 RVU range that are 000 globals which forced the inclusion of many surgical procedures that are not performed by Otolaryngologists, but we hoped would be familiar enough to them to use as comparators for the

procedures being surveyed. Additionally, 2-3 codes that were “CMS Revised” were included on the on the RSL in order to avoid large gaps value between codes.

In addition, one code was included at the higher range of the RSL, CPT 93582 Percutaneous transcatheter closure of patent ductus arteriosus, which was valued by the RUC in January 2013. This code is marked as “do not use to value physician work” in the RUC database, however, that label does not export out when codes marked as such are captured in a broader RUC database search. The rationale given for this designation is that “*The RUC recommends flagging this code in the RUC database as not to use to validate physician work because the median survey intra-time may not reflect the appropriate intra-service time compared to those who frequently perform this service.*” Further review of the code history indicates that this procedure is performed on infants and there was some question as to whether 60 minutes was sufficient time to perform this procedure and the survey data indicated those who performed the service more frequently indicated that 75 minutes was more typical. Given this, it was an oversight on our part that this code was included in the RSL. It was chosen as the number 1 or 2 KRS for a handful of codes, which is reflected in the SORs. In order to provide greater transparency to our reviewers, we have listed the other top KRS codes beyond 1 and 2 for our reviewers in cases where 93582 was chosen. We would note that in virtually all instances where 93582 was used as a KRS by respondents, we are not recommending a value anywhere near the RVUs assigned to that code (12.56 RVUs).

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure is typically performed in the facility setting using general anesthesia. We are requesting that 5 additional minutes from the surveyee indicated positioning time be added to the package’s 3 minutes as we believe survey respondents incorrectly assigned time for the multiple applications of topical decongestant in the positioning time. As is indicated in our description of work, pledgets soaked with topical decongestant are placed and adequate time is given to allow for decongestant to take place. Pledgets are then removed and injection with local anesthesia with vasoconstrictors is performed. Pledgets soaked with topical decongestant are then placed again. This reflects the typical flow of the operation involves the surgeon performing this prior to scrubbing and gowning. This additional time provided by the survey respondents was provided consistently across the family, and we feel explains the consistency in increased time provided in positioning.

**Given the extra time this requires, we are requesting an additional 5 minutes to the 3 minutes already allotted in this package for use of general anesthesia. This is the accepted standard for the use of local / topical anesthetic for office based procedures. In all other cases we are recommending taking the lesser of the survey or the pre-time package. Therefore, we recommend a total pretime of 38 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 60 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 25 minutes. A half a discharge management visit is also included as these patients typically stay overnight to carefully monitor the risk of any additional bleeding.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends a work value of 8.00 and a total time of 142 minutes, based on a crosswalk to CPT 52356 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type).**

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31241, as they demonstrate relativity across the fee schedule.

#### ***Additional Reference Codes***

CPT	Long Desc	Work	Pre	Intra	Post	Total	Most	IWPUT	2015
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Code		RVU		Time	Time	Time	Recent RUC Review		Utilization
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	7.55	41	60	30	131	Apr11	0.1005	1170
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	8	53	60	20	133	Apr13	0.1097	50333
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	8	53	60	20	133	Sept11	0.1097	8128
<b>31241</b>	<b>Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery</b>	<b>8.00</b>	<b>38</b>	<b>60</b>	<b>25</b>	<b>123</b>		<b>.116</b>	<b>NEW</b>
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	8.58	60	60	20	140	Apr08	0.1155	253
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	8.94	48	60	25	133	Apr13	0.1229	12214

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31299

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology                      How often? Sometimes

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 715

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that the national volume is typically three times the Medicare volume. In this case, we expect about 50% of the unlisted code's volume to shift to this new CPT code, so that is multiplied by three.

Specialty otolaryngology                      Frequency 715                      Percentage 100.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 238

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the estimated national volume divided by 3, per the rationale above.

Specialty otolaryngology                      Frequency 238                      Percentage 100.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States?

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31238

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	31241	<b># of Respondents:</b>	114
<b>Survey Code Descriptor:</b>	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery		

<b>Top Ref Code:</b>	41019	<b># of Respondents:</b>	16	<b>% of Respondents:</b>	14%
<b>Top Ref Code Descriptor:</b>	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	38%	38%	25%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		6%	38%	57%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		13%	56%	31%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		6%	13%	81%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	38%	63%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	31%	69%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		6%	19%	75%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	31%			
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	38%	63%		



SS Rec Summary																													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	Y	Z	AA	AO	AP	AQ	AR	AS

SS Rec Summary																														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	Y	Z	AA	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	31	38	39	MIN	25th	MED	75th	MAX
51	2nd REF	32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	12	0.060			6.84			195	30	15	20			60			30										
52	CURRENT	31296	Nasal/sinus endoscopy, surgical with dilation of frontal sinus ostium (eg, balloon dilation)		0.071			3.29			88	30	3	10			30			15										
53	CURRENT	31297	Nasal/sinus endoscopy, surgical with dilation of sphenoid sinus ostium (eg, balloon dilation)		0.053			2.64			86	30	3	10			28			15										
54	SVY			114	0.135	1.00	4.50	6.38	9.50	99.00	90	15	10	10	5	22	40	60	180	15					0	1	5	20	300	
55	COMP CODE	47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)		0.078			4.25			93	30	3	5			40			15										
56	REC - SVY 25th	31298	Nasal/sinus endoscopy, surgical with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)		0.094			4.50			76	15	1	5			40			15										
57	COMP CODE	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C		0.089			4.17			106	33	8	15			30			20										
58																														
59	FESS CODES																													
60	31256																													
61	1st REF	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	14	0.068			4.30			104	33	3	5			45			18										
62	2nd REF	32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	14	0.060			6.84			195	30	15	20			60			30										
63	CURRENT	31256	Nasal/sinus endoscopy, surgical with maxillary antrostomy		0.052			3.29			96	18		15			45			18										
64	SVY			140	0.140	1.80	3.50	5.39	6.81	18.00	90	15	15	10	5	20	30	45	90	20					0	30	55	120	350	
65	CROSSWALK	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)		0.078			3.11			68	15	3	5			30			15										
66	REV REC	31256	Nasal/sinus endoscopy, surgical with maxillary antrostomy		0.069			3.11			83	15	8	10			30			20										
67	COMP CODE	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)		0.073			3.40			87	33	3	5			30			16										
68	31267																													
69	1st REF	52235	Cystourethroscopy, with fulguration (including crvosurgaerv or laser surgery) and/or resection of:	15	0.098			5.44			94	19	5	5			45			20										
70	2nd REF	32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	14	0.060			6.84			195	30	15	20			60			30										
71	CURRENT	31267	Nasal/sinus endoscopy, surgical with removal of tissue from maxillary sinus		0.082			5.45			110	30					50			30										
72	SVY			143	0.132	2.20	5.28	6.50	9.21	24.00	100	15	15	10	5	30	40	60	120	20					0	20	50	100	500	
73	CROSSWALK	45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed		0.087			4.68			96	33	3	5			40			15										
74	REV REC	31267	Nasal/sinus endoscopy, surgical with removal of tissue from maxillary sinus		0.091			4.68			93	15	8	10			40			20										
75	COMP CODE	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)		0.084			4.73			104	33	3	5			40			23										
76	31287																													
77	1st REF	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	16	0.083			4.97			103	30	3	5			45			20										
78	2nd REF	11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if	16	0.061			4.10			116	33	3	15			45			20										
79	CURRENT	31287	Nasal/sinus endoscopy; surgical, with sphenoidotomy		0.057			3.91			105	30					45			30										
80	SVY			142	0.188	2.60	4.75	6.87	8.28	25.00	93	15	15	13	5	20	30	50	120	20					0	15	40	88	300	

A		B		C		D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	Y	Z	AA	AO	AP	AQ	AR	AS
15								RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	31	38	39	MIN	25th	MED	75th	MAX		
81	CROSSWALK	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated		0.087	3.50					76	17	4	10			30			15												
82	REV REC	31287	Nasal/sinus endoscopy; surgical, with sphenoidotomy		0.081	3.50					86	15	8	13			30			20												
83	COMP CODE	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)		0.095	4.07					88	30	3	5			30			20												
84	31288																															
85	1st REF	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	14	0.079			8.84			175	30	10	15			90			30												
86	2nd REF	32608		13	0.060			6.84			195	30	15	20			60			30												
87	CURRENT	31288	Nasal/sinus endoscopy, surgical with with removal of tissue from sphenoid sinus		0.054			4.57			120	30					60			30												
88	SVY			140	0.158	2.80	5.30	7.54	9.03	30.00	103	15	15	13	10	30	40	60	180	20						0	10	30	53	270		
89	CROSSWALK	44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures		0.071	4.10					100	33	2	5			40			20												
90	REV REC	31288	Nasal/sinus endoscopy, surgical with with removal of tissue from sphenoid sinus		0.076	4.10					96	15	8	13			40			20												
91	COMP CODE	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)		0.084	4.73					104	33	3	5			40			23												
92	31254																															
93	1st REF	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	14	0.079			4.73			101	33	3	5			45			15												
94	2nd REF	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	13	0.083			4.97			103	30	3	5			45			20												
95	CURRENT	31254	Nasal/sinus endoscopy, surgical, with ethmoidectomy; partial (anterior)		0.069			4.64			108	30					48			30												
96	SVY			140	0.143	1.80	4.64	5.50	8.00	20.00	90	15	15	10	5	20	30	45	90	20						0	20	44	100	300		
97	CROSSWALK	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices		0.099	4.27					91	33	3	5			30			20												
98	REV REC	31254	Nasal/sinus endoscopy, surgical, with ethmoidectomy; partial (anterior)		0.108	4.27					83	15	8	10			30			20												
99	COMP CODE	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed		0.111	4.46					83	30	3	5			30			15												
100	31255																															
101	1st REF	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of pseudocyst)	22	0.082			7.25			141																					



A		B		C		D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	Y	Z	AA	AO	AP	AQ	AR	AS
15								RVW			Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					SURVEY EXPERIENCE						
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	31	38	39	MIN	25th	MED	75th	MAX		
112	4TH REF	33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	12	0.099			9.50			195	30	15	15			60			20												
113	CURRENT	31276	Nasal/sinus endoscopy, surgical with with frontal sinus exploration, including removal of tissue from frontal		0.100			8.84			135	30					75			30												
114	SVY			139	0.179	3.00	8.00	9.25	12.00	30.00	105	15	15	10	10	35	45	60	210	20					0	23	50	100	270			
115	CROSSWALK	52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)		0.118	6.75					118	33	5	15			45			20												
116	REV REC	31276	Nasal/sinus endoscopy, surgical with with frontal sinus exploration, including removal of tissue from frontal sinus, when performed		0.127	6.75					98	15	8	10			45			20												
117	COMP CODE	37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed		0.131	7.10					101	33	3	5			45			15												
118																																
119	BUNDLED CODES																															
120	31253																															
121	1st REF	93582	Percutaneous transcatheter closure of patent ductus arteriosus	45	0.173			12.31			156	33	3	15			60			45												
123	3rd REF	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral,	8	0.079			8.84			175	30	10	15			90			30												
124	CURRENT	31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)		0.082			6.95			128	30					68			30												
125	CURRENT	31276	Nasal/sinus endoscopy, surgical with with frontal sinus exploration, including removal of tissue from frontal sinus, when performed		0.100			8.84			135	30					75			30												
126	SVY			128	0.158	2.90	9.00	12.28	15.84	36.00	133	15	15	13	15	55	70	90	210	20					0	25	50	100	300			
127	REV REC - SVY 25th	31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus,		0.113	9.00					126	15	8	13			70			20												
128	31257																															
129	1st REF	93582	Percutaneous transcatheter closure of patent ductus arteriosus	19	0.177			12.56			156	33	3	15			60			45												
131	3rd REF	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal	11				11.20				33	1	5			67			30												
132	CURRENT	31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)		0.082			6.95			128	30					68			30												
133	CURRENT	31287	Nasal/sinus endoscopy; surgical, with sphenoidotomy		0.057			3.91			105	30					45			30												
134	SVY			132	0.158	2.90	8.38	10.70	12.52	30.00	125	15	15	15	15	49	60	87	210	20					0	20	50	100	300			
135	CROSSWALK	52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)		0.110	8.00					133</																					

SS Rec Summary																														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	Y	Z	AA	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	31	38	39	MIN	25th	MED	75th	MAX
145	REV REC	31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from sphenoid sinus		0.114	8.48					123	15	8	15			65			20										
146																														
147	SPHENOPALATINE ARTERY NEW CODE																													
148	31241																													
149	1st REF	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, Cystourethroscopy, with ureteroscopy and/or	16	0.079			8.84			175	30	10	15			90			30										
152	4TH REF	52354	pyeloscopy; with biopsy and/or fulguration of ureteral or Nasal/sinus endoscopy, surgical; with ligation or	9	0.110			8.00			133	33	5	15			60			20										
153		NEW	sphenopalatine artery		#DIV/0!						0																			
154	SVY	31241		114	0.119	2.95	6.00	8.51	11.00	30.00	130	15	15	15	10	45	60	87	240	25					0	2	5	10	250	
155	CROSSWALK	52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)		0.110	8.00					133	33	5	15			60			20										
156	REV REC	31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery		0.103	8.00					142	15	8	15			60			25			0.5							

**Tab Number: 7**


**Issue: Nasal Endoscopy**

**Code(s): 31254-88, 312XX1-X5**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Peter Manes, MD
<b>Specialty Society:</b>	American Academy of Otolaryngology – Head and Neck Surgery
<b>Date:</b>	December 13, 2016

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor:

31241	Nasal/sinus endoscopy, surgical;with ligation of sphenopalatine artery
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	Nasal/sinus endoscopy, surgical; with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or canine fossa
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)

Global Period: 000 Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisor and multiple clinical experts who practice in the areas of general otolaryngology,*

*rhinology and allergy. The expert panel members also practice across in settings that vary by size, geography, and represent both private and academic settings.*

*By way of history, we remind reviewers that CPT 31295-97 were captured by the OPPS screen several years ago and our Academy elected at that time to bring them forward for PE review in April of 2014. The RUC approved PE for these codes, however, CMS did not accept any PE only reviews from that meeting. At the recommendation of AMA staff, we are including both the existing PE inputs for those codes (blue columns) as well as the RUC approved PE from April 2014 (yellow columns) for your reference.*

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

*We utilized the existing PE inputs as a reference for codes 31254-31288 and 31295-31297. For 31241, 31253, 31257 and 31259 we utilized CPT 31237 as the base diagnostic code in this section of the CPT book which had recently reviewed in-office PE inputs. For 31298, we utilized existing inputs for the balloon codes (31295-97) as the reference since 31298 represents a bundled procedure of two of these services.*

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

*We are retaining previous RUC approved recommendations for all existing codes (31254-31297) to include clinical staff pre-time above the standard for 000 globals of 0 minutes. This represents extensive use of clinical staff per the PE Subcommittee standards and is consistent with the PE approved in the October 2016 meeting for CPT 30140 Resection of Inferior Turbinate. The rationale for this time is that staff are essential to scheduling and completing paperwork necessary to schedule these procedures in the facility setting.*

*All new codes are consistent with these recommendations and include time for extensive use of clinical staff time in the pre-service as well.*

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

*Clinical time: We are increasing the intra service time request for all codes in this family to add in the 6 minutes for the half-discharge management visit which is standard for 000 global procedures done in the facility setting. This was erroneously excluded in the previous PE, so we are adding it in for all codes in this presentation to correct that oversight. We are also adding in 3 minutes of post service time for CPT 31295-31297 to reflect time for post operative phone calls to call in prescriptions. This makes it consistent across the family and reflects time that is spent by clinical staff.*

*Supplies: no supplies in the facility*

*Equipment: no equipment in the facility*

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: *Staff complete pre-service referral forms, including coordinating and obtaining pre-operative clearance, coordinate pre-surgery services, including ensuring availability of pre-operative lab results and imaging, schedule space and equipment in the facility and provide pre-service education and obtain consent from the patient.*



CPT Codes: 31241, 31253, 31257, 31258, 31298, 31254-31288, 31295-31297

Specialty Society('s) AAO-HNS

Intra-Service Clinical Labor Activities: *staff provide the patient with home care instructions*

Post-Service Clinical Labor Activities: *Staff conduct a post service phone call to call in prescriptions for the patient.*

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or canine fossa
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)

Global Period: 000 Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisor and multiple clinical experts who practice in the areas of general otolaryngology, rhinology and allergy. The expert panel members also practice across in settings that vary by size, geography, and represent both private and academic settings.*

*By way of history, we remind reviewers that CPT 31295-97 were captured by the OPPS screen several years ago and our Academy elected at that time to bring them forward for PE review in April of 2014. The RUC approved PE for these codes, however, CMS did not accept any PE only reviews from that meeting. At the recommendation of AMA staff, we are including both the existing PE inputs for those codes (blue columns) as well as the RUC approved PE from April 2014 (yellow columns) for your reference.*

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

*We utilized the existing PE inputs as a reference for codes 31254-31288 and 31295-31297. For 31241, 31253, 31257, 31259 we utilized CPT 31237 as the base diagnostic code in this section of the CPT book which had recently reviewed in-office PE inputs. For 31298, we utilized existing inputs for the balloon codes (31295-97) as the reference since 31298 represents a bundled procedure of two of these services.*

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

*We are retaining previous RUC approved recommendations for all existing codes (31254-31297) to include clinical staff pre-time above the standard for 000 globals of 0 minutes. This represents extensive use of clinical staff per the PE Subcommittee standards and is consistent with the PE approved in the October 2016 meeting for CPT 30140 Resection of Inferior Turbinate. The rationale for this time is that staff are essential to scheduling and completing paperwork necessary to schedule these procedures in the facility setting.*

*All new codes are consistent with these recommendations and include time for extensive use of clinical staff time in the pre-service as well.*

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

*We are not recommending an increase in time for any of the codes with existing non-facility inputs. We are adding in-office PE for new code 31298 and for 31254. The addition to in-office PE for 31254 is based on the fact that over 20% of utilization in the RUC database is done in the office setting. We also feel that this service can now safely be done in the office setting under appropriate clinical indications.*

**Supplies:** *we did not increase any supply amounts or add any new supplies for 31295-97. For 31254 and 31298, we mirrored the reference code used with the exception of 31298 requiring two scopes since two sinuses are being accessed. This requires double the scope cleaning materials (kit and anti-fog solution) as well as double the balloon kits which are listed. We added one new supply for all codes with in-office inputs, the cleaning pack for surgical instruments which was previously omitted. These packs are needed to clean the instruments following the procedure.*

*We modified the type of mask included from the regular surgical mask SB033 to the surgical mask with face shield SB034 for 31254 and 31295-97 and 31298, as this is the more appropriate mask to wear for these procedures. For, 31254 reusable blades are required and an invoice has been provided.*

**Equipment:** *there were no changes to equipment for 31295-97 from what was approved in April 2014 by the RUC. Changes were made in 2014 from the prior PE which was approved in 2010 when the codes were first valued as new technology. Times for equipment are slightly modified in accordance with PE subcommittee standards and the CMS rules related to highly technical and non-technical equipment times. As mentioned above, 31298 requires two scopes which are listed (0 degree and 30 degree rigid scopes). We added one piece of equipment for all procedures done in-office ES005 endoscope disinfectant cart in order to include the necessary equipment to clean the scopes used in these procedures which was previously omitted. A microdebrider console and handpiece are also required to perform 31254 in the office, so those have been listed with the inputs for this code. Invoices are provided for those items.*

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

*Staff complete pre-service referral forms, including coordinating and obtaining pre-operative clearance, coordinate pre-surgery services, including ensuring availability of pre-operative lab results and imaging, schedule space and equipment in the facility and provide pre-service education and obtain consent from the patient. Furthermore, prescriptions are called in for the patient to begin taking the day of the procedure (usually diazepam).*

Intra-Service Clinical Labor Activities:

Greet patient, provide gowning, ensure appropriate medical records are available	
Obtain vital signs	3 vitals are taken
Prepare room, equipment and supplies	
Setup scope (nonfacility setting only)	Rigid endoscopes are utilized for all of these procedures.
Prepare, set-up and start IV, initial positioning and monitoring of patient	Patient must be positioned for procedure
Sedate/apply anesthesia	Staff assists physician in the application of topical/local anesthesia
Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	Staff assist the physician during the entire procedure for all of these services.
Monitor patient following procedure/service, multitasking 1:4	Staff monitor the patient for up to an hour following the procedure. Monitoring is done at the 1:4 ratio
Clean room/equipment by clinical staff	
Clean scope	Time for cleaning the rigid endoscope is required (for 31298 there is double
Clean surgical instrument package	Time for cleaning the basic instrument pack is required
Complete post-procedure diagnostic forms, lab and x-ray requisitions	Diagnostic forms are completed and, for 31254, pathology requisitions are completed.
Review home care instructions, coordinate visits/prescriptions	Home care instructions are provided to patient

Post-Service Clinical Labor Activities:

Conduct patient communications to evaluate how they're doing after the procedure and answer any questions they may have. Call in post-operative prescriptions.



A	B				C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	RUC Practice Expense Spreadsheet					REFERENCE CODE			RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED		
2	*Please see brief					CPT Code 31237			NEW CPT Code		CPT Code 31254		CPT Code 31254		CPT Code 31255		CPT Code 31255		NEW CPT Code		NEW CPT Code		NEW CPT Code		
3	RUC Collaboration					surgical; with biopsy, polypectomy or			Nasal/sinus endoscopy, surgical; with ligation of		Nasal/sinus endoscopy,		Nasal/sinus endoscopy, surgical, with		Nasal/sinus endoscopy, surgical; with		Nasal/sinus endoscopy, surgical with		surgical with ethmoidectomy; total		Nasal/sinus endoscopy, surgical with		Nasal/sinus endoscopy, surgical with		
4	Clinical	Meeting Date: January		Standar	Clinical																				Staff
5		LOCATION						Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD								000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
7		TOTAL CLINICAL LABOR				L037D	RN/LPN/	99.0	36.0	0.0	19.0	0.0	33.0	107.0	22.0	0.0	33.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0	22.0
8		TOTAL PRE-SERVICE				L037D	RN/LPN/	18.0	30.0	0.0	10.0	0.0	30.0	9.0	19.0	0.0	30.0	0.0	19.0	0.0	19.0	0.0	19.0	0.0	19.0
9		TOTAL SERVICE PERIOD				L037D	RN/LPN/	78.0	0.0	0.0	6.0	0.0	0.0	95.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL POST-SERVICE				L037D	RN/LPN/	3.0	6.0	0.0	3.0	0.0	3.0	3.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0
98	Medical	MEDICAL SUPPLIES				PRICE	UNIT	31237		X1		31254		31254		31255		31255		x2		x3		x4	
99	SA048	pack, minimum multi-				1.143	pack	1						1											
100	SA042	pack, cleaning and					pack	1						1											
101	SA043	pack, cleaning, surgical					pack							1											
102	SA106	kit, sinus surgery, balloon																							
103	SB012	drape, sterile, for Mayo						1						1											
104	SB024	gloves, sterile						1						2											
105	SB027	gown, staff, impervious												2											
106	SB033	mask, surgical																							
107	SB034	mask, surgical, with face												2											
108	SB042	towel, non-sterile																							
109	SB044	underpad 2ft x 3ft (Chux)						1																	
110	SC028	needle, 18-26g 1.5-3.5in,																							
111	SC029	needle, 18-27g						2						2											
112	SC051	syringe 10-12ml						1						1											
113	SC056	syringe 50-60ml																							
114	SD009	canister, suction						1						1											
115	SD132	tubing, suction, non-latex						2						1											
116	SD214	tubing, suction, non-latex												1											
117	SG009	applicator, sponge-tipped						3																	
118	SG031	cottonoid						2						8											
119	SG056	gauze, non-sterile 4in x 4in						4						4											
120	SG066	packing, gauze w-						1																	
121	SH046	lidocaine 1%-2% inj						5						5											
122	SH050	lidocaine 4% soln, topical												10											
123	SH074	water, sterile for irrigation																							
124	SJ010	basin, emesis						1						1											
125	SJ037	oxymetazoline nasal spray						2						1											
126	SJ046	silver nitrate applicator						1																	
127	SJ053	swab-pad, alcohol						2						2											
128	SK058	paper, photo printing (8.5 x						2																	
129	SL037	cup, medicine (1oz size)												1											
130	SL038	cup-container, sterile,																							
131	SL146	tubed culture media																							
132	SL464	Atomizer tips (disposable)						2						1											
133	SM001	atomizer tip shield						2						1											
134	SM014	endoscope anti-fog solution						2						1											
135	SM015	enzymatic detergent						4						4											
136	SB019	drape-towel, sterile, 18in x												4											
137	SB046	drape, sterile, split-sheet												1											
138	SL036	cup, biopsy-specimen sterile												1											
139	SL033	culture swab system												1											
140																									
141		Other supply item: please																							

[illegible]



	A	B	C	D	E	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ		
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED			
2	*Please see brief					CPT Code 31256		CPT Code 31256		CPT Code 31267		CPT Code 31267		CPT Code 31276		CPT Code 31276		CPT Code 31287		CPT Code 31287		CPT Code 31288		CPT Code 31288			
3	RUC Collaboration					Nasal/sinus endoscopy, surgical, with maxillary		Nasal/sinus endoscopy, surgical with maxillary		surgical, with maxillary antrostomy; with		Nasal/sinus endoscopy, surgical with removal of		Nasal/sinus endoscopy, surgical with frontal		Nasal/sinus endoscopy, surgical with with		Nasal/sinus endoscopy, surgical, with		Nasal/sinus endoscopy; surgical, with		Nasal/sinus endoscopy, surgical, with		Nasal/sinus endoscopy, surgical with with			
4	Clinical	Meeting Date: January	Standar	Clinical	Staff																						
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility		
6		GLOBAL PERIOD				000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000		
7		TOTAL CLINICAL LABOR		L037D	RN/LPN/	0.0	33.0	0.0	22.0	0.0	33.0	0.0	22.0	0.0	33.0	0.0	22.0	0.0	33.0	0.0	22.0	0.0	22.0	0.0	63.0	0.0	22.0
8		TOTAL PRE-SERVICE		L037D	RN/LPN/	0.0	30.0	0.0	19.0	0.0	30.0	0.0	19.0	0.0	30.0	0.0	19.0	0.0	30.0	0.0	19.0	0.0	19.0	0.0	30.0	0.0	19.0
9		TOTAL SERVICE PERIOD		L037D	RN/LPN/	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	30.0	0.0	0.0	
10		TOTAL POST-SERVICE		L037D	RN/LPN/	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0
11	PRE-SERVICE PERIOD																										
12	Start: Following visit when decision for surgery or procedure																										
13	CA001	Complete pre-service	90	L037D	RN/LPN/	0	5	0	3	0	5	0	3	0	5	0	3	0	5	0	3	0	5	0	5	0	3
14	CA002	Coordinate pre-surgery	90	L037D	RN/LPN/	0	10	0	5	0	10	0	5	0	10	0	5	0	10	0	5	0	10	0	10	0	5
15	CA003	Schedule space and	90	L037D	RN/LPN/	0	5	0	3	0	5	0	3	0	5	0	3	0	5	0	3	0	5	0	5	0	3
16	CA004	Provide pre-service	90	L037D	RN/LPN/	0	7	0	5	0	7	0	5	0	7	0	5	0	7	0	5	0	7	0	7	0	5
17	CA005	Complete pre-procedure	90	L037D	RN/LPN/	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3
18	CA006	Confirm availability of prior	Standar	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	CA007	Review patient clinical	Standar	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	CA008	Perform regulatory	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	SERVICE PERIOD																										
29	Start: When patient enters office/facility for surgery/procedure																										
30	Pre-Service (of service)																										
31	CA009	Greet patient, provide	Standard	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	CA010	Obtain vital signs	Vital Sign	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	CA011	Provide education/obtain	Include	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	CA012	Review requisition, assess	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	CA013	Prepare room, equipment	2 minute	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	CA014	Confirm order, protocol	Standard	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	CA015	Setup scope (nonfacility)	5	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	CA016	Prepare, set-up and start	2 minute	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	CA017	Sedate/apply anesthesia	2 minute	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Intra-service (of service)																										
47	CA018	Assist physician or other	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30	0	0	0
48	CA019	Assist physician or other	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	CA020	Assist physician or other	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	CA021	Perform procedure/service	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
57	Post-Service (of service)																										
58	CA022	Monitor patient following	For	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
59	CA023	Monitor patient following	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60	CA024	Clean room/equipment by	3 minute	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61	CA025	Clean scope	Standard	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62	CA026	Clean surgical instrument	Standard	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
63	CA027	Complete post-procedure	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64	CA028	Review/read post-	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65	CA029	Check dressings,	Standard	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66	CA030	Technologist QC's images	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67	CA031	Review examination with	Standard	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
68	CA032	Scan exam documents	Standard	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
69	CA033	Perform regulatory	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70	CA034	Document procedure	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	CA035	Review home care	Standard	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72	CA036	Discharge day	Dischrg	L037D	RN/LPN/	0	0	n/a	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a	0	0	0	0	n/a	0	0
79	End: Patient leaves office																										
80	POST-SERVICE PERIOD																										
81	Start: Patient leaves																										
82	CA037	Conduct patient	Phone	L037D	RN/LPN/	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3
83	CA038	Coordinate post-procedure	This is	L037D	RN/LPN/	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
97	End: with last office visit																										



[illegible]

	A	B	C	D	E	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2	*Please see brief					CPT Code 31256		CPT Code 31256		CPT Code 31267		CPT Code 31267		CPT Code 31276		CPT Code 31276		CPT Code 31287		CPT Code 31287		CPT Code 31288		CPT Code 31288	
3	RUC Collaboration					Nasal/sinus endoscopy, surgical, with maxillary		Nasal/sinus endoscopy, surgical with maxillary		surgical, with maxillary antrostomy; with		Nasal/sinus endoscopy, surgical with removal of		Nasal/sinus endoscopy, surgical with frontal		Nasal/sinus endoscopy, surgical with with		Nasal/sinus endoscopy, surgical, with		Nasal/sinus endoscopy; surgical, with		Nasal/sinus endoscopy, surgical, with		Nasal/sinus endoscopy, surgical with with	
4	Clinical	Meeting Date: January		Standar	Clinical																					Staff
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
7		TOTAL CLINICAL LABOR		L037D	RN/LPN/	0.0	33.0	0.0	22.0	0.0	33.0	0.0	22.0	0.0	33.0	0.0	22.0	0.0	33.0	0.0	22.0	0.0	63.0	0.0	22.0
8		TOTAL PRE-SERVICE		L037D	RN/LPN/	0.0	30.0	0.0	19.0	0.0	30.0	0.0	19.0	0.0	30.0	0.0	19.0	0.0	30.0	0.0	19.0	0.0	30.0	0.0	19.0
9		TOTAL SERVICE PERIOD		L037D	RN/LPN/	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	30.0	0.0	0.0
10		TOTAL POST-SERVICE		L037D	RN/LPN/	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0
142	Equipm	EQUIPMENT	Please	PRICE	EQUIPM																				
143	EF023	table, exam		1338.17	Non-																				
144	EF015	mayo stand		530.76	Non-																				
145	EQ170	light, fiberoptic headlight w-		1992.92	Non-																				
146	EQ234	suction and pressure		3495	Non-																				
147	EF008	chair with headrest, exam,		4836.33	Non-																				
148	ES031	video system, endoscopy		33232.5	Non-																				
149	EQ138	instrument pack, medium		1500	Surgical																				
150	ES005	endoscope disinfectant, rigid			Scope																				
151	ES040	PROXY endoscope, rigid,		2414.17	Scope																				
152	ES041	PROXY endoscope, rigid,		2414.17	Scope																				
153	ES042	PROXY endoscope, rigid,		2414.17	Scope																				
154	ES021	fiberscope, flexible,		5803.33																					
155	EQ167	light source, xenon		6723.33	Non-																				
156	INVOICE	Microdebrider Console			Non-																				
157	INVOICE	Microdebrider handpiece			Non-																				
158	INVOICE	Microdebrider blade 4mm			Non-																				
159	EF018	stretcher		1915	Monitorin																				
160	EQ011	ECG, 3-channel (with			Monitorin																				
161	EQ032	IV infusion pump			Monitorin																				



[illegible]

	A	B	C	D	E	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK
1	RUC Practice Expense Spreadsheet					CURRENT		RUC APR 14*		RECOMMENDED		CURRENT		RUC APR 14*		RECOMMENDED		CURRENT		RUC APR 14*		RECOMMENDED		RECOMMENDED	
2	*Please see brief					CPT Code 31295		CPT Code 31295		CPT Code 31295		CPT Code 31296		CPT Code 31296		CPT Code 31296		CPT Code 31297		CPT Code 31297		CPT Code 31297		NEW CPT Code	
3	RUC Collaboration					surgical; with dilation of maxillary sinus ostium		surgical; with dilation of maxillary sinus ostium		Nasal/sinus endoscopy, surgical; with dilation of		Nasal/sinus endoscopy, surgical; with dilation of		surgical; with dilation of frontal sinus ostium (eg,		Nasal/sinus endoscopy, surgical; with dilation of		Nasal/sinus endoscopy, surgical; with dilation of		surgical; with dilation of sphenoid sinus ostium		Nasal/sinus endoscopy, surgical; with dilation of		Nasal/sinus endoscopy, surgical with dilation of	
4	Clinical	Meeting Date: January	Standar	Clinical	Staff	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5		LOCATION				000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
6		GLOBAL PERIOD				000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
7		TOTAL CLINICAL LABOR		L037D	RN/LPN/	93.0	30.0	105.0	36.0	97.0	22.0	100.0	30.0	115.0	36.0	102.0	22.0	101.0	30.0	113.0	36.0	97.0	22.0	129.0	22.0
8		TOTAL PRE-SERVICE		L037D	RN/LPN/	9.0	30.0	18.0	30.0	9.0	19.0	9.0	30.0	18.0	30.0	9.0	19.0	9.0	30.0	18.0	30.0	9.0	19.0	9.0	19.0
9		TOTAL SERVICE PERIOD		L037D	RN/LPN/	81.0	0.0	84.0	6.0	85.0	0.0	91.0	0.0	94.0	6.0	90.0	0.0	89.0	0.0	92.0	6.0	85.0	0.0	117.0	0.0
10		TOTAL POST-SERVICE		L037D	RN/LPN/	3.0	0.0	3.0	0.0	3.0	3.0	0.0	0.0	3.0	0.0	3.0	3.0	3.0	0.0	3.0	0.0	3.0	3.0	3.0	3.0
142	Equipm	EQUIPMENT	Please	PRICE	EQUIPM																				
143	EF023	table, exam		1338.17	Non-	0																			
144	EF015	mayo stand		530.76	Non-	53		32		37		63		60		40		61		40		37		59	
145	EQ170	light, fiberoptic headlight w-		1992.92	Non-	53		50		37		63		60		40		61		58		37		59	
146	EQ234	suction and pressure		3495	Non-	53		50		37		63		60		40		61		58		37		59	
147	EF008	chair with headrest, exam,		4836.33	Non-	53		50		37		63		60		40		61		58		37		59	
148	ES031	video system, endoscopy		33232.5	Non-	53		50		37		63		60		40		61		58		37		59	
149	EQ138	instrument pack, medium		1500	Surgical	0		42		49		0		52		52		0		47		49		71	
150	ES005	endoscope disinfecter, rigid			Scope	NEW		NEW		27		NEW		NEW		32		NEW		NEW		27		57	
151	ES040	PROXY endoscope, rigid,		2414.17	Scope	0		44		27						32		68		52		27		57	
152	ES041	PROXY endoscope, rigid,		2414.17	Scope							70		54											
153	ES042	PROXY endoscope, rigid,		2414.17	Scope																				
154	ES021	fiberscope, flexible,		5803.33		80																			
155	EQ167	light source, xenon		6723.33	Non-			50		37		0		60		40		0		58		37		59	
156	INVOICE	Microdebrider Console			Non-					37						40						37		59	
157	INVOICE	Microdebrider handpiece			Non-					37						40						37		59	
158	INVOICE	Microdebrider blade 4mm			Non-					37						40						37		59	
159	EF018	stretcher		1915	Monitorin					60						60						60		60	
160	EQ011	ECG, 3-channel (with			Monitorin					60						60						60		60	
161	EQ032	IV infusion pump			Monitorin					60						60						60		60	



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*High Expenditure Procedural Codes Screen*

April 2013

**Nasal/Sinus Endoscopy**

CPT code 31237 *Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)* was identified through the CMS High Expenditure Procedural Codes screen. The RUC recommended survey of physician work and review of practice expense for this family of services at the April 2013 RUC meeting.

**31237 *Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)***

The RUC reviewed the survey results from 153 otolaryngologists and agreed with the specialty on the following physician time components: 23 minutes of pre-service time, 20 minutes of intra-service time and 5 minutes of immediate post-service time.

The RUC reviewed the survey data and agreed that current work RVU of 2.98 no longer accurately reflects the physician work involved in this service. Specifically, the RUC noted the decrease in intra-service time from the previous survey performed in 1993. Given this, the RUC agreed with the specialty society that the 25<sup>th</sup> percentile survey value of 2.60 accurately accounts for the work to perform 31237. To justify this value, the RUC reviewed MPC code 51102 *Aspiration of bladder; with insertion of suprapubic catheter* (work RVU= 2.70) and noted that both services have identical intra-service time, 20 minutes; however, the reference code has 12 additional minutes of total time and is therefore properly valued slightly higher than the surveyed code. In addition, the RUC compared code 31237 to CPT code 57454 *Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage* (work RVU= 2.33) and agreed that while both procedures have identical intra-service time, the surveyed code should be valued higher due to greater total time and increased intensity compared to 57454. **The RUC recommends a work RVU of 2.60 for CPT code 31237.**

**31238 *Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage***

The RUC reviewed the survey results from 132 otolaryngologists and agreed with the specialty on the following physician time components: 18 minutes of pre-service time, 25 minutes of intra-service time and 10 minutes of immediate post-service time. These recommended pre- and post-service times reflect a reduction of 5 minutes in each category to account for any potential overlap of physician work between the endoscopy service and an Evaluation and Management service that is typically performed on the same date of service.

The RUC reviewed the survey data and agreed that the current work RVU of 3.26 no longer accurately reflects the physician work involved in this service. As with the survey data for 31237, the median intra-service time is lower than the last RUC survey performed in 1993. Given this, the RUC agreed with the specialty society that the 25<sup>th</sup> percentile survey value of 2.74 accurately accounts for the work of 31238. To justify this value,

the RUC reviewed the key reference code 31296 *Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)* (work RVU= 3.29) and noted that the reference code has 5 additional minutes of intra-service time and greater total time compared to the surveyed code. Therefore, the reference code is accurately valued higher than 31238. In addition, the RUC reviewed codes 57460 *Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix* (work RVU= 2.83) and 52204 *Cystourethroscopy, with biopsy(s)* (work RVU= 2.59) and agreed that since both codes have identical intra-service time, 25 minutes, compared to the surveyed code, 31238 is appropriately valued between these services. **The RUC recommends a work RVU of 2.74 for CPT code 31238.**

### **31239 *Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy***

The RUC reviewed the survey results from 105 otolaryngologists and ophthalmologists and agreed with the specialties on the following physician time components: 46 minutes of pre-service time, 60 minutes of intra-service time and 20 minutes of immediate post-service time. The RUC also agreed with the following post-operative visits for this 010 day global code: one 99213 and one-half day discharge management service, 99238. The RUC noted that while the survey respondents did not indicate a discharge management service was typical, there was consensus that the physician work of detailing to the patient the post-operative care instructions and prescriptions, preparing the operative report and scheduling the follow-up visit is necessary physician work and should be captured in a discharge management code.

The RUC reviewed the survey data and agreed that the current work RVU of 9.33 no longer accurately reflects the physician work involved in this service. The RUC again noted that the surveyed median intra-service time is lower than the last RUC survey performed in 1994, 60 minutes versus 90 minutes. To determine an appropriate value, the RUC compared the surveyed code to CPT code 22523 *Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic* (work RVU= 9.04) and agreed that both codes have almost identical intra-service time, 58 minutes compared to 60 minutes, and similar total time. Therefore, the RUC agreed to directly crosswalk the physician work of 22523 to the surveyed code, 31239. To justify a work RVU of 9.04, the RUC compared the surveyed code to MPC code 22520 *Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic* (work RVU= 9.22) and agreed that since the reference code has slightly greater total time and is a more intense procedure, it is appropriately valued slightly higher than 31239. Finally, the RUC validated the crosswalk by noting that the recommended post-operative visits contain one less 99213 and the addition of a half-day discharge code compared to the current time for this code. By subtracting out the work of a 99213 (0.97) and adding in the work of a half-day discharge (0.64) to the current work RVU (9.33) the resulting value (9.00) is almost identical to the recommended value of 9.04. **The RUC recommends a work RVU of 9.04 for CPT code 31239.**

**31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection**

The RUC reviewed the survey results from 125 otolaryngologists and agreed with the specialty on the following physician time components: 38 minutes of pre-service time, 20 minutes of intra-service time and 15 minutes of immediate post-service time.

The RUC reviewed the survey respondent's estimated physician work values and agreed that the current work value of 2.61, almost identical to the 25<sup>th</sup> percentile value (2.64), remains appropriate for this code. The RUC noted that the median intra-service time is reduced from the last survey performed in 1993, 20 minutes versus 30 minutes. However, it appears that in 1993 the RUC recommended a much higher value (4.00) for this procedure, but CMS (then HCFA) rejected this recommendation by lowering the value for the services in this family by 33 percent. This arbitrary reduction was justified by the Agency, noting that the intensities would have been too high based on the RUC recommendations at the time. Given how these services were previously considered by the RUC, the RUC agreed that the current value, properly valued relative to the other codes in this family of services, is appropriate. Further justification was gained by comparing the surveyed code to key reference code 31295 *Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa* (work RVU= 2.70). The RUC noted that since both codes have identical intra-service time and analogous total time, the two codes should be valued similarly. Finally, CPT code 36555 *Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age* (work RVU= 2.68) was compared to code 31240 and since both codes have identical intra-service time, they should be valued similarly. **The RUC recommends a work RVU of 2.61 for CPT code 31240.**

**Practice Expense:**

The PE Subcommittee determined that the equipment time needed to be recalculated to comply with the CMS definition of appropriate allocation of equipment time. This resulted in removing 15 minutes of equipment time for each of the three scopes included in this procedure. The RUC noted that the specialty did not agree with this decision, stating that staff observes the patient for recurrent bleeding and if bleeding occurs the scopes need to be available in the room and therefore cannot be used by other patients. However, the RUC agreed that the 15 minutes of patient monitoring should be removed from all the equipment time to comply with CMS standards. The Chair noted that a PE Subcommittee workgroup is going to be established to review monitoring time issues. The RUC reviewed and approved the direct practice expense inputs with modifications as recommended by the Practice Expense Subcommittee.

**Work Neutrality:**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.



<b>CPT Code (●New)</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	000	2.60
31238	with control of nasal hemorrhage	000	2.74
31239	with dacryocystorhinostomy	010	9.04
31240	with concha bullosa resection	000	2.61 (No Change)

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 31237	Tracking Number	Original Specialty Recommended RVU: <b>2.98</b>
		Presented Recommended RVU: <b>2.60</b>
Global Period: 000		RUC Recommended RVU: <b>2.60</b>

CPT Descriptor: Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year old who has undergone previous endoscopic sinus surgery presents with nasal obstruction, heavy postnasal drainage and intermittent facial pain. On endoscopic exam the patient is found to have recurrent polyps, inspissated mucus, and infected crusts in the sinus cavities on the right side. They undergo nasal endoscopy with debridement and removal of polyps and crusts, as well as devitalized tissue and bone.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

#### Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 42%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 4%

#### Description of Pre-Service Work:

- After the decision is made for the need for nasal endoscopy the patient is moved to a room equipped with the video tower and a protective drape is placed on the patient.
- Vital signs are obtained.
- The physician ensures that the endoscopes, suction, air source for insufflation, and video recording equipment are available and functioning properly.
- The procedure is explained and consent obtained.
- A time out is performed.
- The physician washes hands and dons proper gloves.
- Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for it to take effect.
- The patient is positioned in an upright, seated position.

Description of Intra-Service Work: A complete nasal endoscopy is performed using one or more telescopes. On endoscopic exam she is found to have recurrent polyps, inspissated mucus, and infected crusts in the sinus cavities on the right side. Additional anesthesia is applied by the placement of cotton pledgets soaked with anesthetic and/or direct injection to the affected areas. The recurrent polyps and devitalized tissue/bone are removed with thru-cutting instruments. The infected crusts are removed with grasping forceps. Inspissated mucus is cleared with straight and curved suctions. Hemostasis is achieved with application of cotton pledgets soaked with topical decongestant with appropriate wait time. Any residual bleeding sites are controlled with absorbable packing and/or cautery.

Description of Post-Service Work:

- Monitor patient during recover period.
- Home restrictions (i.e. diet, activity), treatment and findings are explained to the patient using the procedure video recording and pointing out areas of normal anatomy and pathology.
- Subsequent evaluation and therapeutic plan are discussed.
- Write prescriptions for medications and supplies needed post-discharge
- Perform medication reconciliation.
- The examination and any still images are saved on the digital recording system.
- The procedure note is dictated and findings communicated to the referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2013				
<b>Presenter(s):</b>	Wayne Koch, MD, Jane Dillon, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31237				
<b>Sample Size:</b>	1088	<b>Resp N:</b>	153	<b>Response:</b> 14.0 %	
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	36.00	80.00	175.00	2500.00
<b>Survey RVW:</b>	1.15	2.60	3.05	4.00	15.00
<b>Pre-Service Evaluation Time:</b>			20.00		
<b>Pre-Service Positioning Time:</b>			5.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			5.00		
<b>Intra-Service Time:</b>	1.00	10.00	20.00	30.00	180.00
<b>Immediate Post Service-Time:</b>	<u>5.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

6 - NF Procedure with sedation/anesthesia care

<b>CPT Code:</b>	31237	<b>Recommended Physician Work RVU: 2.60</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		17.00	17.00	0.00
<b>Pre-Service Positioning Time:</b>		1.00	1.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		5.00	5.00	0.00
<b>Intra-Service Time:</b>		20.00		
<b>Immediate Post Service-Time:</b>	<u>5.00</u>			
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>		
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00	
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00 57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31231	000	1.10	<b>RUC Time</b>

CPT Descriptor Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51102	000	2.70	<b>RUC Time</b>	14,090

CPT Descriptor 1 Aspiration of bladder; with insertion of suprapubic catheter

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
15002	000	3.65	<b>RUC Time</b>	16,473

CPT Descriptor 2 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52287	000	3.20	<b>RUC Time</b>

CPT Descriptor Cystourethroscopy, with injection(s) for chemodenervation of the bladder**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.****Number of respondents who choose Key Reference Code: 33      % of respondents: 21.5 %****TIME ESTIMATES (Median)**

	<b>CPT Code: 31237</b>	<b>Key Reference CPT Code: 31231</b>	<b>Source of Time RUC Time</b>
Median Pre-Service Time	23.00	11.00	
Median Intra-Service Time	20.00	7.00	
Median Immediate Post-service Time	5.00	3.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	48.00	21.00
Other time if appropriate		

**INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key  
Reference code)**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.58	3.21
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.48	2.94
Urgency of medical decision making	3.55	2.97

**Technical Skill/Physical Effort (Mean)**

Technical skill required	4.39	3.06
Physical effort required	4.09	2.88

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	3.61	2.30
Outcome depends on the skill and judgment of physician	4.09	2.73
Estimated risk of malpractice suit with poor outcome	3.30	2.15

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference  
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	2.91	2.18
Intra-Service intensity/complexity	4.12	2.52
Post-Service intensity/complexity	2.85	2.06

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Why are these codes being reviewed?**

The nasal/sinus endoscopy code 31237 was identified in the CY 2012 Final Physician Fee Schedule by CMS as a potentially misvalued service. Following submission of an action plan to survey 31237 by the Academy, it was determined

that 31237-31240 was a “family” of codes based on their location in the CPT book, and therefore, all four codes were required for survey by the RAW for April 2013.

### **Description of Random Survey**

All four codes in this family were surveyed by AAO-HNS. The standard 000 global survey instrument was utilized with two revisions instructing respondents to include time for administering topical anesthetic, where appropriate, in the pre-service time and localized or injected anesthesia, where appropriate, in the intra service time. This change was approved by the Research Subcommittee. Surveys for CPT 31237 were sent to nearly 1100 Otolaryngologists, including the subspecialty of rhinology. Of the 1088 surveys distributed for CPT 31237, 153 responses were received, a response rate of 14%.

### **Physician Time**

**Pre Time:** Following a review of the pre-time survey data, our expert panel determined that preservice package 6 (Non-Facility procedure with sedation/anesthesia care) was most appropriate. Prepackage 6 assigns 17 minutes for evaluation, 1 minute for positioning, and 5 minutes for scrub, dress, and wait. Our expert panel felt this was the most appropriate package given that service is predominantly provided in a physician’s office and topical anesthetic and decongestant is utilized to numb the nose prior to providing an endoscopy procedure. The expert panel reviewed the survey pre times and are not requesting any adjustments to the pre-time package. As a result, we are requesting a total of 23 pre-service minutes for 31237.

**Intra Time:** Our expert panel agreed with our surveyees regarding the time for intra service work and are recommending the survey median time of 20 minutes for intra service work.

**Post Time:** Likewise, our experts felt that the survey’s post time was an accurate reflection of the post time required for this procedure and are recommending the median post time of 5 minutes. This results in a request for a total of 48 minutes of physician work time for CPT 31237.

### **Physician Work Recommendation**

This recommendation is supported by the key reference code 31231 which survey respondents said was lower in intensity and complexity, and accordingly has a lower work RVU of 1.10, and less physician time, totaling 21 minutes. In addition, our expert panel believes the work and intensity of 31237 is approximately three times the work of the key reference services, 31231, which is reflected in the survey responses where respondents assigned a median value of 3.05, nearly three times that of the 1.10 value for 31231. Respondents also nearly tripled the time as compared to the key reference service’s 21 minutes, assigning 55 total minutes to 31237. Given this, we believe the survey and key reference service clearly support retention of the existing value for 31237, at 2.98 physician work RVUs.

We are also providing the following reference tables which include recently reviewed services which support our requested values for physician time and work for CPT 31237.

#### **Comparison to key reference code**

<b><u>CPT Code</u></b>	<b><u>RVW</u></b>	<b><u>IWPUT</u></b>	<b><u>Total Time</u></b>	<b><u>Eval</u></b>	<b><u>Posit</u></b>	<b><u>SDW</u></b>	<b><u>INTRA</u></b>	<b><u>Post</u></b>
<b>31237</b>	2.98	0.1212	48	17	1	5	20	5
<b>31231</b>	1.10	0.1226	21	5	1	5	7	3

#### **Comparison to MPC codes**

<b><u>CPT Code</u></b>	<b><u>Descriptor</u></b>	<b><u>RVW</u></b>	<b><u>IWPUT</u></b>	<b><u>Total Time</u></b>	<b><u>Eval</u></b>	<b><u>Posit</u></b>	<b><u>SDW</u></b>	<b><u>INTRA</u></b>	<b><u>Post</u></b>
<b>51102</b>	Aspiration of bladder; with insertion of suprapubic catheter	2.70	0.0938	60	19	1	5	20	15
<b>31237</b>	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	2.60	0.1212	48	17	1	5	20	5
<b>15002</b>	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including	3.65	0.0868	115	45	15	15	20	20

subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children									
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The table below compares the survey code to other RUC reviewed codes of similar time and work, providing further support that the recommended value for 31237 is appropriate.

<u>RUC Reviewed</u>	<u>CPT Code</u>	<u>Descriptor</u>	<u>RVW</u>	<u>IWPUT</u>	<u>Total Time</u>	<u>Eval</u>	<u>Posit</u>	<u>SDW</u>	<u>INTRA</u>	<u>Post</u>
2002	<b>57454</b>	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	2.33	0.0885	45	15	0	0	20	10
2010	<b>90870</b>	Electroconvulsive therapy (includes necessary monitoring)	2.50	0.1071	36	10	1	0	20	5
2010	<b>52281</b>	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	2.75	0.1120	46	10	1	5	20	10
2007	<b>49452</b>	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2.86	0.1018	60	20	5	5	20	10
2007	<b>93503</b>	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	2.91	0.1659	37	5	2	5	15	10
2012	<b>52287</b>	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	3.20	0.1197	58	7	5	10	21	15
2002	<b>57461</b>	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.0985	58	15	0	0	28	15

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION



If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Rarely

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2011 Medicare volume for this service which we believe accurately estimates the national frequency of this service.

Specialty Ophthalmology	Frequency 1687	Percentage 0.63 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
89,235 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
Please explain the rationale for this estimate. This is based on the 2011 claims data from the 2013 RUC database.

Specialty Ophthalmology	Frequency 563	Percentage 0.63 %
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Do many physicians perform this service across the United States? Yes

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31237

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31238	Tracking Number	Original Specialty Recommended RVU: <b>2.74</b>
		Presented Recommended RVU: <b>2.74</b>
Global Period: 000		RUC Recommended RVU: <b>2.74</b>

CPT Descriptor: Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 68 year old with hypertension presents with refractory left epistaxis which is not controlled by anterior or posterior nasal packing. The patient undergoes endoscopic examination with identification of the bleeding source in the nasal cavity followed by control of hemorrhage.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 49%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 9%

**Description of Pre-Service Work:**

- After the decision is made for the need for nasal endoscopy the patient is moved to a room equipped with the video tower and a protective drape is placed on the patient.
- Vital signs are obtained.
- The physician ensures that the endoscopes, suction, air source for insufflation, cautery, and video recording equipment are available and functioning properly.
- The procedure is explained and consent obtained.
- A time out is performed.
- The physician washes hands and dons proper gloves, mask, and protective eye wear.
- Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for it to take effect.
- The patient is positioned in an upright, seated position.

Description of Intra-Service Work: Complete bilateral nasal endoscopy is performed. Previous packing, crusts, and clots are removed to help identify the bleeding site. The bleeding area is then packed with cotton or pledget soaked with topical decongestant and anesthetic spray followed by a wait time for the anesthetic to take effect. The bleeding region is then infiltrated with local with epinephrine followed by a wait time. The bleeding site(s) is then cauterized with bipolar or suction cautery to achieve control of epistaxis. Absorbable packing, such as fibrillar surgical, is applied to the cautery site and any other bleeding areas.

**Description of Post-Service Work:**

- Monitor patient during recovery period and check for any recurrence of bleeding.
- Home restrictions (i.e. diet, activity), treatment and findings are explained to the patient using the procedure video recording and pointing out areas of normal anatomy and pathology.
- Subsequent evaluation and therapeutic plan are discussed.
- Write prescriptions for medications and supplies needed post-discharge
- Perform medication reconciliation.
- The examination and any still images are saved on the digital recording system.
- The procedure note is dictated and findings communicated to the referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2013				
<b>Presenter(s):</b>	Wayne Koch, MD; Jane Dillon, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31238				
<b>Sample Size:</b>	1088	<b>Resp N:</b>	132	<b>Response:</b> 12.1 %	
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	15.00	30.00	1000.00
<b>Survey RVW:</b>	1.25	2.74	3.35	4.13	15.00
<b>Pre-Service Evaluation Time:</b>			20.00		
<b>Pre-Service Positioning Time:</b>			6.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	2.00	15.00	25.00	30.00	90.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 6 - NF Procedure with sedation/anesthesia care

<b>CPT Code:</b>	31238	<b>Recommended Physician Work RVU: 2.74</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		12.00	17.00	-5.00
<b>Pre-Service Positioning Time:</b>		1.00	1.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		5.00	5.00	0.00
<b>Intra-Service Time:</b>		25.00		
<b>Immediate Post Service-Time:</b>	<b>10.00</b>			
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>		
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00		
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0 99239x 0.0 99217x 0.00		
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00		
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00		
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00		

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31296	000	3.29	<b>RUC Time</b>

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51102	000	2.70	<b>RUC Time</b>	14,090

CPT Descriptor 1 Aspiration of bladder; with insertion of suprapubic catheter

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
15002	000	3.65	<b>RUC Time</b>	16,473

CPT Descriptor 2 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
57460	000	2.83	<b>RUC Time</b>

CPT Descriptor Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.****Number of respondents who choose Key Reference Code:** 31 **% of respondents:** 23.4 %**TIME ESTIMATES (Median)**

	<b>CPT Code: 31238</b>	<b>Key Reference CPT Code: 31296</b>	<b>Source of Time RUC Time</b>
Median Pre-Service Time	18.00	43.00	
Median Intra-Service Time	25.00	30.00	
Median Immediate Post-service Time	10.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	53.00	88.00
Other time if appropriate		

**INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key  
Reference code)**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.68	3.32
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.58	3.39
--	------	------

Urgency of medical decision making	4.55	3.13
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**Technical Skill/Physical Effort (Mean)**

Technical skill required	4.16	3.84
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Physical effort required	3.97	3.65
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	4.23	3.74
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Outcome depends on the skill and judgment of physician	4.16	3.90
--	------	------

Estimated risk of malpractice suit with poor outcome	3.94	3.81
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**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference  
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.90	3.39
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Intra-Service intensity/complexity	4.10	3.71
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Post-Service intensity/complexity	3.45	3.13
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Why are these codes being reviewed?**

The nasal/sinus endoscopy code 31237 was identified in the CY 2012 Final Physician Fee Schedule by CMS as a potentially misvalued service. Following submission of an action plan to survey 31237 by the Academy, it was determined

that 31237-31240 was a “family” of codes based on their location in the CPT book, and therefore, all four codes were required for survey by the RAW for April 2013.

### **Description of Random Survey**

All four codes in this family were surveyed by AAO-HNS. The standard 000 global survey instrument was utilized with two revisions instructing respondents to include time for administering topical anesthetic, where appropriate, in the pre-service time and localized or injected anesthesia, where appropriate, in the intra service time. This change was approved by the Research Subcommittee. The Otolaryngology physician work recommendations were derived by conducting a random survey of our members. Surveys for CPT 31238 were sent to nearly 1100 Otolaryngologists, including the subspecialty of rhinology, as well as to the Academy’s leadership and key committees such as the Rhinology Paranasal Sinus Committee which contains clinicians who were most likely to be familiar with the services under review. Of the 1088 surveys distributed for CPT 31238, 132 responses were received, a response rate of 12%.

### **Physician Time**

**Pre Time:** Following a review of the pre-time survey data, our expert panel determined that preservice package 6 (Non-Facility procedure with sedation/anesthesia care) was most appropriate. Prepackage 6 assigns 17 minutes for evaluation, 1 minute for positioning, and 5 minutes for scrub, dress, and wait. Our expert panel felt this was the most appropriate package given that service is predominantly provided in a physician’s office and topical anesthetic and decongestant is utilized to numb the nose prior to providing an endoscopy procedure. We recognize that the five percent file claims data provided by the AMA RUC staff reflects that 31238 is billed with an E/M code on the same date of service 67% of the time. As a result, our expert panel recommends a reduction to the pre-service package’s evaluation time of 9 minutes (the time for the history and exam) to account for the E/M typically billed on the same day. Our expert panel felt, however, that the preservice package’s 1 minute allotted for the check/set-up room, supplies and equipment was not sufficient for this type of emergency procedure, and recommends adding 4 minutes for this work, resulting in 5 minutes to set up the room for a total of 12 preservice evaluation minutes. This results in a total pre service time recommendation of 18 minutes.

**Intra Time:** Our expert panel agreed with our surveyees regarding the time for intra service work and are recommending the survey median time of 25 minutes for intra service work.

**Post Time:** Likewise, our experts felt that the survey’s post time was an accurate reflection of the post time required for this procedure and are recommending the median post time of 15 minutes. The expert panel did not feel it was necessary to reduce the post time for this service, despite the fact that it is typically billed with an E/M, because with this type of emergency procedure patients frequently stay at the physician office far longer than the survey’s reflected 15 minutes of post time to ensure there is no recurrence of bleeding. This results in a request for a total of 58 minutes of physician work time for CPT 31238.

### **Physician Work Recommendation**

After concluding the survey, the results were analyzed by an expert panel and it was determined that the survey’s median value was too high given that the work for this service has not changed, and no compelling evidence exists to increase the value of the service. As a result, they felt the survey’s 25<sup>th</sup> percentile of 2.74 RVUs was more appropriate for CPT 31238.

**Therefore, we recommend an RVU of 2.74, consistent with the survey’s 25<sup>th</sup> percentile, for CPT 31238.**

This recommendation is supported by the key reference service (KRS) 31296. While survey said the KRS was lower in intensity and complexity, it contains 30 minutes of additional time as compared to our recommendations for 31238, and therefore, has a higher work RVU of 3.29. Our expert panel also felt CPT 57460 served as an excellent reference code for this service and has a work RVU of 2.83 and a total time of 50 minutes. We are also providing the following reference tables which include recently reviewed services which support our requested values for physician time and work for CPT 31238.

### **Comparison to key reference code**

<b>CPT Code</b>	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>Post</b>
<b>31238</b>	2.74	0.0829	58	12	1	5	25	15
<b>31296</b>	3.29	0.0710	88	30	3	10	30	15

### **Comparison to MPC codes**

<b>CPT Code</b>	<b>Descriptor</b>	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>Post</b>
<b>51102</b>	Aspiration of bladder; with insertion of	2.70	0.0938	60	19	1	5	20	15

	suprapubic catheter								
<b>31238</b>	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	2.74	0.0829	58	12	1	5	25	15
<b>15002</b>	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	3.65	0.0868	115	45	15	15	20	20

The table below compares the survey code to other RUC reviewed codes of similar time and work, providing further support that the recommended value for 31238 is appropriate.

<u>RUC Reviewed</u>	<u>CPT Code</u>	<u>Descriptor</u>	<u>RVW</u>	<u>IWPUT</u>	<u>Total Time</u>	<u>Eval</u>	<u>Posit</u>	<u>SDW</u>	<u>INTRA</u>	<u>Post</u>
2006	<b>52204</b>	Cystourethroscopy, with biopsy(s)	2.59	0.0805	54	10	2	5	25	12
2002	<b>57460</b>	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	2.83	0.0908	50	15	0	0	25	10
2012	<b>52287</b>	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	3.20	0.1197	58	7	5	10	21	15
1997	<b>58555</b>	Hysteroscopy, diagnostic (separate procedure)	3.33	0.0884	75	30	0	0	25	20
2002	<b>57461</b>	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.0985	58	15	0	0	28	15

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) CPT 31238 is typically billed in conjunction with an E/M office visit.

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT 31238 is billed with one of the following office E/M visits (99212-99215) on the same day 67% of the time per the CMS 5% data file.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31238

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.



Specialty Otolaryngology	How often? Commonly
Specialty Physicians Assistant	How often? Rarely
Specialty Nurse Practitioners	How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 74847

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2011 Medicare volume for this service which we believe accurately estimates the national frequency of this service.

Specialty Otolaryngology	Frequency 72602	Percentage 97.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,949 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2011 claims data from the 2013 RUC database.

Specialty Otolaryngology	Frequency 24201	Percentage 97.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31238

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31239	Tracking Number	Original Specialty Recommended RVU: <b>9.33</b>
		Presented Recommended RVU: <b>9.33</b>
Global Period: 010		RUC Recommended RVU: <b>9.04</b>

CPT Descriptor: Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 49 year old presents with constant daily tearing in the right eye over the past six months. The patient has a history of multiple episodes of conjunctivitis and right inner canthal tenderness that have responded to topical and oral antibiotics. The examination confirms a purulent discharge with pressure to the lacrimal sac. Lacrimal irrigation reveals a blocked nasolacrimal duct distal to the common canaliculus.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 55% , In the ASC 46%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 49% , Overnight stay-less than 24 hours 7% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 4%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 54%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 8%

Description of Pre-Service Work: The patient history, physical exam and appropriate preoperative tests are reviewed. The preoperative interval history and exam are documented in the patient record. The surgical plan is discussed with the patient, all questions are addressed and surgical consent is reviewed. The operative nostril is decongested with Afrin nasal spray twice separated by a ten minute interval. The surgical eye is confirmed with the patient, surgical and anesthesia team, and the forehead is marked to indicate the operative eye. After anesthesia is administered, the patient is positioned.

Description of Intra-Service Work: The operative eyelid is confirmed by the surgeon and surgical team. The patient is monitored with pulse oximetry and electrocardiography. The surgeon adds topical anesthesia to both eyes. A local anesthetic block is injected into the operative supratrochlear, infraorbital, anterior lacrimal crest regions and intra-nasally along the lacrimal crest and middle turbinate. The involved nostril is packed with a cotton pledget soaked in 2% lidocaine w/epinephrine. The eye, periocular area and nostril are prepped and draped. The nasal packing is removed. A fiber optic endoilluminator is inserted through the lacrimal canaliculi into the sac to transilluminate the lacrimal bone. A nasal endoscope is inserted for visualization. The nasal mucosa is incised vertically with a crescent blade and elevated with endoscopic forceps and periosteal elevators to fully expose the lacrimal bone. The lacrimal bone is removed with Kerrison or pituitary rongeurs. The final bony ostium should allow adequate clearance of the common canaliculus and the inferior sac. The exposed lacrimal sac mucosa is infiltrated with local anesthetic for vasoconstriction, incised, and the medial sac mucosa removed with forceps. Adequate lacrimal sac mucosal removal is confirmed by free flow of saline or fluorescein from the canaliculi through the nasal ostium, or direct visualization of the common internal punctum with the endoscope. Nasal dressing is applied. Antibiotic-steroid drops are placed in the operative eye.

Description of Post-Service Work: Pain management is discussed and the IV removed. The nostril is packed if excessive intranasal bleeding is noted. The patient and family are given detailed postoperative care instructions and appropriate prescriptions. An operative report is prepared, and required paperwork completed. Follow-up visits are scheduled.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		04/2013				
Presenter(s):	Wayne Koch, MD (AAO-HNS); Jane Dillon, MD (AAO-HNS); Stephen Kamenetzky, MD (AAO)					
Specialty(s):	AAO-HNS & AAO					
CPT Code:	31239					
Sample Size:	1355	Resp N:	105	Response: 7.7 %		
Description of Sample:	Random					
		Low	25 <sup>th</sup> pctl	Median*	75 <sup>th</sup> pctl	High
Service Performance Rate		0.00	2.00	5.00	15.00	1000.00
Survey RVW:		3.52	9.40	12.00	15.00	25.00
Pre-Service Evaluation Time:				40.00		
Pre-Service Positioning Time:				10.00		
Pre-Service Scrub, Dress, Wait Time:				10.00		
Intra-Service Time:		20.00	45.00	60.00	90.00	135.00
Immediate Post Service-Time:	20.00					
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00				
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00				
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00				
Office time/visit(s):	23.00	99211x 0.00 12x 0.00 13x 1.00 14x 0.00 15x 0.00				
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00				
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00				

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

3 -FAC Straightforward Patient/Difficult Procedure

CPT Code:	31239	Recommended Physician Work RVU: 9.04				
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time		
Pre-Service Evaluation Time:		33.00	33.00	0.00		
Pre-Service Positioning Time:		3.00	3.00	0.00		
Pre-Service Scrub, Dress, Wait Time:		10.00	15.00	-5.00		
Intra-Service Time:		60.00				
Immediate Post Service-Time:	20.00					
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00		
Discharge Day Mgmt:	19.00	99238x 0.5	99239x 0.0	99217x 0.00		
Office time/visit(s):	23.00	99211x 0.00	12x 0.00	13x 1.00	14x 0.00	15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00		

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31292	010	15.90	<b>RUC Time</b>

CPT Descriptor Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
22523	010	9.04	<b>RUC Time</b>	22,021

CPT Descriptor 1 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
38571	010	14.76	<b>RUC Time</b>	9,037

CPT Descriptor 2 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22523	010	9.04	<b>RUC Time</b>

CPT Descriptor Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 77      % of respondents: 73.3 %

**TIME ESTIMATES (Median)**

	<b>CPT Code: 31239</b>	<b>Key Reference CPT Code: 31292</b>	<b>Source of Time RUC Time</b>
Median Pre-Service Time	46.00	90.00	
Median Intra-Service Time	60.00	140.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	138.00	
Median Discharge Day Management Time	19.0	0.00	
Median Office Visit Time	23.0	55.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
<b>Median Total Time</b>	<b>168.00</b>	<b>453.00</b>
<b>Other time if appropriate</b>		

**INTENSITY/COMPLEXITY MEASURES (Mean)****(of those that selected Key  
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.63	3.91
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.76	4.00
Urgency of medical decision making	3.10	3.69

**Technical Skill/Physical Effort (Mean)**

Technical skill required	4.46	4.35
Physical effort required	4.03	4.06

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	4.03	4.33
Outcome depends on the skill and judgment of physician	4.36	4.29
Estimated risk of malpractice suit with poor outcome	3.79	4.05

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference  
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.65	3.78
Intra-Service intensity/complexity	3.99	4.19
Post-Service intensity/complexity	3.40	3.50

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Why are these codes being reviewed?**

The nasal/sinus endoscopy code 31237 was identified in the CY 2012 Final Physician Fee Schedule by CMS as a potentially misvalued service. Following submission of an action plan to survey 31237 by the Academy, it was determined that 31237-31240 was a “family” of codes based on their location in the CPT book, and therefore, all four codes were required for survey by the RAW for April 2013. We note as a reminder for the RUC in reviewing this family of codes, that 31239 is the only 010 global in this “family”, and therefore, has an appropriately higher RVU and associated time required to perform this procedure.

**Description of Random Survey**

All four codes in this family were surveyed by AAO-HNS. One of the codes, 31239, was surveyed jointly by Otolaryngology and Ophthalmology. The standard 010 global survey instrument was utilized with two revisions instructing respondents to include time for administering topical anesthetic, where appropriate, in the pre-service time and localized or injected anesthesia, where appropriate, in the intra service time. This change was approved by the Research Subcommittee. The Otolaryngology physician work recommendations were derived by conducting a random survey of our members. Surveys for 31239 were sent to nearly 1100 Otolaryngologists, including the subspecialty of rhinology, as well as to the Academy’s leadership and key committees such as the Rhinology Paranasal Sinus Committee which contains clinicians who were most likely to be familiar with the services under review. The American Academy of Ophthalmology’s survey for 31239 was distributed to 264 Ophthalmologists, who indicated an interest in ocular plastic procedures. Of the 1355 surveys distributed for 31239, 105 responses were received, a response rate of 7.7%.

**Physician Time**

**Pre Time:** Following a review of the pre-time survey data, our expert panel determined that preservice package 3 (Straightforward Patient/Difficult Procedure) was most appropriate. Prepackage 3 assigns 33 minutes for evaluation, 3 minute for positioning, and 15 minutes for scrub, dress, and wait. Our expert panel felt this was the most appropriate package given that service is provided in the facility setting and both topical and general anesthetic are utilized for the endoscopy procedure. They believe this qualifies as a “difficult procedure” based on the fact that the surgical site is located in the corner of the eye and involved placing metal rods in the nose which can cause bleeding and has the risk of other complications. The expert panel reviewed the survey pre times and determined that 33 minutes for evaluation and 3 minutes for positioning were appropriate, however, they recommended reducing the scrub dress and wait package time of 15 minutes down to 10 to maintain consistency with the time allotted for scrub dress and wait by the survey respondents. This results in an overall preservice time recommendation of 33 minutes evaluation, 3 minutes for positioning, and 10 minutes for scrub, dress and wait, totaling 46 preservice minutes for 31239.

**Intra Time:** Our expert panel agreed with our surveyees regarding the time for intra service work and are recommending the survey median time of 60 minutes for intra service work.

**Post Time & Post Operative Visits:** Likewise, our experts felt that the survey’s post time was an accurate reflection of the post time required for this procedure and are recommending the median post time of 20 minutes. In addition, we are requesting the standard .5 discharge management visit (99238) which is typical for 010 global services performed in the facility where the patient is discharged on the same day as the procedure. Our expert panel also agreed with survey respondents that one visit, a 99213 office visit, is typical during the 5-10 days of the post operative period. This results in a request for a total of 168 minutes of physician work time for CPT 31239.

**Physician Work Recommendation**

After concluding the survey, the results were analyzed by an expert panel and it was determined that the existing value for 31239 is appropriate and should be maintained. This is supported by our survey which had a higher median and 25<sup>th</sup> percentile, than the existing value of 9.33 RVUs. Our expert panel does not believe this service has changed, or that compelling evidence exists to increase the value of the code; **therefore, we recommend retention of the existing value of 9.33 RVUs for CPT 31239.**

This recommendation is supported by the key reference code 31292 which survey respondents said was greater in intensity and complexity, and as a result, has a higher work RVU of 15.90 and substantially more post operative work, resulting in a total time of 453 total minutes. We are also providing the following reference tables which include recently reviewed services which support our requested values for physician time and work for CPT 31239.

**Comparison to key reference code**

<u>CPT Code</u>	<u>RVW</u>	<u>IWPUT</u>	<u>Total Time</u>	<u>Eval</u>	<u>Posit</u>	<u>SDW</u>	<u>INTRA</u>	<u>Post</u>	<u>Post Visits</u>
<b>31292</b>	15.90	0.0449	453	90	0	0	140	30	193
<b>31239</b>	9.33	0.1064	168	33	3	10	60	20	42

**Comparison to MPC codes**

<u>CPT Code</u>	<u>Descriptor</u>	<u>RVW</u>	<u>IWPUT</u>	<u>Total Time</u>	<u>Eval</u>	<u>Posit</u>	<u>SDW</u>	<u>INTRA</u>	<u>Post</u>	<u>Post Visits</u>
<b>22523</b>	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	9.04	0.1009	180	30	15	15	58	20	42
<b>31239</b>	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	9.33	0.1064	168	30	3	10	60	20	42
<b>38571</b>	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	14.76	0.0692	272	60	0	0	180	0	32

The table below compares the survey code to other RUC reviewed codes of similar time and work, providing further support that the recommended value for 31239 is appropriate.

<u>RUC Reviewed</u>	<u>CPT Code</u>	<u>Descriptor</u>	<u>RVW</u>	<u>IWPUT</u>	<u>Total Time</u>	<u>Eval</u>	<u>Posit</u>	<u>SDW</u>	<u>INTRA</u>	<u>Post</u>	<u>Post Visits</u>
2010	<b>22524</b>	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	8.54	0.0973	177	30	15	15	55	20	42
2010	<b>22523</b>	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	9.04	0.1009	180	30	15	15	58	20	42
2010	<b>22520</b>	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic	9.22	0.1291	177	30	15	15	45	30	42

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.



- ☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This service is billed with CPT 68815, Probing of Nasolacrimal Duct, 51% of the time according to the five percent file 2011 data. Multiple procedure modifier -51 would be appended to CPT 68815 when billed in conjunction with 31239. SEE TABLE AT END OF SOR.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31239

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology                      How often? Sometimes

Specialty Otolaryngology                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3168

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2011 Medicare volume for this service which we believe accurately estimates the national frequency of this service.

Specialty Ophthalmology                      Frequency 1869                      Percentage 58.99 %

Specialty Otolaryngology                      Frequency 1267                      Percentage 39.99 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,056

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2011 claims data from the 2013 RUC database.

Specialty Ophthalmology                      Frequency 623                      Percentage 58.99 %

Specialty Otolaryngology                      Frequency 422                      Percentage 39.96 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? No

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31239

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**SERVICES REPORTED WITH MULTIPLE CPT CODES TABLE:**

	CPT	GLOBAL	CURRENT PRE TIME	CURRENT INTRA TIME	CURRENT POST TIME	CURRENT POST VISITS	CURRENT TOTAL TIME	CURRENT RVW
	31239	010	30	90	30	46	196	9.33
	68815-51	010	40	40	20	32	132	3.30
TOTAL After MPPR								10.98

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 31240	Tracking Number	Original Specialty Recommended RVU: <b>2.61</b>
		Presented Recommended RVU: <b>2.61</b>
Global Period: 000		RUC Recommended RVU: <b>2.61</b>

CPT Descriptor: Nasal/sinus endoscopy, surgical; with concha bullosa resection

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 30 year old presents with a history of nasal blockage, facial pressure, and recurrent maxillary sinusitis and an obstruction of the natural ostium of the left maxillary sinus from an abnormally large and pneumatized middle turbinate (a concha bullosa cell). The patient undergoes endoscopic resection of the obstructing concha bullosa.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

### Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 54%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 16%

### Description of Pre-Service Work:

- After the decision is made to perform a nasal endoscopy with excision of a concha bullosa, the physician must perform the following steps to prepare the patient and the room for the procedure.
- Assure appropriate selection, timing, and administration of DVT prophylaxis.
- Assess need for beta-blockers, order as required.
- Review medical history, pathology, and radiology report.
- Review radiographic images.
- Review results of preoperative testing (labs, EKG, CXR).
- Review reports of consultants providing preoperative assessment and clearance as indicated.
- Meet with patient and family to review planned procedure and postoperative management.
- Reexamine patient to ensure that physical findings have not changed and dictate history and physical.
- Obtain informed consent.
- Review airway and medical management with anesthesiologist.
- Review planned procedure with OR staff.
- Verify that all required instruments and supplies are available, set up scopes, suction, light source, and photodocumentation equipment and ensure functionality.
- Change into scrub clothes.
- Observe/wait during induction of anesthesia and intubation.
- Monitor/assist with positioning of the patient (supine, head slightly elevated)
- Ensure that radiographic images are available in the OR.

Cotton pledgts soaked with topical decongestant are placed in the nasal cavity under direct visualization.

- Monitor/assist with draping.
- Scrub and gown.
- Operating table is turned either 90 or 180 degrees.
- Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Previously placed pledgets are removed. An endoscope is utilized for visualization. Local anesthesia is injected into the anterior and posterior attachments of the concha bullosa. Cotton pledgets soaked with topical decongestant are placed adjacent to the concha bullosa, followed by a wait time to allow efficacy. A vertical incision is made through the anterior portion of the concha bullosa. Thru cutting instruments are utilized to extend the cut posteriorly, both at the anterior and inferior attachments. Care is taken not to excessively manipulate to concha bullosa. The anterior and posterior cuts are completed and the lateral aspect of the concha bullosa is removed. Bipolar electrocautery is applied to the area of the inferior attachment as this can be a source of major hemorrhage. The middle meatus is then packed with cotton pledgets soaked with topical decongestant, followed by a wait time to ensure adequate hemostasis. Once adequate hemostasis is confirmed, the patient is turned over to anesthesia and awoken from anesthesia.

Description of Post-Service Work:

- Monitor patient during reversal of anesthesia.
- Monitor transport of patient from OR to recovery room.
- Discuss postoperative recovery care with anesthesia and nursing staff.
- Write postoperative orders.
- Discuss procedure and operative findings with family and the patient.
- Write postoperative note. Dictate operative note and copy to referring physician.
- Monitor patient progress. Chart notes.
- Monitor overall medical condition of the patient including fluid balance, vital signs, and urinary function
- Assess pain scores and adequacy of analgesia.
- Discuss post-discharge management with nursing staff and answer questions
- Home restrictions (i.e., diet, activity) are discussed with the patient, family members and discharging nurse.
- Write prescriptions for medications and supplies needed post-discharge
- Perform medication reconciliation
- All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2013				
<b>Presenter(s):</b>	Wayne Koch, MD; Jane Dillon, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31240				
<b>Sample Size:</b>	1090	<b>Resp N:</b>	125	<b>Response:</b> 11.4 %	
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	2.00	10.00	20.00	40.00	300.00
<b>Survey RVW:</b>	1.50	2.64	2.88	3.50	10.00
<b>Pre-Service Evaluation Time:</b>			25.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	2.00	15.00	20.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 3 -FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	31240	<b>Recommended Physician Work RVU: 2.61</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		25.00	33.00	-8.00
<b>Pre-Service Positioning Time:</b>		3.00	3.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		10.00	15.00	-5.00
<b>Intra-Service Time:</b>		20.00		
<b>Immediate Post Service-Time:</b>	<b>15.00</b>			
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>		
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00		
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0 99239x 0.0 99217x 0.00		
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00		
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00		
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00		

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31295	000	2.70	<b>RUC Time</b>

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36556	000	2.50	<b>RUC Time</b>	513,832

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51102	000	2.70	<b>RUC Time</b>	14,090

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36555	000	2.68	<b>RUC Time</b>

CPT Descriptor Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.****Number of respondents who choose Key Reference Code: 36      % of respondents: 28.8 %****TIME ESTIMATES (Median)**

	<b>CPT Code: 31240</b>	<b>Key Reference CPT Code: 31295</b>	<b>Source of Time RUC Time</b>
Median Pre-Service Time	38.00	43.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	15.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
<b>Median Total Time</b>	<b>73.00</b>	<b>78.00</b>	

Other time if appropriate		
---------------------------	--	--

**INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key  
Reference code)**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.00	3.19
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.25	3.28
--	------	------

Urgency of medical decision making	2.36	2.42
------------------------------------	------	------

**Technical Skill/Physical Effort (Mean)**

Technical skill required	3.39	3.42
--------------------------	------	------

Physical effort required	3.00	3.03
--------------------------	------	------

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	3.22	3.25
---	------	------

Outcome depends on the skill and judgment of physician	3.47	3.44
--	------	------

Estimated risk of malpractice suit with poor outcome	3.08	3.06
--	------	------

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference  
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	2.81	3.06
----------------------------------	------	------

Intra-Service intensity/complexity	3.33	3.36
------------------------------------	------	------

Post-Service intensity/complexity	2.94	2.94
-----------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Why are these codes being reviewed?**

The nasal/sinus endoscopy code 31237 was identified in the CY 2012 Final Physician Fee Schedule by CMS as a potentially misvalued service. Following submission of an action plan to survey 31237 by the Academy, it was determined

that 31237-31240 was a “family” of codes based on their location in the CPT book, and therefore, all four codes were required for survey by the RAW for April 2013.

### **Description of Random Survey**

All four codes in this family were surveyed by AAO-HNS. The standard 000 global survey instrument was utilized with two revisions instructing respondents to include time for administering topical anesthetic, where appropriate, in the pre-service time and localized or injected anesthesia, where appropriate, in the intra service time. This change was approved by the Research Subcommittee. The Otolaryngology physician work recommendations were derived by conducting a random survey of our members. Surveys for 31240 were sent to nearly 1100 Otolaryngologists, including the subspecialty of rhinology, as well as to the Academy’s leadership and key committees such as the Rhinology Paranasal Sinus Committee which contains clinicians who were most likely to be familiar with the services under review. Of the 1090 surveys distributed for 31240, 125 responses were received, a response rate of 11%.

### **Physician Time**

**Pre Time:** Following a review of the pre-time survey data, our expert panel determined that preservice package 3 Facility - Straightforward patient/Difficult was most appropriate. Prepackage 3 assigns 33 minutes for evaluation, 3 minutes for positioning, and 15 minutes for scrub, dress, and wait. Our expert panel felt this was the most appropriate package given that service is predominantly provided in the facility setting and both topical and general anesthetic is utilized for the endoscopy procedure. The expert panel reviewed the survey pre times and recommended that the preservice time for evaluation be adjusted down to 25 minutes to maintain consistency with the survey responses. Similarly, they recommended that time for scrub, dress and wait be reduced from the package’s 15 minutes down to 10 to match the time allotted for this work by survey respondents. This results in a total preservice time recommendation of 38 minutes.

**Intra Time:** Our expert panel agreed with our surveyees regarding the time for intra service work and are recommending the survey median time of 20 minutes for intra service work.

**Post Time:** Likewise, our experts felt that the survey’s post time was an accurate reflection of the post time required for this procedure and are recommending the median post time of 15 minutes. This results in a request for a total of 73 minutes of physician work time for CPT 31240.

### **Physician Work Recommendation**

After concluding the survey, the results were analyzed by an expert panel and it was determined that the existing RVU of 2.61 is appropriate for 31240. This is supported by our survey which had a higher median, and 25<sup>th</sup> percentile, than existing value of 2.61 RVUs. Our expert panel does not believe this service has changed, or that compelling evidence exists, to increase the value of the code; **therefore, we recommend retention of the existing value of 2.61 RVUs for CPT 31240.**

This recommendation is supported by the key reference code 31295 which survey respondents said was similar in intensity and complexity, but has a slightly higher work RVU of 2.70 and similar total physician time of 78 minutes. We are also providing the following reference tables which include recently reviewed services which support our requested values for physician time and work for CPT 31240.

#### **Comparison to key reference code**

<b><u>CPT Code</u></b>	<b><u>RVW</u></b>	<b><u>IWPUT</u></b>	<b><u>Total Time</u></b>	<b><u>Eval</u></b>	<b><u>Posit</u></b>	<b><u>SDW</u></b>	<b><u>INTRA</u></b>	<b><u>Post</u></b>
<b>31240</b>	2.61	0.0783	73	25	3	10	20	15
<b>31295</b>	2.70	0.0772	78	30	3	10	20	15

#### **Comparison to MPC codes**

<b><u>CPT Code</u></b>	<b><u>Descriptor</u></b>	<b><u>RVW</u></b>	<b><u>IWPUT</u></b>	<b><u>Total Time</u></b>	<b><u>Eval</u></b>	<b><u>Posit</u></b>	<b><u>SDW</u></b>	<b><u>INTRA</u></b>	<b><u>Post</u></b>
<b>36556</b>	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	2.50	0.1192	50	15	5	5	15	10
<b>31240</b>	Nasal/sinus endoscopy, surgical; with concha bullosa resection	2.61	0.0783	73	25	3	10	20	15
<b>51102</b>	Aspiration of bladder; with insertion of suprapubic catheter	2.70	0.0938	60	19	1	5	20	15

The table below compares the survey code to other RUC reviewed codes of similar time and work, providing further support that the recommended value for 31240 is appropriate.



<u>RUC</u> <u>Reviewed</u>	<u>CPT</u> <u>Code</u>	<u>Descriptor</u>	<u>RVW</u>	<u>IWPUT</u>	<u>Total</u> <u>Time</u>	<u>Eval</u>	<u>Posit</u>	<u>SDW</u>	<u>INTRA</u>	<u>Post</u>
2002	<b>56821</b>	Colposcopy of the vulva; with biopsy(s)	2.05	0.0745	45	15	0	0	20	10
2002	<b>57421</b>	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	2.20	0.0820	45	15	0	0	20	10
2002	<b>57454</b>	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	2.33	0.0885	45	15	0	0	20	10
2010	<b>90870</b>	Electroconvulsive therapy (includes necessary monitoring)	2.50	0.1071	36	10	1	0	20	5
2003	<b>36555</b>	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	2.68	0.0928	60	20	5	5	20	10
2010	<b>52281</b>	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	2.75	0.1120	46	10	1	5	20	10
2012	<b>32551</b>	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.29	0.1011	83	30	3	10	20	20
2000	<b>16035</b>	Escharotomy; initial incision	3.74	0.1310	70	30	0	0	20	20

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This service is billed with CPT 30520, Repair of Nasal Septum, 58% of the time according to the five percent file 2011 data. Multiple procedure modifier -51 would be appended to CPT 31240 when billed in conjunction with 30520. SEE TABLE AT END OF SOR.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31240

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)





## SS Rec Summary

[illegible]

19  
Tab Number

Nasal Endoscopy  
Issue

37239 Only  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

Steve Kamenetzky

Signature

Stephen A. Kamenetzky, M.D.  
Printed Signature

American Academy of Ophthalmology  
Specialty Society

4-1-13  
Date

19  
Tab Number

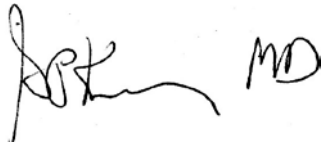
Nasal Endoscopy  
Issue

31239 Only  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Greg P. Kwasny, M.D.  
Printed Signature

American Academy of Ophthalmology  
Specialty Society

April 1, 2013  
Date

19  
Tab Number

Nasal / Sinus Endoscopy  
Issue

31237-31240  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Jane Dillon, MD  
Printed Signature

AAO-HNS  
Specialty Society

4/2/2013  
Date

19  
Tab Number

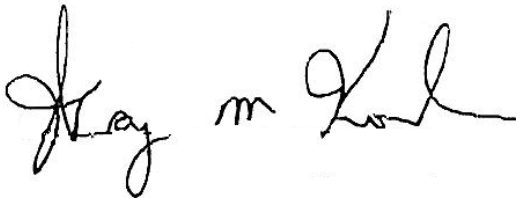
Nasal / Sinus Endoscopy  
Issue

31237-31240  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Wayne Koch, MD  
Printed Signature

AAO-HNS  
Specialty Society

4/2/2013  
Date



**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

Global Period: 000 Meeting Date: April 2013

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** *We convened an expert panel to review the practice expense for 31237 which included our RUC Advisor and Alternate Advisor as well as two clinical experts who specialize in Rhinology. The practice expense inputs were revised using the 2003 PEAC approved inputs for 31237 as a reference.*
- 2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: *The practice expense inputs were derived using the 2003 PEAC approved inputs for 31237 as a reference.*
- 3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** *Our recommendations do not exceed PEAC approved standards for the facility setting.*
- 4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** *Our recommendations do not exceed the previous recommendations for 31237 in the facility setting.*
- 5. Please describe in detail the clinical activities of your staff:**

**Pre-Service Clinical Labor Activities:**

For this procedure we believe the use of extensive clinical staff is required to complete pre-service diagnostic forms, coordinate pre-surgery services, schedule space and equipment, provide pre-service education and obtain consent, and conduct follow up phone calls and coordinate prescriptions.

**Intra-Service Clinical Labor Activities:**

There are no intra service clinical labor activities for this code.

**Post-Service Clinical Labor Activities:**

The only post service clinical activity is conducting a phone call and calling in any necessary prescriptions.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

Global Period: 000 Meeting Date: April 2013

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** *We convened an expert panel to review the practice expense for 31237 which included our RUC Advisor and Alternate Advisor as well as two clinical experts who specialize in Rhinology. The practice expense inputs were revised using the 2003 PEAC approved inputs for 31237 as a reference.*
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: *The reference code utilized was the 2003 PEAC approved practice expense inputs for 31237.*
3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** *We are not making any recommendations which exceed PEAC standards.*
4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** *We are not recommending an increase over current staff times, but would note that we have reduced minutes on lines 22, 25, 27, and 30 which is offset by our requests for the addition of time, per PEAC standards, in lines 32, 34, and 35. These recommended changes in the assignment of minutes does not change the overall staff time recommended for this code in the non-facility setting.*

*We are recommending some revised supplies and equipment for 31237. Specifically, we recommend deletion of line 69 as lidocaine is included in the injection pack and we did not feel cocaine was needed in addition for this procedure. In addition, we recommend deletion of supplies in lines 78-81 and replacing with the PEAC approved standard endoscope cleaning pack SAO42. The compelling evidence for this change is a change from previous code-specific PE to adoption of an applicable standard or package. For equipment, we are adding two endoscopes, lines 87 and 88, as three scopes of varying degrees (which provide different angles of visualization) are used for this procedure and only one scope was previously listed for 31237.*

5. Please describe in detail the clinical activities of your staff:

**Pre-Service Clinical Labor Activities:** Clinical staff completes pre-service diagnostic and referral forms, coordinates pre-surgery services, provides pre-service education and obtains consent, conducts follow up phone calls and coordinates any necessary prescriptions.

**Intra-Service Clinical Labor Activities:** Staff greet the patient, gown them, and ensure appropriate medical records are available. They obtain vital signs, prepare the room with equipment and supplies, set up the scope, prepare and position the patient, and apply anesthesia. Clinical staff assists during the entire procedure and monitor the patient following the procedure. They clean the room and equipment, as well as the scope and surgical instrument package. They complete diagnostic forms, read any necessary x-ray, lab, pathology reports, and check dressing and provide home care instructions and coordinate prescriptions.

**Post-Service Clinical Labor Activities:** Clinical staff conducts a follow up phone call in the post-service period.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage

Global Period: 000 Meeting Date: April 2013

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** *We convened an expert panel to review the practice expense for 31238 which included our RUC Advisor and Alternate Advisor as well as two clinical experts who specialize in Rhinology. The practice expense inputs were revised using the 2003 PEAC approved inputs for 31238 as a reference.*
- 2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: *The practice expense inputs were derived using the 2003 PEAC approved inputs for 31238 as a reference.*
- 3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** *Our recommendations do not exceed PEAC approved standards for the facility setting.*
- 4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** *Our recommendations do not exceed the previous recommendations for 31238 in the facility setting.*
- 5. Please describe in detail the clinical activities of your staff:**

**Pre-Service Clinical Labor Activities:**

For this procedure we believe the use of extensive clinical staff is required to complete pre-service diagnostic forms, coordinate pre-surgery services, schedule space and equipment, provide pre-service education and obtain consent, and conduct follow up phone calls and coordinate prescriptions.

**Intra-Service Clinical Labor Activities:**

There are no intra service clinical labor activities for this code.

**Post-Service Clinical Labor Activities:**

The only post service clinical activity is conducting a phone call and calling in any necessary prescriptions.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage

Global Period: 000 Meeting Date: April 2013

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** *We convened an expert panel to review the practice expense for 31238 which included our RUC Advisor and Alternate Advisor as well as two clinical experts who specialize in Rhinology. The practice expense inputs were revised using the 2003 PEAC approved inputs for 31238 as a reference.*
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: *The reference code utilized was the 2003 PEAC approved practice expense inputs for 31238.*
3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** *We are not making any recommendations which exceed PEAC standards.*
4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** *We are not recommending an increase over current staff times, but would note that we have reduced minutes on lines 25, 27, and 30 and deleted time for greeting the patient and obtaining vital signs, lines 21 and 22, since this code is typically billed with an E/M and we felt those minutes would be duplicative. These reductions in time are offset by our requests for the addition of time, per PEAC standards, in lines 32, 34, and 35. These recommended changes in the assignment of minutes do not exceed existing time for clinical staff work for 31238.*

*Regarding supplies and equipment for 31238, we are requesting the same changes made to CPT 31237 with a few additional changes. Specifically, we recommend deletion of line 69 as lidocaine is included in the injection pack and we did not feel cocaine was needed in addition for this procedure. In addition, we recommend deletion of supplies in lines 78-81 and replacing with the PEAC approved standard endoscope cleaning pack SAO42. The compelling evidence for this change is a change from previous code-specific PE to adoption of an applicable standard or package. We also request the addition of a new supply, line 84, to include a fibrillar (an invoice has been provided for this new supply). This is used to aid in the control of bleeding for this service. The compelling evidence for this change is that there has been a change in the technology and silver nitrate cautery is no longer sufficient, on its own, to control this type of hemorrhage. Therefore, we are adding supplies and equipment to reflect the necessary tools to control the nasal hemorrhage.*

*For equipment, we are adding two endoscopes, lines 87 and 88, as three scopes of varying degrees (which provide different angles of visualization) are used for this procedure and only one scope was previously listed for 31238. We also request the addition of new equipment, lines 96 and 97, to include bipolar cautery forceps and a biopolar cautery two-wire cable (an invoice has been provided for these pieces of equipment). These are also typically used to aid in the control of bleeding for this service. As noted above, the compelling evidence for this change is that there has been a change in the technology and silver nitrate cautery is no longer sufficient, on its own, to control this type of hemorrhage. Therefore, we are adding supplies and equipment to reflect the necessary tools to control the nasal hemorrhage.*

5. Please describe in detail the clinical activities of your staff:

**Pre-Service Clinical Labor Activities:** There is no pre-service clinical staff time for 31238 in the non-facility

setting.

**Intra-Service Clinical Labor Activities:** Clinical staff prepares the room with equipment and supplies, set up the scope, prepare and position the patient, and apply anesthesia. Clinical staff assists during the entire procedure and monitor the patient following the procedure. They clean the room and equipment, as well as the scope and surgical instrument package. They complete diagnostic forms, read any necessary x-ray, lab, pathology reports, and check dressing and provide home care instructions and coordinate prescriptions.

**Post-Service Clinical Labor Activities:** Clinical staff conducts a follow up phone call in the post-service period and calls in any necessary prescriptions.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy

Global Period: 010 Meeting Date: April 2013

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** *Our societies convened an expert panel to review the practice expense for 31239 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure for both specialties. The practice expense inputs were revised using the 2003 PEAC approved inputs for 31239 as a reference.*

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: *The practice expense inputs were derived using the 2003 PEAC approved inputs for 31239 as a reference.*

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** *We are not recommending more minutes than the PE Subcommittee standards for CPT 31239.*

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** *We are not requesting an increase over current inputs in clinical staff time. We do request some minor modifications from the prior practice expense, including removal of 7 minutes for providing pre-service education/obtaining consent, as well as the addition of 10 minutes during the post-service period, line 54, to clean the instrument pack during the post operative visit.*

*We are requesting modifications to the supplies and equipment for 31239 to reflect the necessary items for the office visit (99213) in the post operative period for 31239. The compelling evidence for this change is that previous PE supplies and equipment did not reflect the equipment/supplies required by the dominant specialty (Ophthalmology), therefore, previous inputs were based on Otolaryngology, but in actuality this service is currently provided primarily by Ophthalmologists according to utilization data. The new supplies we are requesting include the standard pack for an Ophthalmology visit (SA050), a 5-6 ml syringe, and the standard cleaning pack for cleaning/disinfecting the endoscope utilized during the post operative visit.*

*The new equipment includes a screening lane, listed on line 95, and a medium instrument pack. Both of these are standard pieces of equipment utilized during a routine ophthalmology post operative visit. The time assigned to the equipment is consistent with the time for the post operative office visit (36 minutes).*

**5. Please describe in detail the clinical activities of your staff:**

**Pre-Service Clinical Labor Activities:** For this procedure we believe the use of extensive clinical staff is required to complete pre-service diagnostic forms, coordinate pre-surgery services, schedule space and equipment, and conduct follow up phone calls and coordinate prescriptions.

**Intra-Service Clinical Labor Activities:**

The only intra service staff time for this service is 6 minutes for a half discharge management visit (99238).

CPT Code: 31239  
Specialty Society('s) AAO-HNS

**Post-Service Clinical Labor Activities:**

The clinical staff post time includes time for a post operative visit which is done in the physician office (99213) and time to clean the instrument pack utilized during the visit.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Nasal/sinus endoscopy, surgical; with concha bullosa resection

Global Period: 000 Meeting Date: April 2013

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** *We convened an expert panel to review the practice expense for 31240 which included our RUC Advisor and Alternate Advisor as well as two clinical experts who specialize in Rhinology. The practice expense inputs were revised using the 2003 PEAC approved inputs for 31240 as a reference.*
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: *The practice expense inputs were derived using the 2003 PEAC approved inputs for 31240 as a reference.*
3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** *We are not recommending more minutes than the PE Subcommittee standards for CPT 31240.*
4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** *We are not requesting any changes to existing inputs for 31240.*  
  
*There are no supplies or equipment requested for 31240 as this procedure is performed in the facility setting and is a 000 global.*
5. Please describe in detail the clinical activities of your staff:

**Pre-Service Clinical Labor Activities:** For this procedure we believe the use of extensive clinical staff is required to complete pre-service diagnostic forms, coordinate pre-surgery services, schedule space and equipment, provide pre-service education and obtain consent, and conduct follow up phone calls and coordinate prescriptions.

**Intra-Service Clinical Labor Activities:** There are no intra service clinical staff activities for 31240 as this procedure is facility based.

**Post-Service Clinical Labor Activities:** The clinical staff post time includes time for a follow up phone call and calling in any necessary prescriptions.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the <i>PE Spreadsheet Instructions</i> document for an example.			CPT 31237	CPT 31237	CPT 31238	CPT 31238	CPT 31239	CPT 31239	CPT 31240	CPT 31240								
3	Meeting Date: April 2013 Tab: 19 Specialty: <b>REVISED</b> AAO-HNS (& AAO for 31239)	CMS Code	Staff Type	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	Nasal/sinus endoscopy, surgical; with concha bullosa resection	Nasal/sinus endoscopy, surgical; with concha bullosa resection								
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	010	010	010	010	000	000	000	000
6	TOTAL CLINICAL LABOR TIME		L037D	109.0	36.0	99.0	36.0	94.0	36.0	80.0	36.0	0.0	108.0	0.0	82.0	0.0	33.0	0.0	33.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME		L037D	18.0	30.0	18.0	30.0	0.0	30.0	0.0	30.0	0.0	30.0	0.0	30.0	0.0	30.0	0.0	30.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME		L037D	88.0	0.0	78.0	0.0	91.0	0.0	77.0	0.0	0.0	6.0	0.0	6.0	0.0	0.0	0.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME		L037D	3.0	6.0	3.0	6.0	3.0	6.0	3.0	6.0	0.0	72.0	0.0	46.0	0.0	3.0	0.0	3.0
10	PRE-SERVICE																		
11	Start: Following visit when decision for surgery or procedure made																		
12	Complete pre-service diagnostic & referral forms		L037D	5	5	5	5	0	5	0	5	0	5	0	5	0	5	0	5
13	Coordinate pre-surgery services		L037D	3	10	3	10	0	10	0	10	0	10	0	10	0	10	0	10
14	Schedule space and equipment in facility		L037D	0	5	0	5	0	5	0	5	0	5	0	5	0	5	0	5
15	Provide pre-service education/obtain consent		L037D	7	7	7	7	0	7	0	7	0	7	0	7	0	7	0	7
16	Follow-up phone calls & prescriptions		L037D	3	3	3	3	0	3	0	3	0	3	0	3	0	3	0	3
17	*Other Clinical Activity - specify:		L037D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	End: When patient enters office/facility for surgery/procedure																		
19	SERVICE PERIOD																		
20	Start: When patient enters office/facility for surgery/procedure:																		
21	Greet patient, provide gowning, ensure appropriate medical records are available		L037D	3	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0
22	Obtain vital signs		L037D	5	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0
23	Provide pre-service education/obtain consent		L037D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Prepare room, equipment, supplies		L037D	2	0	2	0	2	0	2	0	0	0	0	0	0	0	0	0
25	Setup scope (non facility setting only)		L037D	6	0	5	0	6	0	5	0	0	0	0	0	0	0	0	0
26	Prepare and position patient/ monitor patient/ set up IV		L037D	2	0	2	0	2	0	2	0	0	0	0	0	0	0	0	0
27	Sedate/apply anesthesia		L037D	7	0	2	0	7	0	2	0	0	0	0	0	0	0	0	0
28	*Other Clinical Activity - specify:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Intra-service																		
30	Assist physician in performing procedure		L037D	40	0	20	0	45	0	25	0	0	0	0	0	0	0	0	0
31	Post-Service																		
32	Monitor pt. following service/check tubes, monitors, drains		L037D	5	0	5	0	5	0	5	0	0	0	0	0	0	0	0	0
33	Clean room/equipment by physician staff		L037D	3	0	3	0	3	0	3	0	0	0	0	0	0	0	0	0
34	Clean Scope		L037D	7	0	10	0	7	0	10	0	0	0	0	0	0	0	0	0
35	Clean Surgical Instrument Package		L037D	0	0	15	0	0	0	15	0	0	0	0	0	0	0	0	0
36	Complete diagnostic forms, lab & X-ray requisitions		L037D	3	0	3	0	3	0	3	0	0	0	0	0	0	0	0	0
37	Review/read X-ray, lab, and pathology reports		L037D	2	0	2	0	2	0	2	0	0	0	0	0	0	0	0	0
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		L037D	3	0	3	0	3	0	3	0	0	0	0	0	0	0	0	0
39	*Other Clinical Activity - specify:																		
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	0	n/a		n/a	0	n/a	6	n/a	6	n/a		n/a	
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a	0	n/a		n/a	0	n/a		n/a		n/a		n/a	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	0	n/a		n/a	0	n/a		n/a		n/a		n/a	
43	End: Patient leaves office																		
44	POST-SERVICE Period																		
45	Start: Patient leaves office/facility																		
46	Conduct phone calls/call in prescriptions			3	6	3	6	3	6	3	6	0	0	0	0	0	3	0	3
47	Office visits: List Number and Level of Office Visits		L037D	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
48	99211 16 minutes			16															
49	99212 27 minutes			27															
50	99213 36 minutes			36								2		1					
51	99214 53 minutes			53															
52	99215 63 minutes			63															
53	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	72.0	0.0	36.0	0.0	0.0	0.0	0.0
54	*Other Clinical Activity - specify: clean instrument pack													10					
55	End: with last office visit before end of global period																		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the <i>PE Spreadsheet Instructions</i> document for an example.			CPT 31237		CPT 31237		CPT 31238		CPT 31238		CPT 31239		CPT 31239		CPT 31240		CPT 31240	
3	Meeting Date: April 2013 Tab: 19 Specialty: <b>REVISED</b> AAO-HNS (& AAO for 31239)	CMS Code	Staff Type	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate			Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage			Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy			Nasal/sinus endoscopy, surgical; with concha bullosa resection	Nasal/sinus endoscopy, surgical; with concha bullosa resection		
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	010	010	010	010	000	000	000	000
56	MEDICAL SUPPLIES**			CODE	UNIT														
57	pack, minimum multi-specialty visit	SA048	pack	1	0	1	0	1	0	1	0	-	0	0	0	-	-	0	0
58	pack, ophthalmology visit	SA050	pack	-	-	-	-	-	-	-	-	-	0	0	1	-	-	-	-
59	syringe 5-6ml	SC057	item	-	-	-	-	-	-	-	-	-	0	0	1	-	-	-	-
60	pack, basic injection	SA044	pack	4	0	4	0	4	0	4	0	-	0	0	0	-	-	0	0
61	applicator, sponge-tipped	SG009	item	0	-	3	-	0	-	3	-	-	-	-	-	-	-	-	-
62	drape, sterile, for Mayo stand	SB012	item	0	-	1	-	0	-	1	-	-	-	-	-	-	-	-	-
63	gauze, non-sterile	SG051	item	0	-	4	-	0	-	4	-	-	-	-	-	-	-	-	-
64	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	0	-	5	-	0	-	5	-	-	-	-	-	-	-	-	-
65	needle, 18-27g	SC029	item	0	-	2	-	0	-	2	-	-	-	-	-	-	-	-	-
66	syringe 10 cc	SC051	item	0	-	1	-	0	-	1	-	-	-	-	-	-	-	-	-
67	underpad 2ftx3ft (Chux)	SB044	item	0	-	1	-	0	-	1	-	-	-	-	-	-	-	-	-
68	gloves, sterile	SB024	pair	0	-	1	0	0	-	1	0	-	1	-	0	-	-	-	-
69	gown, patient	SB026	item	-	-	-	-	-	-	-	-	-	1	-	0	-	-	-	-
70	gown, staff, impervious	SB027	item	-	-	-	-	-	-	-	-	-	1	-	0	-	-	-	-
71	mask, surgical	SB033	item	-	-	-	-	-	-	-	-	-	1	-	0	-	-	-	-
72	canister, suction	SD009	item	1	0	1	0	1	0	1	0	-	1	0	1	-	-	0	0
73	tubing, suction, non-latex (6ft uou)	SD132	item	2	0	2	0	2	0	2	0	-	2	0	2	-	-	0	0
74	cottonoid	SG031	item	2	0	2	0	2	0	2	0	-	4	0	0	-	-	0	0
75	packing, gauze w-petrolatum, 0.5in (6yd uou)	SG066	item	1	0	1	0	1	0	1	0	-	0	0	0	-	-	0	0
76	cocaine 4% solution, topical	SH025	ml	4	0	0	0	4	0	0	0	-	4	0	0	-	-	-	-
77	basin, emesis	SJ010	item	1	0	1	0	1	0	1	0	-	0	0	0	-	-	0	0
78	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037	item	2	1	2	0	2	1	2	0	-	2	0	1	-	-	0	0
79	silver nitrate applicator	SJ046	item	1	0	1	0	1	0	1	0	-	0	0	0	-	-	0	0
80	swab-pad, alcohol	SJ053	item	2	0	2	0	2	0	2	0	-	0	0	0	-	-	0	0
81	paper, photo printing (8.5 x 11)	SK058	item	2	0	2	0	2	0	2	0	-	2	0	0	-	-	0	0
82	atomizer tip shield (RhinoGuard)	SM001	item	2	0	2	0	2	0	2	0	-	1	0	0	-	-	0	0
83	Atomizer tips (disposable)	SL464	item	2	1	2	0	2	1	2	0	-	1	0	0	-	-	0	0
84	pack, cleaning and disinfecting, endoscope	SA042	pack	0	0	1	0	0	0	1	0	-	0	0	1	-	-	0	0
85	cleaning brush, endoscope	SM010	item	2	0	0	0	2	0	0	0	-	2	-	0	-	-	-	-
86	gloves, non-sterile	SB022	pair	4	0	0	0	4	0	0	0	-	2	-	0	-	-	-	-
87	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	4	0	0	0	4	0	0	0	-	4	-	0	-	-	-	-
88	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	4	0	0	0	4	0	0	0	-	2	-	0	-	-	-	-
89	endoscope anti-fog solution	SM014	ml	2	0	2	0	2	0	2	0	-	2	0	0	-	-	0	0
90	enzymatic detergent	SM015	oz	4	0	4	0	4	0	4	0	-	4	0	0	-	-	0	0
91	Fibrillar, surgicel	NEW		-	-	-	-	NEW	-	1	0	-	-	-	-	-	-	-	-
92	EQUIPMENT			CODE															
93	endoscope, rigid, sinoscopy, 30 degree	ES013		91	0	41.0	0	94	0	46.0	0	-	72	0	36.0	-	-	0	0
94	endoscope, rigid, sinoscopy, 0 degree	ES013		0	0	41.0	0	0	0	46.0	0	-	-	-	-	-	-	-	-
95	endoscope, rigid, sinoscopy, 70 degree	ES013		0	0	41.0	0	0	0	46.0	0	-	-	-	-	-	-	-	-
96	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		91	0	29.0	0	94	0	34.0	0	-	72	0	36.0	-	-	0	0
97	instrument pack, medium (\$1500 and up)	EQ138		91	0	41.0	0	94	0	46.0	0	-	0	0	36.0	-	-	0	0
98	light, fiberoptic headlight w-source	EQ170		91	0	29.0	0	94	0	34.0	0	-	72	0	36.0	-	-	0	0
99	suction and pressure cabinet, ENT (SMR)	EQ234		91	0	29.0	0	94	0	34.0	0	-	72	0	0	-	-	0	0
100	mayo stand	EF015		91	0	29.0	0	94	0	34.0	0	-	72	0	0	-	-	0	0
101	chair with headrest, exam, reclining	EF008		91	0	29.0	0	94	0	34.0	0	-	72	0	0	-	-	0	0
102	lane, screening (oph)	EL006		-	-	-	-	-	-	-	-	-	0	0	36.0	-	-	-	-
103	LANDOLT BIPOLAR COAGULATION FORCEPS	NEW		-	-	-	-	NEW	-	34.0	0	-	-	-	-	-	-	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the <i>PE Spreadsheet Instructions</i> document for an example.			CPT 31237		CPT 31237		CPT 31238		CPT 31238		CPT 31239		CPT 31239		CPT 31240		CPT 31240	
3	Meeting Date: April 2013 Tab: 19 Specialty: <b>REVISED</b> AAO-HNS (& AAO for 31239)	CMS Code	Staff Type	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)		Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)		Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage		Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage		Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy		Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy		Nasal/sinus endoscopy, surgical; with concha bullosa resection		Nasal/sinus endoscopy, surgical; with concha bullosa resection	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	010	010	010	010	000	000	000	000
6	TOTAL CLINICAL LABOR TIME		L037D	109.0	36.0	109.0	36.0	94.0	36.0	90.0	36.0	0.0	108.0	0.0	82.0	0.0	33.0	0.0	33.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME		L037D	18.0	30.0	18.0	30.0	0.0	30.0	0.0	30.0	0.0	30.0	0.0	30.0	0.0	30.0	0.0	30.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME		L037D	88.0	0.0	88.0	0.0	91.0	0.0	87.0	0.0	0.0	6.0	0.0	6.0	0.0	0.0	0.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME		L037D	3.0	6.0	3.0	6.0	3.0	6.0	3.0	6.0	0.0	72.0	0.0	46.0	0.0	3.0	0.0	3.0
10	PRE-SERVICE																		
11	Start: Following visit when decision for surgery or procedure made																		
12	Complete pre-service diagnostic & referral forms		L037D	5	5	5	5	0	5	0	5	0	5	0	5	0	5	0	5
13	Coordinate pre-surgery services		L037D	3	10	3	10	0	10	0	10	0	10	0	10	0	10	0	10
14	Schedule space and equipment in facility		L037D	0	5	0	5	0	5	0	5	0	5	0	5	0	5	0	5
15	Provide pre-service education/obtain consent		L037D	7	7	7	7	0	7	0	7	0	7	0	7	0	7	0	7
16	Follow-up phone calls & prescriptions		L037D	3	3	3	3	0	3	0	3	0	3	0	3	0	3	0	3
17	*Other Clinical Activity - specify:		L037D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	End: When patient enters office/facility for surgery/procedure																		
19	SERVICE PERIOD																		
20	Start: When patient enters office/facility for surgery/procedure:																		
21	Greet patient, provide gowning, ensure appropriate medical records are available		L037D	3	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0
22	Obtain vital signs		L037D	5	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0
23	Provide pre-service education/obtain consent		L037D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Prepare room, equipment, supplies		L037D	2	0	2	0	2	0	2	0	0	0	0	0	0	0	0	0
25	Setup scope (non facility setting only)		L037D	6	0	5	0	6	0	5	0	0	0	0	0	0	0	0	0
26	Prepare and position patient/ monitor patient/ set up IV		L037D	2	0	2	0	2	0	2	0	0	0	0	0	0	0	0	0
27	Sedate/apply anesthesia		L037D	7	0	2	0	7	0	2	0	0	0	0	0	0	0	0	0
28	*Other Clinical Activity - specify:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Intra-service																		
30	Assist physician in performing procedure		L037D	40	0	20	0	45	0	25	0	0	0	0	0	0	0	0	0
31	Post-Service																		
32	Monitor pt. following service/check tubes, monitors, drains		L037D	5	0	15	0	5	0	15	0	0	0	0	0	0	0	0	0
33	Clean room/equipment by physician staff		L037D	3	0	3	0	3	0	3	0	0	0	0	0	0	0	0	0
34	Clean Scope		L037D	7	0	10	0	7	0	10	0	0	0	0	0	0	0	0	0
35	Clean Surgical Instrument Package		L037D	0	0	15	0	0	0	15	0	0	0	0	0	0	0	0	0
36	Complete diagnostic forms, lab & X-ray requisitions		L037D	3	0	3	0	3	0	3	0	0	0	0	0	0	0	0	0
37	Review/read X-ray, lab, and pathology reports		L037D	2	0	2	0	2	0	2	0	0	0	0	0	0	0	0	0
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		L037D	3	0	3	0	3	0	3	0	0	0	0	0	0	0	0	0
39	*Other Clinical Activity - specify:																		
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	0	n/a		n/a	0	n/a	6	n/a	6	n/a		n/a	
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a	0	n/a		n/a	0	n/a		n/a		n/a		n/a	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	0	n/a		n/a	0	n/a		n/a		n/a		n/a	
43	End: Patient leaves office																		
44	POST-SERVICE Period																		
45	Start: Patient leaves office/facility																		
46	Conduct phone calls/call in prescriptions			3	6	3	6	3	6	3	6	0	0	0	0	0	3	0	3
47	Office visits: List Number and Level of Office Visits		L037D	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
48	99211 16 minutes			16															
49	99212 27 minutes			27															
50	99213 36 minutes			36								2		1					
51	99214 53 minutes			53															
52	99215 63 minutes			63															
53	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	72.0	0.0	36.0	0.0	0.0	0.0	0.0
54	*Other Clinical Activity - specify: clean instrument pack													10					
55	End: with last office visit before end of global period																		



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the <i>PE Spreadsheet Instructions</i> document for an example.			CPT 31237	CPT 31237	CPT 31238	CPT 31238	CPT 31239	CPT 31239	CPT 31240	CPT 31240								
3	Meeting Date: April 2013 Tab: 19 Specialty: <b>REVISED</b> AAO-HNS (& AAO for 31239)	CMS Code	Staff Type	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	Nasal/sinus endoscopy, surgical; with concha bullosa resection	Nasal/sinus endoscopy, surgical; with concha bullosa resection								
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	010	010	010	010	000	000	000	000
56	MEDICAL SUPPLIES**																		
	CODE	UNIT																	
57	pack, minimum multi-specialty visit	SA048	pack	1	0	1	0	1	0	1	0	-	0	0	0	-	-	0	0
58	pack, ophthalmology visit	SA050	pack	-	-	-	-	-	-	-	-	-	0	0	1	-	-	-	-
59	syringe 5-6ml	SC057	item	-	-	-	-	-	-	-	-	-	0	0	1	-	-	-	-
60	pack, basic injection	SA041	pack	4	0	4	0	4	0	4	0	-	0	0	0	-	-	0	0
61	applicator, sponge-tipped	SG009	item	0	-	3	-	0	-	3	-	-	-	-	-	-	-	-	-
62	drape, sterile, for Mayo stand	SB012	item	0	-	1	-	0	-	1	-	-	-	-	-	-	-	-	-
63	gauze, non-sterile	SG051	item	0	-	4	-	0	-	4	-	-	-	-	-	-	-	-	-
64	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	0	-	5	-	0	-	5	-	-	-	-	-	-	-	-	-
65	needle, 18-27g	SC029	item	0	-	2	-	0	-	2	-	-	-	-	-	-	-	-	-
66	syringe 10 cc	SC051	item	0	-	1	-	0	-	1	-	-	-	-	-	-	-	-	-
67	underpad 2ftx3ft (Chux)	SB044	item	0	-	1	-	0	-	1	-	-	-	-	-	-	-	-	-
68	gloves, sterile	SB024	pair	0	-	1	0	0	-	1	0	-	1	-	0	-	-	-	-
69	gown, patient	SB026	item	-	-	-	-	-	-	-	-	-	1	-	0	-	-	-	-
70	gown, staff, impervious	SB027	item	-	-	-	-	-	-	-	-	-	1	-	0	-	-	-	-
71	mask, surgical	SB033	item	-	-	-	-	-	-	-	-	-	1	-	0	-	-	-	-
72	canister, suction	SD009	item	1	0	1	0	1	0	1	0	-	1	0	1	-	-	0	0
73	tubing, suction, non-latex (6ft uou)	SD132	item	2	0	2	0	2	0	2	0	-	2	0	2	-	-	0	0
74	cottonoid	SG031	item	2	0	2	0	2	0	2	0	-	4	0	0	-	-	0	0
75	packing, gauze w-petrolatum, 0.5in (6yd uou)	SG066	item	1	0	1	0	1	0	1	0	-	0	0	0	-	-	0	0
76	cocaine 4% solution, topical	SH025	ml	4	0	0	0	4	0	0	0	-	4	0	0	-	-	-	-
77	basin, emesis	SJ010	item	1	0	1	0	1	0	1	0	-	0	0	0	-	-	0	0
78	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037	item	2	1	2	0	2	1	2	0	-	2	0	1	-	-	0	0
79	silver nitrate applicator	SJ046	item	1	0	1	0	1	0	1	0	-	0	0	0	-	-	0	0
80	swab-pad, alcohol	SJ053	item	2	0	2	0	2	0	2	0	-	0	0	0	-	-	0	0
81	paper, photo printing (8.5 x 11)	SK058	item	2	0	2	0	2	0	2	0	-	2	0	0	-	-	0	0
82	atomizer tip shield (RhinoGuard)	SM001	item	2	0	2	0	2	0	2	0	-	1	0	0	-	-	0	0
83	Atomizer tips (disposable)	SL464	item	2	1	2	0	2	1	2	0	-	1	0	0	-	-	0	0
84	pack, cleaning and disinfecting, endoscope	SA042	pack	0	0	1	0	0	0	1	0	-	0	0	1	-	-	0	0
85	cleaning brush, endoscope	SM010	item	2	0	0	0	2	0	0	0	-	2	-	0	-	-	-	-
86	gloves, non-sterile	SB022	pair	4	0	0	0	4	0	0	0	-	2	-	0	-	-	-	-
87	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	4	0	0	0	4	0	0	0	-	4	-	0	-	-	-	-
88	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	4	0	0	0	4	0	0	0	-	2	-	0	-	-	-	-
89	endoscope anti-fog solution	SM014	ml	2	0	2	0	2	0	2	0	-	2	0	0	-	-	0	0
90	enzymatic detergent	SM015	oz	4	0	4	0	4	0	4	0	-	4	0	0	-	-	0	0
91	Fibrillar, surgical	NEW		-	-	-	-	NEW	-	1	0	-	-	-	-	-	-	-	-
92	EQUIPMENT																		
	CODE																		
93	endoscope, rigid, sinoscopy, 30 degree	ES013		91	0	41.0	0	94	0	46.0	0	-	72	0	36.0	-	-	0	0
94	endoscope, rigid, sinoscopy, 0 degree	ES013		0	0	41.0	0	0	0	46.0	0	-	-	-	-	-	-	-	-
95	endoscope, rigid, sinoscopy, 70 degree	ES013		0	0	41.0	0	0	0	46.0	0	-	-	-	-	-	-	-	-
96	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		91	0	29.0	0	94	0	34.0	0	-	72	0	36.0	-	-	0	0
97	instrument pack, medium (\$1500 and up)	EQ138		91	0	41.0	0	94	0	46.0	0	-	0	0	36.0	-	-	0	0
98	light, fiberoptic headlight w-source	EQ170		91	0	29.0	0	94	0	34.0	0	-	72	0	36.0	-	-	0	0
99	suction and pressure cabinet, ENT (SMR)	EQ234		91	0	29.0	0	94	0	34.0	0	-	72	0	0	-	-	0	0
100	mayo stand	EF015		91	0	29.0	0	94	0	34.0	0	-	72	0	0	-	-	0	0
101	chair with headrest, exam, reclining	EF008		91	0	29.0	0	94	0	34.0	0	-	72	0	0	-	-	0	0
102	lane, screening (oph)	EL006		-	-	-	-	-	-	-	-	-	0	0	36.0	-	-	-	-
103	LANDOLT BIPOLAR COAGULATION FORCEPS	NEW		-	-	-	-	NEW	-	34.0	0	-	-	-	-	-	-	-	-

# Aesculap, Inc.

Customer #: 20056420

PO #:

Cleveland Clinic Foundation

9500 Euclid Ave

Cleveland, OH 44106

## Quotation

Quote #: QS6020-151

Date: 03/13/2009

Valid Until: 04/13/2009

Sales Rep: Tony Periandri

Phone #: 800-258-1946 6020

Fax #:

Email: tony.periandri@aesculap.com

QTY	CAT#	CROSS REF	DESCRIPTION	CONTRACT	UNIT PRICE	EXT PRICE
2	GK560R		LANDOLT BIPOLAR COAGULATION FORCEPS90DG	PREMIER CONTAIN	\$895.56	\$1,791.12
2	GK215		TWO-WIRE CABLE F/GK560R & GK580R	PREMIER CONTAIN	\$199.01	\$398.02
					Sub Total	\$2,189.14
					# Sets	1
					TOTAL	\$2,189.14

### TERMS

NET 30 DAYS

FOB ORIGIN

DELIVERY 5-15 DAYS A.R.O

WARRANTY: SEE AESCULAP STANDARD WARRANTY



CARE EXPRESS PRODUCTS, INC.

Date 04/04/2013

Care Express Products, Inc.  
317 Cary Point Drive  
Cary, IL 60013  
1-800-339-3880

MFR Product #	Product Description	QTY:	Price Per Unit	Total Price
ET1962	Surgicel Fibrillar Absorbable Hemostat 2X4	1 each	\$228.36	\$228.36
ET1962	Surgicel Fibrillar Absorbable Hemostat 2X4 (10each/case)	1 case	\$2283.62	\$2283.62

This item is available to ship within 24-48 hours of order placement.

Pricing is valid for 30 days and does not include shipping.

We accept Visa, MC and American Express. We also accept purchase orders from Universities.

This item is being quoted based on the item number and description you provided.

In general, Care Express Products will accept returns of product purchased from us. However, due to the special nature of certain medical products, there are certain restrictions on returnable product.

We do not accept returns of:

- Products returned more than 30 days after the date of the sale.
- Products that have been used.
- Any item purchased on "special order".
- Regulated hazardous chemicals or reagents.
- Products returned in defaced, opened, damaged or other than original packaging.
- Any temperature-sensitive/refrigerated products.

Product that is returned is subject to a minimum 15% Restocking Fee.

If you have any questions please give me a call.

Thank you,

Denise Greenwald  
Customer Operations  
Care Express Products, Inc.  
800-339-3880

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*MPC List Screen*

January 2012

**Diagnostic Nasal Endoscopy**

In October 2012, CMS identified CPT code 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* through the MPC List screen. In September 2011, the RUC recommended that the specialty society should re-survey this service for the January 2012 RUC meeting with an improved vignette to describe the typical unilateral vs. bilateral nasal endoscopy and better define the work of the involved topical and pledgets anesthetic in the survey instrument.

In January 2012, the RUC reviewed the survey results from 135 otolaryngologists for CPT code 31231 and determined that the survey 25<sup>th</sup> percentile and current work RVU of 1.10 should be maintained. The RUC noted that this service is typically performed with an Evaluation and Management service on the same day and the specialty society confirmed that 12 minutes was specifically removed from pre-time package-6, to account for any duplication of work with the Evaluation and Management service. Therefore, 5 minutes of pre-evaluation time accounts for the time to obtain consent, move the patient, check equipment and review the CT scan, 1 minute for positioning the patient and 5 minutes of scrub/dress/wait time to administer local anesthetic and have it take effect. The RUC compared 31231 to key reference service 31575 *Laryngoscopy, flexible fiberoptic; diagnostic* (work RVU = 1.10) and noted that 31231 requires slightly less intra-service time to perform, 7 minutes and 8 minutes, respectively. The specialty society indicated and the RUC agreed that this difference in time and intensity may be because 31231 is typically performed using a rigid endoscope, whereas 31575 is performed using a flexible endoscope. The specialty society indicated that use of a flexible endoscope is easier and requires less skill. The RUC compared 31231 to similar service 30901 *Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method* (work RVU = 1.10) and noted that 31231 requires 3 minutes less intra-service time, however is more intense as the surveyed service requires the use of an endoscope. Additionally, the RUC compared 31231 to 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.97 and 23 minutes total time) and determined that these services require the same total physician time to perform, however 31231 is more intense and complex because it is an invasive procedure and therefore should be valued higher.

Lastly, the RUC noted that the survey respondents indicated that the intra-time is 3 minutes less than current time but requires the same physician work, thus increasing the intensity. The RUC reviewed the comparative intrusive diagnostic services referenced by the specialty society [CPT codes 52000 *Cystourethroscopy* (work RVU = 2.23), 43250 *Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery* (work RVU = 3.20) and 31629 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration*

*biopsy(s), trachea, main stem and/or lobar bronchus(i)* (work RVU = 4.09)] and determined that a slight decrease in physician time for the surveyed code is appropriate compared to these services that combine technical skill for insertion of a scope for the purpose of cognitive/diagnostic evaluation. The RUC agreed that services such as 31231, that have low work RVUs and do not require a significant amount of time to perform will be more effected by small valuations in time, however, the survey data and reference services support to maintain the current value. **The RUC recommends a work RVU of 1.10 for CPT code 31231.**

**Practice Expense:**

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	000	1.10 (No change)



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:31231	Tracking Number	Original Specialty Recommended RVU: <b>1.10</b>
		Presented Recommended RVU: <b>1.10</b>
Global Period: 000		RUC Recommended RVU: <b>1.10</b>

CPT Descriptor: Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 47 year-old male is evaluated for nasal obstruction, chronic rhinorrhea, and recurrent rhino sinusitis, unresponsive to prior medical therapy. Physical examination, including anterior rhinoscopy, is normal except for nasal mucosal edema. The patient undergoes a diagnostic nasal endoscopy of both nasal passages.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 17%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: After decision is made to perform nasal endoscopy, the patient is moved to room equipped with video tower and protective gown/drape is provided. The physician ensures that proper nasal endoscope, suction and video recording equipment are available and working. The procedure is explained to the patient, consent obtained. Time out is performed. Physician washes hands and dons sterile gloves. Topical decongestant and anesthetic sprays are applied with 5 minute wait time for these to take effect.

Description of Intra-Service Work: The nasal cavity is examined to ensure that there is adequate patency and further anesthetic on pledgets applied with endoscopic direction to specific areas requiring more profound anesthesia (ex, middle meatus, sphenoid cleft) in order to allow full visualization of key areas. After additional wait to allow topical anesthetic to take effect; systematic nasal endoscopy is performed (one side or both evaluating inferior, middle and superior meati with attention to all major sinus ostia, septal contour, and nasopharyngeal entrance). Images are captured on digital system. Culture swabs are taken from areas of mucopurulence as indicated. Temporary re-positioning of pledgets in any region of minor hemorrhage applied as needed.

Description of Post-Service Work: Aftercare treatment and findings are explained to the patient (often by the use of the procedure video recording, archiving of images file), including subsequent therapeutic plan. Images are saved on digital video system. The procedure note is dictated and findings communicated to relevant care providers.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2012				
<b>Presenter(s):</b>	Wayne Koch, MD					
<b>Specialty(s):</b>	American Academy of Otolaryngology - Head and Neck Surgery					
<b>CPT Code:</b>	31231					
<b>Sample Size:</b>	283	<b>Resp N:</b>	135	<b>Response:</b> 47.7 %		
<b>Sample Type:</b>	Random	<b>Additional Sample Information:</b>				
		<u><b>Low</b></u>	<u><b>25<sup>th</sup> pctl</b></u>	<u><b>Median*</b></u>	<u><b>75th pctl</b></u>	<u><b>High</b></u>
<b>Service Performance Rate</b>		10.00	200.00	<b>360.00</b>	800.00	5000.00
<b>Survey RVW:</b>		0.35	1.10	<b>1.30</b>	2.25	5.75
<b>Pre-Service Evaluation Time:</b>				<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>				<b>2.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>				<b>10.00</b>		
<b>Intra-Service Time:</b>		0.00	5.00	<b>7.00</b>	10.00	30.00
<b>Immediate Post Service-Time:</b>	<u><b>5.00</b></u>					
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>				
<b>Critical Care time/visit(s):</b>	<u><b>0.00</b></u>	99291x <b>0.00</b>	99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<u><b>0.00</b></u>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>		
<b>Discharge Day Mgmt:</b>	<u><b>0.00</b></u>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>		
<b>Office time/visit(s):</b>	<u><b>0.00</b></u>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b>	15x <b>0.00</b>
<b>Prolonged Services:</b>	<u><b>0.00</b></u>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>	
<b>Sub Obs Care:</b>	<u><b>0.00</b></u>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>		

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

6 - NF Procedure with sedation/anesthesia care

CPT Code:	31231	Recommended Physician Work RVU: 1.10			
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:		5.00	17.00	-12.00	
Pre-Service Positioning Time:		1.00	1.00	0.00	
Pre-Service Scrub, Dress, Wait Time:		5.00	5.00	0.00	
Intra-Service Time:		7.00			
Immediate Post Service-Time:	5.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31575	000	1.10	RUC Time

CPT Descriptor Laryngoscopy, flexible fiberoptic; diagnostic**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
78315	XXX	1.02	RUC Time	105,814

CPT Descriptor 1 Bone and/or joint imaging; 3 phase study

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
78494	XXX	1.19	RUC Time	5,973

CPT Descriptor 2 Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 81      % of respondents: 60.0 %

**TIME ESTIMATES (Median)**

	<u>CPT Code:</u> 31231	<u>Key Reference CPT Code:</u> 31575	<u>Source of Time</u> RUC Time
Median Pre-Service Time	11.00	15.00	
Median Intra-Service Time	7.00	8.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
<b>Median Total Time</b>	<b>23.00</b>	<b>28.00</b>	

Other time if appropriate		
---------------------------	--	--

**INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key  
Reference code)**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.98	3.88
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.52	3.34
--	------	------

Urgency of medical decision making	3.16	3.27
------------------------------------	------	------

**Technical Skill/Physical Effort (Mean)**

Technical skill required	3.98	3.67
--------------------------	------	------

Physical effort required	3.08	2.93
--------------------------	------	------

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	2.32	2.31
---	------	------

Outcome depends on the skill and judgment of physician	3.71	3.60
--	------	------

Estimated risk of malpractice suit with poor outcome	2.48	2.53
--	------	------

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference  
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	2.61	2.56
----------------------------------	------	------

Intra-Service intensity/complexity	3.53	3.29
------------------------------------	------	------

Post-Service intensity/complexity	2.59	2.51
-----------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

**Why is this Code Being Reviewed?**

Code 31231 was identified by the MPC List screen. This code has not been reviewed by the RUC in the past 6 years and the RUC recommended that this service be surveyed. The code was initially surveyed by American Academy of

Otolaryngology-Head and Neck Surgery (AAO-HNS) for the September 2011 RUC meeting. However, based on difficulty interpreting the survey data received by our expert panel, the AAO-HNS requested the opportunity to re-survey the code for the January 2012 RUC meeting in pre-facilitation. The Research Subcommittee accepted the AAO-HNS proposed revised vignette and survey instrument to provide clarification to survey respondents and a repeat survey was performed.

### **Work RVU Recommendation**

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) conducted a RUC survey in fall of 2011, receiving 135 responses and a very robust survey response rate of 47%. The survey median RVW was 1.30, however the expert panel reviewing did not find compelling evidence that the work has changed to support an increased valuation. Therefore, the Academy recommends maintaining the current value of 1.10 which is the survey 25<sup>th</sup> percentile.

The panel's recommendations are in line with comparator codes: the key reference service code 31575 *Laryngoscopy, flexible fiberoptic; diagnostic*, and 30901 *Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method*, both with RVWs of 1.10. Key reference code 31575 has similar time and is a similar service. The time for 31575 includes more pre-service time, but the survey indicates a modestly higher level of intensity for 31231.

### **Pre-time**

Pre-time package 6 (office procedure with anesthesia) is selected.

Evaluation: Subtract 12 minutes overall (total = 5) Typically, an E/M is performed the same day so 9 minutes is subtracted for history and exam.

Position: No change (total = 1).

Scrub, dress, wait: No change (total = 5) for initial spray application of topical anesthetic and decongestant agents

### **Comparison to key reference code**

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>31231</b>	1.10	0.116	23	5	1	5	7	5
<b>31575</b>	1.10	0.090	28	5	5	5	8	5

### **Comparison to MPC codes**

CPT	DESCRIPTOR	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>78315</b>	Bone and/or joint imaging; 3 phase study	1.02	.0995	18	5			8	5
<b>31231</b>	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	1.10	.116	23	5	1	5	7	5
<b>78494</b>	nuclear med gated blood pool study	1.19	.0488	26	3			23	0

The table below compares the survey code to other RUC reviewed codes of similar time and work, providing further support that the recommended value for 31231 is appropriate.

RUC Year	CPT	2011 RVW	2011 IWPUT	Total Time	Pre eval	Pre posit	Pre s,d,w	INTRA	Post sd-im
2002	78306	0.86	0.0794	18	5			8	5
2006	99202	0.93	0.0516	22	2			15	5
2002	20526	0.94	0.1387	16	6			5	5
2000	99213	0.97	0.0527	23	3			15	5
2001	12011	1.07	0.068	24	5	1	1	12	5
2000	30901	1.1	0.0813	26	6		5	10	5
2007	36620	1.15	0.0924	22	2	2	3	10	5
2003	74160	1.27	0.0727	23	3			15	5
2009	67028	1.44	0.2261	22	6	1	5	5	5

2005	67500	1.44	0.2127	25	5	5	5	5	5
2003	65430	1.47	0.1067	28	10			10	8
2007	58100	1.53	0.097	35	20			10	5
2000	53620	1.62	0.1284	25	15			10	0

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Typically billed with an E/M code.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31231

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

390,494 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Otolaryngology	Frequency 365500	Percentage 93.59 %
--------------------------	------------------	--------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

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### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31231

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

# Tab 19 Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
4	ISSUE: Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure) CPT 31231. Originated from MPC List screen.																			
5	TAB: 19																			
6						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
7	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
8	REF	31575	Laryngoscopy, flexible fiberoptic; diagnostic	81	0.0904			1.10			28	5	5	5			8			5
9	CURRENT	31231	Nasal endoscopy, diagnostic, unilateral or bilateral	37	0.0652			1.10			30	10					10			10
10	SVY	31231	Nasal endoscopy, diagnostic, unilateral or bilateral	135	0.1357	0.35	1.10	1.30	2.25	5.75	29	5	2	10	0	5	7	10	30	5
11	REC	31231	Nasal endoscopy, diagnostic, unilateral or bilateral	135	0.1162	1.10					23	5	1	5			7			5
12																				
13																				
14																				
15																				
16																				
17																				



19  
Tab Number

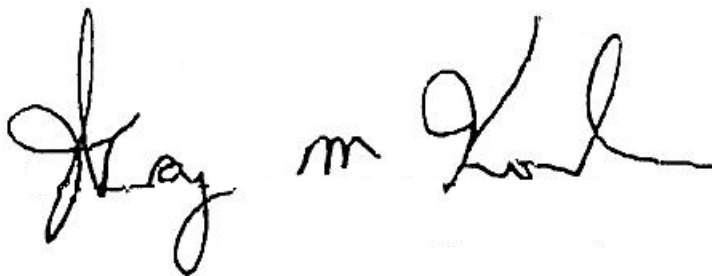
Diagnostic Nasal Endoscopy  
Issue

31231  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

A handwritten signature in black ink, appearing to read "Wayne M. Koch". The signature is written in a cursive style with a large initial "W" and "K".

\_\_\_\_\_  
Signature

Wayne M. Koch, M.D.

\_\_\_\_\_  
Printed Signature

AAO-HNS

\_\_\_\_\_  
Specialty Society

12/20/11

\_\_\_\_\_  
Date

19  
Tab Number

Diagnostic Nasal Endoscopy  
Issue

31231  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

Signature

Printed Signature

AAO-HNS  
Specialty Society

Date

12/20/11

CPT Code: 31231  
Specialty Society('s) AAO-HNS

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

Global Period: 0 Meeting Date: January 2012

**Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

An expert panel of AAOHNS members composed of multiple practicing physicians both academic and non-academic with broad geographic distribution who are familiar with performing 31231 reviewed the PE details and added, deleted, and revised times, supplies and equipment as appropriate.

**Please describe in detail the clinical activities of your staff:**

**Pre-Service Clinical Labor Activities:**

Since 31231 is billed with an E/M approximately 60% of the time, the standard times for pre-service are recommended.

**Intra AND Post-Service Clinical Labor Activities:**

	facility 31231
<b>SERVICE PERIOD</b>	
Discharge day management	6
<b>POST-SERVICE PERIOD</b>	
Conduct phone calls/call in prescriptions	3

**No Supplies or Equipment**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

Global Period: 0 Meeting Date: January 2012

**Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

An expert panel of AAOHNS members composed of multiple practicing physicians both academic and non-academic with broad geographic distribution who are familiar with performing 31231 reviewed the PE details and added, deleted, and revised times, supplies and equipment as appropriate.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

**Please describe in detail the clinical activities of your staff:**

**Pre-Service Clinical Labor Activities:**

Since 31231 is billed with an E/M approximately 60% of the time, the standard times for pre-service are recommended with 2 minutes for completing pre-service diagnostic & referral forms after the decision has been made to undergo procedure.

**Intra-Service Clinical Labor Activities:**

As indicated in PE spreadsheet.

**Post-Service Clinical Labor Activities:**

As indicated in PE spreadsheet.

**Supplies and Equipment**

As indicated in PE spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K
1	<b>TAB 19: REVISED 1.26.12</b>			<b>31231 Recommendation</b>						<b>31231 current</b>	
2	Meeting Date: January 2012 Specialty: AAOHNS	CMS	Staff	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)			Meeting Date: September 2002 Specialty: AAO-HNS	CMS	Staff	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	
3	LOCATION	Code	Type	Non Facility	Facility		LOCATION	Code	Type	Non Facility	Facility
4	GLOBAL PERIOD 000						GLOBAL PERIOD 000				
5	TOTAL CLINICAL LABOR TIME	130	RN/LPN/ MA	66.0	9.0		Total Clinical Labor Time	130	RN/LPN /MA	82	36
6	TOTAL PRE-SERV CLINICAL LABOR TIME	130	RN/LPN/ MA	0.0	0.0		PRE-service time	130	RN/LPN /MA	18	30
7	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	130	RN/LPN/ MA	63.0	6.0		SERVICE time	130	RN/LPN /MA	64	6
8	TOTAL POST-SERV CLINICAL LABOR TIME	130	RN/LPN/ MA	3.0	3.0		POST-service time	130	RN/LPN /MA	0	0
9	<b>PRE-SERVICE</b>						<b>PRE-SERVICE - BEFORE ADMISSION</b>	<b>Code</b>	<b>Desc</b>		
10	Start: Following visit when decision for surgery or procedure made		RN/LPN/ MA				Start: Following visit when decision for surgery or procedure made		RN/LPN /MA		
11	Complete pre-service diagnostic & referral forms	130	RN/LPN/ MA	0	0		Complete pre-service diagnostic & referral forms (5/5)	130	RN/LPN /MA	5	5
12	Coordinate pre-surgery services	130	RN/LPN/ MA	0	0		Coordinate pre-surgery services review exam/test results (10/20)	130	RN/LPN /MA	3	10
13	Schedule space and equipment in facility	130	RN/LPN/ MA	0	0		Schedule space and equipment in facility (0/8)	130	RN/LPN /MA	0	5
14	Provide pre-service education/obtain consent	130	RN/LPN/ MA	0	0		Provide pre-service education/obtain consent (10/20)	130	RN/LPN /MA	7	7
15	Follow-up phone calls & prescriptions	130	RN/LPN/ MA	0	0		Follow-up phone calls & prescriptions (10/7)	130	RN/LPN /MA	3	3
16	Other Clinical Activity (please specify)	130	RN/LPN/ MA				Other Clinical Activity (please specify)				
17	End: When patient enters office/facility for surgery/procedure	130					End: When patient enters office/facility for surgery/procedure	130			
18	<b>SERVICE PERIOD</b>						<b>SERVICE PERIOD - ADMISSION TO DISCHARGE</b>	<b>Code</b>	<b>Desc</b>		
19	Start: When patient enters office/facility for surgery/procedure: Services Prior to Procedure						Pre-service services				
20	Greet patient, provide gowning, ensure appropriate medical records are available	130	RN/LPN/ MA	0			Assemble/review X-ray, lab, path reports (99213=2)	130	RN/LPN /MA	5	--
21	Obtain vital signs	130	RN/LPN/ MA	0			Greet patient and provide gowning (peac std=3)	130	RN/LPN /MA	3	--
22	Provide pre-service education/obtain consent	130	RN/LPN/ MA	3			Obtain vital signs (Vitals 0=0; 1-3=3; 4- 6=5)	130	RN/LPN /MA	5	--
23	Prepare room, equipment, supplies	130	RN/LPN/ MA	2			Review pre-service education/obtain consent	130	RN/LPN /MA	3	--
24	Setup scope (non facility setting only)	130	RN/LPN/ MA	5			Prepare room, equipment, supplies (99213=2)	130	RN/LPN /MA	8	--
25	Prepare and position patient/ monitor patient/ set up IV	130	RN/LPN/ MA	2			Prepare and position patient	130	RN/LPN /MA	2	--
26	Sedate/apply anesthesia	130	RN/LPN/ MA	2			Sedate/apply anesthesia	130	RN/LPN /MA	7	--
27	<b>Intra-service</b>						<b>Intra-service</b>				
28	Assist physician in performing procedure	130	RN/LPN/ MA	7			1st assist physician in performing procedure	130	RN/LPN /MA	10	--
29	<b>Post-Service</b>						<b>Post-Service</b>				
30	Monitor pt. following service/check tubes, monitors, drains	130	RN/LPN/ MA	5			Monitor pt. following service/check tubes, monitors, drains	130	RN/LPN /MA	5	--
31	Clean room/equipment by physician staff	130	RN/LPN/ MA	3			Clean room/equipment (99213=3)	130	RN/LPN /MA	10	--
32	Clean Scope	130	RN/LPN/ MA	10							
33	Clean Surgical Instrument Package	130	RN/LPN/ MA	15							
34	Complete diagnostic forms, lab & X-ray requisitions	130	RN/LPN/ MA	3			Complete diagnostic forms, lab & X-ray requisitions	130	RN/LPN /MA	3	--
35	Review/read X-ray, lab, and pathology reports	130	RN/LPN/ MA	0			Review/read X-ray, lab, and pathology reports	130	RN/LPN /MA	5	
36	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	130	RN/LPN/ MA	3			Home care instructions /coord office vis /Rx's	130	RN/LPN /MA	3	--
37	Discharge day management	130	RN/LPN/ MA	0	6						
38	Other Clinical Activity (please specify)										
39	End: Patient leaves office										

	A	B	C	D	E	F	G	H	I	J	K
1	<b>TAB 19: REVISED 1.26.12</b>			<b>31231 Recommendation</b>						<b>31231 current</b>	
40	<b>POST-SERVICE Period</b>										
41	<b>Start: Patient leaves office/facility</b>						<b>Other Clinical Activity (please specify)</b>				
42	Conduct phone calls/call in prescriptions			3	3						
43	Office visits:										
44	List Number and Level of Office Visits			pre							
45	99211 16 minutes		16								
46	99212 27 minutes		27								
47	99213 36 minutes		36								
48	99214 53 minutes		53								
49	99215 63 minutes		63								
50	99238 12 minutes		12		0		99238 discharge visit			--	0.5
51	Total Office Visit Time			0	0		99238 discharge time	130	RN/LPN /MA	--	6
52	Other Activity (please specify)										
53	<b>End: with last office visit before end of global period</b>										
54	<b>MEDICAL SUPPLIES</b>						<b>MEDICAL SUPPLIES</b>	<b>Code</b>	<b>Desc</b>		
55	Minimum supply package for visits	PEAC	pack	1			Minimum supply package for visits	PEAC	pack	1	--
56	Procedure supplies - day of service:						Procedure supplies - day of service:				
57	dress,scrub,prep:						dress,scrub,prep:				
58	gown, staff, impervious, disposable	11304	item	2			gown, staff, impervious, disposable	11304	item	2	
59	mask, surgical (with eye shield)	11306	item	2			mask, surgical (with eye shield)	11306	item	2	
60	gloves, sterile	14005	pair	4			gloves, sterile	14005	pair	4	
61	drape, sheet	11106	item	1			drape, sheet	11106	item	1	
62	drape, sterile mayo	14003	item	1			drape, sterile mayo	14003	item	1	
63	suction:						suction:				
64	Suction Canister, Disposable	93604	item	1			Suction Canister, Disposable	93604	item	1	
65	tubing, non-latex	3D132	foot	12			tubing, non-latex	new	foot	12	
66	procedure:						procedure:				
67	emesis basin	11506	item	1			emesis basin	11506	item	1	--
68	chux	11102	item	1			chux	11102	item	1	--
69	Gauze, Sterile 4 x 4	31505	item	5			Gauze, Sterile 4 x 4	31505	item	5	--
70	disposable atmoizer tips	93809	item	1			disposable atmoizer tips	93809	item	1	--
71	oxymetazoline (Afrin)	SJ037	ml	10			oxymetazoline (Afrin)	new	ml	10	--
72	xylocaine, topical 4%	SH050	ml	5			xylocaine, topical 4%	new	ml	5	--
73	cottonoides	SG031	item	2			cottonoides	new	item	2	--
74	defog	SM014	ml	1			Polaroid film, type 667	75010	exposur e	3	--
75	equipment cleaning:						defog	new	ml	1	--
76	pack, cleaning and disinfecting, endoscope ****	SA042	pack	1			gluteraldehyde (disinfectant/sanitizing agent)	52306	oz	2	--
77											
78											
79	<b>Equipment</b>	<b>Code</b>	<b>Desc</b>	<b>Time in use</b>			<b>Equipment</b>	<b>Code</b>	<b>Desc</b>	<b>Time in use</b>	
80	fiberoptic exam light	EQ170		43			fiberoptic exam light	E11006		64	--
81	reclining exam chair with headrest	EF008		43			reclining exam chair with headrest	E11011		64	--
82	SMR suction cabinet	EQ234		43			SMR suction cabinet	new		64	--
83	DIGITAL video system with photo documentation (for scope) (camera, monitor, ETC)	ES031		43			sinus endoscope, 30 or 70 deg, 4 in	E13126		64	--
84	Endoscope, rigid sinoscopy (1)	ES013		63			sinus endoscope, 0 deg	new		64	--
85	Endoscope, rigid sinoscopy (2)	ES013		63			DIGITAL video system with photo documentation (for scope) (camera, monitor, ETC)	new		64	--
86	printer	ED032		43			<b>New</b>				
87	light source, xenon	EQ167		43	--		<b>New</b>				
88	<b>Nasal Endoscopy Instrument Package:</b>	<b>new</b>		63			<b>New</b>				
89	Blakesley forceps, 0 degrees	1					xenon light source - cable for endoscope	new		64	--
90	Blakesley forceps, 45 degrees	1					<b>Nasal Endoscopy Instrument Package:</b>	new		--	--
91	Blakesley forceps, 90 degrees	1					Blakesley forceps, 0 degrees	1			
92	Frazier tip, 3mm	1					Blakesley forceps, 45 degrees	1			
93	Frazier tip, 5mm	1					Blakesley forceps, 90 degrees	1			
94	Frazier tip, 7m	1					Frazier tip, 3mm	1			
95	Nasal speculum set (4 mm to 9 mm)	1					Frazier tip, 5mm	1			
96	Thru-cut forceps-straight	1					Frazier tip, 7m	1			
97	Thru-cut forceps-upbite	1					Nasal speculum set (4 mm to 9 mm)	1			
98	Bayonet forceps	1					Thru-cut forceps-straight	1			
99							Thru-cut forceps-upbite	1			
100							Bayonet forceps	1			
101	*** Note: The SA042, pack, cleaning and disinfecting, endoscope; line 78, will be revised to include an appropriate basin and gluteraldehyde (disinfectant/sanitizing agent) at the April 2012 RUC meeting.										

	A	B	C	D	E	F	G	H	I	J	K
1	<b>TAB 19: REVISED 1.26.12</b>			<b>31231 Recommendation</b>						<b>31231 current</b>	
2	Meeting Date: January 2012 Specialty: AAOHNS	CMS	Staff	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)			Meeting Date: September 2002 Specialty: AAO-HNS	CMS	Staff	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	
3	LOCATION	Code	Type	Non Facility	Facility		LOCATION	Code	Type	Non Facility	Facility
4	GLOBAL PERIOD 000						GLOBAL PERIOD 000				
5	TOTAL CLINICAL LABOR TIME	130	RN/LPN/ MA	66.0	9.0		Total Clinical Labor Time	130	RN/LPN /MA	82	36
6	TOTAL PRE-SERV CLINICAL LABOR TIME	130	RN/LPN/ MA	0.0	0.0		PRE-service time	130	RN/LPN /MA	18	30
7	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	130	RN/LPN/ MA	63.0	6.0		SERVICE time	130	RN/LPN /MA	64	6
8	TOTAL POST-SERV CLINICAL LABOR TIME	130	RN/LPN/ MA	3.0	3.0		POST-service time	130	RN/LPN /MA	0	0
9	<b>PRE-SERVICE</b>						<b>PRE-SERVICE - BEFORE ADMISSION</b>	<b>Code</b>	<b>Desc</b>		
10	Start: Following visit when decision for surgery or procedure made		RN/LPN/ MA				Start: Following visit when decision for surgery or procedure made		RN/LPN /MA		
11	Complete pre-service diagnostic & referral forms	130	RN/LPN/ MA	0	0		Complete pre-service diagnostic & referral forms (5/5)	130	RN/LPN /MA	5	5
12	Coordinate pre-surgery services	130	RN/LPN/ MA	0	0		Coordinate pre-surgery services review exam/test results (10/20)	130	RN/LPN /MA	3	10
13	Schedule space and equipment in facility	130	RN/LPN/ MA	0	0		Schedule space and equipment in facility (0/8)	130	RN/LPN /MA	0	5
14	Provide pre-service education/obtain consent	130	RN/LPN/ MA	0	0		Provide pre-service education/obtain consent (10/20)	130	RN/LPN /MA	7	7
15	Follow-up phone calls & prescriptions	130	RN/LPN/ MA	0	0		Follow-up phone calls & prescriptions (10/7)	130	RN/LPN /MA	3	3
16	Other Clinical Activity (please specify)	130	RN/LPN/ MA				Other Clinical Activity (please specify)				
17	End: When patient enters office/facility for surgery/procedure	130					End: When patient enters office/facility for surgery/procedure	130			
18	<b>SERVICE PERIOD</b>						<b>SERVICE PERIOD - ADMISSION TO DISCHARGE</b>	<b>Code</b>	<b>Desc</b>		
19	Start: When patient enters office/facility for surgery/procedure: Services Prior to Procedure						Pre-service services				
20	Greet patient, provide gowning, ensure appropriate medical records are available	130	RN/LPN/ MA	2			Assemble/review X-ray, lab, path reports (99213=2)	130	RN/LPN /MA	5	--
21	Obtain vital signs	130	RN/LPN/ MA	1			Greet patient and provide gowning (peac std=3)	130	RN/LPN /MA	3	--
22	Provide pre-service education/obtain consent	130	RN/LPN/ MA	3			Obtain vital signs (Vitals 0=0; 1-3=3; 4- 6=5)	130	RN/LPN /MA	5	--
23	Prepare room, equipment, supplies	130	RN/LPN/ MA	2			Review pre-service education/obtain consent	130	RN/LPN /MA	3	--
24	Setup scope (non facility setting only)	130	RN/LPN/ MA	5			Prepare room, equipment, supplies (99213=2)	130	RN/LPN /MA	8	--
25	Prepare and position patient/ monitor patient/ set up IV	130	RN/LPN/ MA	2			Prepare and position patient	130	RN/LPN /MA	2	--
26	Sedate/apply anesthesia	130	RN/LPN/ MA	2			Sedate/apply anesthesia	130	RN/LPN /MA	7	--
27	<b>Intra-service</b>						<b>Intra-service</b>				
28	Assist physician in performing procedure	130	RN/LPN/ MA	7			1st assist physician in performing procedure	130	RN/LPN /MA	10	--
29	<b>Post-Service</b>						<b>Post-Service</b>				
30	Monitor pt. following service/check tubes, monitors, drains	130	RN/LPN/ MA	5			Monitor pt. following service/check tubes, monitors, drains	130	RN/LPN /MA	5	--
31	Clean room/equipment by physician staff	130	RN/LPN/ MA	3			Clean room/equipment (99213=3)	130	RN/LPN /MA	10	--
32	Clean Scope	130	RN/LPN/ MA	10							
33	Clean Surgical Instrument Package	130	RN/LPN/ MA	10							
34	Complete diagnostic forms, lab & X-ray requisitions	130	RN/LPN/ MA	3			Complete diagnostic forms, lab & X-ray requisitions	130	RN/LPN /MA	3	--
35	Review/read X-ray, lab, and pathology reports	130	RN/LPN/ MA	5			Review/read X-ray, lab, and pathology reports	130	RN/LPN /MA	5	
36	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	130	RN/LPN/ MA	3			Home care instructions /coord office vis /Rx's	130	RN/LPN /MA	3	--
37	Discharge day management	130	RN/LPN/ MA	0	6						
38	Other Clinical Activity (please specify)										
39	End: Patient leaves office										



	A	B	C	D	E	F	G	H	I	J	K
1	<b>TAB 19: REVISED 1.26.12</b>			<b>31231 Recommendation</b>						<b>31231 current</b>	
40	<b>POST-SERVICE Period</b>										
41	<b>Start: Patient leaves office/facility</b>						<b>Other Clinical Activity (please specify)</b>				
42	Conduct phone calls/call in prescriptions			3	3						
43	Office visits:										
44	List Number and Level of Office Visits			pre							
45	99211 16 minutes		16								
46	99212 27 minutes		27								
47	99213 36 minutes		36								
48	99214 53 minutes		53								
49	99215 63 minutes		63								
50	99238 12 minutes		12		0		99238 discharge visit			--	0.5
51	Total Office Visit Time			0	0		99238 discharge time	130	RN/LPN/MA	--	6
52	Other Activity (please specify)										
53	<b>End: with last office visit before end of global period</b>										
54	<b>MEDICAL SUPPLIES</b>						<b>MEDICAL SUPPLIES</b>	<b>Code</b>	<b>Desc</b>		
55	Minimum supply package for visits	PEAC	pack	1			Minimum supply package for visits	PEAC	pack	1	--
56	Procedure supplies - day of service:						Procedure supplies - day of service:				
57	dress,scrub,prep:						dress,scrub,prep:				
58	gown, staff, impervious, disposable	11304	item	2			gown, staff, impervious, disposable	11304	item	2	
59	mask, surgical (with eye shield)	11306	item	2			mask, surgical (with eye shield)	11306	item	2	
60	gloves, sterile	14005	pair	4			gloves, sterile	14005	pair	4	
61	drape, sheet	11106	item	1			drape, sheet	11106	item	1	
62	drape, sterile mayo	14003	item	1			drape, sterile mayo	14003	item	1	
63	suction:						suction:				
64	Suction Canister, Disposable	93604	item	1			Suction Canister, Disposable	93604	item	1	
65	tubing, non-latex	3D132	foot	12			tubing, non-latex	new	foot	12	
66	procedure:						procedure:				
67	emesis basin	11506	item	1			emesis basin	11506	item	1	--
68	chux	11102	item	1			chux	11102	item	1	--
69	Gauze, Sterile 4 x 4	31505	item	5			Gauze, Sterile 4 x 4	31505	item	5	--
70	disposable atmoizer tips	93809	item	1			disposable atmoizer tips	93809	item	1	--
71	oxymetazoline (Afrin)	SJ037	ml	10			oxymetazoline (Afrin)	new	ml	10	--
72	xylocaine, topical 4%	SH050	ml	5			xylocaine, topical 4%	new	ml	5	--
73	cottonoides	SG031	item	2			cottonoides	new	item	2	--
74	defog	SM014	ml	1			Polaroid film, type 667	75010	exposure	3	--
75	equipment cleaning:						defog	new	ml	1	--
76	pack, cleaning and disinfecting, endoscope ****	SA042	pack	1			gluteraldehyde (disinfectant/sanitizing agent)	52306	oz	2	--
77											
78											
79	<b>Equipment</b>	<b>Code</b>	<b>Desc</b>	<b>Time in use</b>			<b>Equipment</b>	<b>Code</b>	<b>Desc</b>	<b>Time in use</b>	
80	fiberoptic exam light	EQ170		43			fiberoptic exam light	E11006		64	--
81	reclining exam chair with headrest	EF008		43			reclining exam chair with headrest	E11011		64	--
82	SMR suction cabinet	EQ234		43			SMR suction cabinet	new		64	--
83	DIGITAL video system with photo documentation (for scope) (camera, monitor, ETC)	ES031		43			sinus endoscope, 30 or 70 deg, 4 in	E13126		64	--
84	Endoscope, rigid sinoscopy (1)	ES013		63			sinus endoscope, 0 deg	new		64	--
85	Endoscope, rigid sinoscopy (2)	ES013		63			DIGITAL video system with photo documentation (for scope) (camera, monitor, ETC)	new		64	--
86	printer	ED032		43			<b>New</b>				
87	light source, xenon	EQ167		43	--		<b>New</b>				
88	<b>Nasal Endoscopy Instrument Package:</b>	<b>new</b>		63			<b>New</b>				
89	Blakesley forceps, 0 degrees	1					xenon light source - cable for endoscope	new		64	--
90	Blakesley forceps, 45 degrees	1					<b>Nasal Endoscopy Instrument Package:</b>	new		--	--
91	Blakesley forceps, 90 degrees	1					Blakesley forceps, 0 degrees	1			
92	Frazier tip, 3mm	1					Blakesley forceps, 45 degrees	1			
93	Frazier tip, 5mm	1					Blakesley forceps, 90 degrees	1			
94	Frazier tip, 7m	1					Frazier tip, 3mm	1			
95	Nasal speculum set (4 mm to 9 mm)	1					Frazier tip, 5mm	1			
96	Thru-cut forceps-straight	1					Frazier tip, 7m	1			
97	Thru-cut forceps-upbite	1					Nasal speculum set (4 mm to 9 mm)	1			
98	Bayonet forceps	1					Thru-cut forceps-straight	1			
99							Thru-cut forceps-upbite	1			
100							Bayonet forceps	1			
101	*** Note: The SA042, pack, cleaning and disinfecting, endoscope; line 78, will be revised to include an appropriate basin and gluteraldehyde (disinfectant/sanitizing agent) at the April 2012 RUC meeting.										





Gyrus ACMI LP (ENT Division)  
2925 Appling Road  
Bartlett, TN 38133  
United States  
Phone/Fax: 800 773 4301 / 800 757 2942

# GyrusACMI Quotation

Quote Name: [REDACTED]  
Quote# 241574 - 1  
Date: 19-JAN-2012  
Expires: 18-FEB-2012  
Page: 1/3

Customer: [REDACTED]  
Address \*QUOTE ONLY\*  
600 NORTHERN BLVD STE 312  
Great Neck Estates, Nassau  
NY 11021  
United States

Bill To: [REDACTED]  
[REDACTED]  
\*QUOTE ONLY\*  
600 NORTHERN BLVD STE 312  
Great Neck Estates, Nassau  
NY 11021  
US

Sales Representative: [REDACTED]  
Ship To: [REDACTED]  
\*QUOTE ONLY\*  
600 NORTHERN BLVD STE 312  
Great Neck Estates, Nassau  
NY 11021  
United States

Line	Product	Units	Qty	List Price (USD)	Contract Price (USD)	Unit Selling Price (USD)	Total Selling Price (USD)
1.0	330001 BLAKESLEY NAS FCPS STR. 11CM,FIG.1 SZ: 3.5MM	Ea	1	481.25	481.25	481.25	481.25
2.0	330101 BLAKESLEY-WILDE NAS FCPS 45DEGUP,FG.1 SZ: 3.5MM	Ea	1	536.40	536.40	536.40	536.40
3.0	330201 BLAKESLEY-WILDE NAS FCPS 90DEGUP,FG.1 SZ: 3.5MM	Ea	1	607.98	607.98	607.98	607.98
4.0	210006 FRAZIER SUCT.TUBE 6 CH = 2.00MM,18/8 [orig item: 210006]	Ea	1	71.20	71.20	71.20	71.20
5.0	210008E FRAZIER SUCT.TUBE 8 CH = 2.75MM,18/8 ST	Ea	1	71.20	71.20	71.20	71.20
6.0	210010 FRAZIER SUCT.TUBE 10 CH = 3.35MM,18/8 ST	Ea	1	72.00	72.00	72.00	72.00
7.0	335801 BLAKESLEY THRUBITE FCPS STR SZ 1,3.5MM,2.5MM	Ea	1	623.27	623.27	623.27	623.27
8.0	230729 WEIL BLAKESLEY THRU CUT FORCEPS 3.6MM	Ea	1	635.46	635.46	635.46	635.46

# Ordering Document

Quote# 241574 - 1  
Date: 19-JAN-2012  
Expires: 18-FEB-2012  
Page: 2/3

Line	Product	Units	Qty	List Price (USD)	Contract Price (USD)	Unit Selling Price (USD)	Total Selling Price (USD)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11.0	132319 GRUENWALD DRESS.FCPS BAYSHPD SERR L190MM/7.5"	Ea	1	91.29	91.29	91.29	91.29
12.0	142001E KILLIAN NASAL SPECULUM 35MM FIG.1	Ea	1	259.72	259.72	259.72	259.72
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15.0	142004 KILLIAN NASAL SPECULUM 90MM FIG.4	Ea	1	259.72	259.72	259.72	259.72

Total( USD)

\$ 3709.49

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2017

**Cryoablation of Pulmonary Tumors**

The CPT Editorial Panel created a new code (32994) to report cryoablation of pulmonary tumors, and revision of 32998 to include imaging for ablation of tumor. Category III code 0340T will be deleted.

***32998 Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency***

The RUC reviewed the survey results from 38 physicians and agreed with the following physician time components: 33 minutes for pre-service evaluation time, 10 minutes of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, intra-service time of 85 minutes, and immediate post-time of 30 minutes.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 8.00 and survey median work RVU of 9.30. The specialty society indicated that the 25<sup>th</sup> percentile work RVU was too low to value this service with imaging guidance. The specialty societies indicated and the RUC agreed to crosswalk CPT code 32998 to a similar service that radiologists and interventional radiologists perform, CPT code 47540 *Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)* (work RVU = 9.03 and intra-service time of 85 minutes). For additional support, the RUC also referenced CPT code 52355 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor* (work RVU = 9.00 and intra-service time of 90 minutes). **The RUC recommends a work RVU of 9.03 for CPT code 32998.**

***32994 Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation***

The RUC reviewed the survey results from 38 physicians and agreed with the following physician time components: 33 minutes for pre-service evaluation time, 10 minutes of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, intra-service time of 90 minutes, and immediate post-time of 30 minutes.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 8.13 and survey median work RVU of 9.30. The specialty society indicated that the 25<sup>th</sup> percentile work RVU was too low to value this service with imaging guidance. The specialty societies indicated and the RUC agreed to crosswalk CPT code 32994 to a similar service that radiologists and interventional radiologists perform, CPT code 47540 *Placement of stent(s)*

into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external) (work RVU = 9.03 and intra-service time of 85 minutes). For additional support, the RUC also referenced CPT code 52355 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor* (work RVU = 9.00 and intra-service time of 90 minutes). **The RUC recommends a work RVU of 9.03 for CPT code 32994.**

### **Practice Expense**

The Practice Expense (PE) Subcommittee discussed the direct practice expense inputs for CPT codes 32998 and 32994 and determined that the extensive use of clinical staff time in the pre-service period is not necessary for this procedure. The Subcommittee reduced the time to 9 minutes in the non-facility setting and 19 minutes in the facility setting consistent with similar services for the standard pre-service inputs. The Subcommittee reviewed the specialties request for an additional 6 minutes to *Review patient clinical extant information and questionnaire* and agreed with the specialty that there is additional time needed but determined that 2 minutes is more appropriate for this activity. The PE Subcommittee discussed the clinical staff needed to assist the physician with this service and agreed with the specialty societies that the standard for an additional circulator used in interventional radiology services applies to these codes. The standard includes one staff to assist the physician and a separate staff represented by two clinical staff types to act as a circulator. For these services it is an CT technologist, L046A, “hip to hip” with the physician to assist during the procedure and a CT technologist, L046A (75%) and a RN/LPN/MTA, L037D (25%) to circulate. The Subcommittee discussed that 3 minutes is required for the cleaning of additional ablation generator and equipment. The clinical labor task of clean scope is being used as a proxy for cleaning this equipment. The specialty societies noted that they believe there is an error in the change of pricing for the supply item *probe, radiofrequency, 3 array (StarBurstSDE)* (SD109) and will be submitting invoices to CMS to correct the pricing of this supply. A representative of CMS questioned the need for 3 probes, supply item *probe, cryoablation, renal* (SD233). The specialty stated that the number of probes is dependent on the size of the tumor and that for the size tumor that would require this type of procedure 3 probes are typical in order to get sufficient margins around the tumor, this is also supported in the literature. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

### **New Technology**

CPT codes 32994 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲ 32998	S1	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, <u>including imaging guidance when performed, unilateral</u> ; radiofrequency <del>unilateral</del> (For imaging guidance and monitoring, see 76940,77013,77022)	000	9.03
● 32994	S2	cryoablation  (For bilateral procedure, report 32998, 32994 with modifier 50)	000	9.03
<b>Radiology</b> <b>Diagnostic Ultrasound</b> <b>Ultrasound Guidance Procedures</b>  76940 <i>Ultrasound guidance for, and monitoring of, parenchymal tissue ablation</i>  (Do not report 76940 in conjunction with 20982, 20983, <u>32998, 32994</u> , 50250, 50542, 76942,76998, <del>0340T</del> )  (For ablation, see <del>32998</del> , 47370-47382, 47383, 50592, 50593)				

**Radiology**  
**Radiologic Guidance**  
**Computed Tomography Guidance**

77013            *Computed tomography guidance for, and monitoring of, parenchymal tissue ablation*

(Do not report 77013 in conjunction with 20982, 20983, 32998, 32994, ~~0340T~~)

(For percutaneous ablation, see ~~32998~~, 47382, 47383, 50592, 50593)

**Radiology**  
**Radiologic Guidance**  
**Magnetic Resonance Guidance**

77022            *Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation*

(Do not report 77022 in conjunction with 0071T, 0072T, 20982, 20983, 32998, 32994, ~~0340T~~)

(For percutaneous ablation, see ~~32998~~, 47382, 47383, 50592, 50593)

**Category III Codes**

<b>D 0340T</b>	-	<p><del>Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance</del></p> <p><del>(Do not report 0340T in conjunction with 76940, 77013, 77022)</del></p> <p><u>(0340T has been deleted. To report, use 32994)</u></p>	-	N/A
----------------	---	---	---	-----

CPT Descriptor: Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency

Description of Post-Service Work: Patient is monitored for delayed post procedure pneumothorax/hemothorax. After recovery, follow up care and instructions are given to the patient/family. The procedure is documented in the medical record and a formal report is dictated into PACS and sent to the referring physician and multi-disciplinary team.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Kurt Schoppe, MD and Daniel Wessell, MD				
<b>Specialty(s):</b>	SIR and ACR				
<b>CPT Code:</b>	32998				
<b>Sample Size:</b>	1750	<b>Resp N:</b>	38	<b>Response:</b> 2.1 %	
<b>Description of Sample:</b>	SIR - 1000 randomly selected US, MD/DO active members ACR - 375 randomly selected US, MD/DO active members and 375 randomly selected US, MD/DO active members from appropriate subset of membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	4.00	10.00	25.00
<b>Survey RVW:</b>	4.00	8.00	9.30	10.00	15.00
<b>Pre-Service Evaluation Time:</b>			65.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	4.00	53.00	85.00	110.00	180.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	32998	<b>Recommended Physician Work RVU: 9.03</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	33.00	33.00	0.00	
<b>Pre-Service Positioning Time:</b>	10.00	3.00	7.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	15.00	-10.00	
<b>Intra-Service Time:</b>	85.00			
<b>Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
20983	000	7.13	RUC Time

CPT Descriptor Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
61640	000	12.32	RUC Time

CPT Descriptor Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52354	000	8.00	RUC Time	8,128
<u>CPT Descriptor 1</u> Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37244	000	13.75	RUC Time	9,240

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 22      % of respondents: 57.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 4      % of respondents: 10.5 %**

#### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>32998</u></b>	<b>Top Key Reference CPT Code: <u>20983</u></b>	<b>2nd Key Reference CPT Code: <u>61640</u></b>
Median Pre-Service Time	48.00	60.00	77.00
Median Intra-Service Time	85.00	115.00	90.00
Median Immediate Post-service Time	30.00	25.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>163.00</b>	<b>200.00</b>	<b>227.00</b>
<b>Other time if appropriate</b>			

#### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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#### **Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.74	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.63	1.00
Urgency of medical decision making	0.53	-0.50

#### **Technical Skill/Physical Effort (Mean)**

Technical skill required	0.79	0.50
Physical effort required	0.58	1.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.32	0.00
Outcome depends on the skill and judgment of physician	0.95	0.50
Estimated risk of malpractice suit with poor outcome	0.79	0.50

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.95	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

The CPT Editorial Panel has created a new code (32994) to report cryoablation of pulmonary tumors, and revision of 32998 to include imaging for ablation of tumor. Cat III code 0340T will be deleted.

**Positioning Time**

The society requests 7 additional minutes of positioning time to position the patient so they can go in and out of the CT gantry in a sterile fashion and at the same time allow for 2 RF probes and patient lead monitoring. To do this patient is positioned on table, patient goes into CT gantry (moving table) to localize lesion, comes out of gantry and mark the entry site, patient is prepped. First probe is introduced slowly going in (to image) and out of the gantry (to position). As probes are positioned patient goes in and out of the gantry many times. RF probes and monitors have wires that are connected to nonsterile equipment. The wires and equipment need to be positioned so that the patient can go in and out of the CT gantry without leads becoming detached.

**Recommendations**

The specialty societies received 38 completed RUC physician work surveys from physicians. The multispecialty RUC workgroup reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the interventional radiology family as well as within the fee schedule. See below:

	<b>CPT</b>	<b>wRVU</b>	<b>IWP/UT</b>	<b>Total Time</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>
Reference	20983	7.13	0.046	200	60	115	25
MPC	52354	8.00	0.110	133	53	60	20
<b>SURVEY</b>	<b>32994</b>	<b>9.30</b>	<b>0.085</b>	<b>168</b>	<b>48</b>	<b>90</b>	<b>30</b>
<b>SURVEY</b>	<b>32998</b>	<b>9.30</b>	<b>0.090</b>	<b>163</b>	<b>48</b>	<b>85</b>	<b>30</b>
Reference	61640	12.32	0.106	227	77	90	60
MPC	37244	13.75	0.1322	176	41	90	45

---

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
- 

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 32998 and 77013

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology

How often? Sometimes

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 412

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare data/current RUC database

Specialty Interventional Radiology

Frequency 372

Percentage 90.29 %

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 32998

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	32998	<b># of Respondents:</b>	38
<b>Survey Code Descriptor:</b>	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency		

<b>Top Ref Code:</b>	20983	<b># of Respondents:</b>	22	<b>% of Respondents:</b>	58%
<b>Top Ref Code Descriptor:</b>	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	16%	74%	11%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		17%	62%	21%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		8%	71%	21%		
	Urgency of medical decision making	Less	Identical	More		
		11%	75%	13%		
Technical Skill:		Less	Identical	More		
		3%	41%	56%		
Physical Effort:		Less	Identical	More		
		5%	58%	37%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		7%	43%	50%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		2%	43%	54%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		6%	40%	54%		

Description of Post-Service Work: Patient is monitored for delayed post procedure pneumothorax/hemothorax. After recovery, follow up care and instructions are given to the patient/family. The procedure is documented in the medical record and a formal report is dictated into PACS and sent to the referring physician and multi-disciplinary team.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Kurt Schoppe, MD and Daniel Wessell, MD				
<b>Specialty(s):</b>	SIR and ACR				
<b>CPT Code:</b>	32994				
<b>Sample Size:</b>	1750	<b>Resp N:</b>	38	<b>Response:</b> 2.1 %	
<b>Description of Sample:</b>	SIR - 1000 randomly selected US, MD/DO active members ACR - 375 randomly selected US, MD/DO active members and 375 randomly selected US, MD/DO active members from appropriate subset of membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	6.00	10.00	65.00
<b>Survey RVW:</b>	4.00	8.13	9.30	10.38	15.00
<b>Pre-Service Evaluation Time:</b>			65.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	4.00	60.00	90.00	120.00	200.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	32994	<b>Recommended Physician Work RVU: 9.03</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	33.00	33.00	0.00	
<b>Pre-Service Positioning Time:</b>	10.00	3.00	7.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	15.00	-10.00	
<b>Intra-Service Time:</b>	90.00			
<b>Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
20983	000	7.13	RUC Time

CPT Descriptor Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
61640	000	12.32	RUC Time

CPT Descriptor Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52354	000	8.00	RUC Time	8,128
<u>CPT Descriptor 1</u> Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37244	000	13.75	RUC Time	9,240

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 20      % of respondents: 52.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 4      % of respondents: 10.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>32994</u></b>	<b>Top Key Reference CPT Code: <u>20983</u></b>	<b>2nd Key Reference CPT Code: <u>61640</u></b>
Median Pre-Service Time	48.00	60.00	77.00
Median Intra-Service Time	90.00	115.00	90.00
Median Immediate Post-service Time	30.00	25.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>168.00</b>	<b>200.00</b>	<b>227.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.71	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.53	1.50
Urgency of medical decision making	0.53	-0.50
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.88	1.00

Physical effort required	0.47	1.50
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.35	0.50
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Outcome depends on the skill and judgment of physician	0.94	1.00
--	------	------

Estimated risk of malpractice suit with poor outcome	0.76	1.00
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.94	1.50
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

The CPT Editorial Panel has created a new code (32994) to report cryoablation of pulmonary tumors, and revision of 32998 to include imaging for ablation of tumor. Cat III code 0340T will be deleted.

**Positioning Time**

The society requests 7 additional minutes of positioning time to position the patient so they can go in and out of the CT gantry in a sterile fashion and at the same time allow for 3 cryo probes and patient lead monitoring. To do this patient is positioned on table, patient goes into CT gantry (moving table) to localize lesion, comes out of gantry and mark the entry site, patient is prepped. First probe is introduced slowly going in (to image) and out of the gantry (to position). As probes are positioned patient goes in and out of the gantry many times. Cryo probes and monitors have wires that are connected to nonsterile equipment. The wires and equipment need to be positioned so that the patient can go in and out of the CT gantry without leads becoming detached.

**Recommendations**

The specialty societies received 38 completed RUC physician work surveys from physicians. The multispecialty RUC workgroup reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the interventional radiology family as well as within the fee schedule. See below:

	CPT	wRVU	IWP/UT	Total Time	Pre Time	Intra Time	Post Time
Reference	20983	7.13	0.046	200	60	115	25
MPC	52354	8.00	0.110	133	53	60	20
<b>SURVEY</b>	<b>32994</b>	<b>9.30</b>	<b>0.085</b>	<b>168</b>	<b>48</b>	<b>90</b>	<b>30</b>
<b>SURVEY</b>	<b>32998</b>	<b>9.30</b>	<b>0.090</b>	<b>163</b>	<b>48</b>	<b>85</b>	<b>30</b>
Reference	61640	12.32	0.106	227	77	90	60
MPC	37244	13.75	0.1322	176	41	90	45

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0340T and 77013

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 600  
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Interventional Radiology	Frequency 500	Percentage 83.33 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

---

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 32998

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	32994	<b># of Respondents:</b>	38
<b>Survey Code Descriptor:</b>	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation		

<b>Top Ref Code:</b>	20983	<b># of Respondents:</b>	20	<b>% of Respondents:</b>	53%
<b>Top Ref Code Descriptor:</b>	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation				

		Survey Code <b>Compared to</b> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	18%	71%	12%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 0%	Identical 29%	More 71%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 0%	Identical 47%	More 53%		
	Urgency of medical decision making	Less 0%	Identical 59%	More 41%		
Technical Skill:		Less 0%	Identical 24%	More 76%		
Physical Effort:		Less 0%	Identical 53%	More 47%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 0%	Identical 6%	More 94%		
	Outcome depends on the skill and judgment of physician	Less 6%	Identical 18%	More 76%		
	Estimated risk of malpractice suite with poor outcome	Less 0%	Identical 41%	More 59%		

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
13	ISSUE: Cryoablation of Pulmonary Tumors																			
14	TAB: 8																			
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF	20983	Ablation therapy for reduction or eradication of 1 or	20	0.046			7.13			200	40	15	5			115			25
18	2nd REF	61640	Balloon dilatation of intracranial vasospasm, percut	4	0.106			12.32			227	40	17	20			90			60
19	CURRENT	0340T	Ablation, pulmonary tumor(s), including pleura or chest w	#DIV/0!							0									
20	CURRENT	77022	Magnetic resonance guidance for, and monitoring of, pare	0.021				4.24			200	20					165			15
21	CURRENT	77013	Computed tomography guidance for, and monitoring of, p	0.027				3.99			155	20					120			15
22	CURRENT	76940	Ultrasound guidance for, and monitoring of, parenchymal	0.010				2.00			155	20					120			15
23	SVY	32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral cryoablation	38	0.075	4.00	8.13	9.30	10.38	15.00	210	65	15	10	4	60	90	120	200	30
24	REC				0.082	9.03					168	33	10	5			90			30
25																				
26																				
27						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
28	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
29	1st REF	20983	Ablation therapy for reduction or eradication of 1 or	22	0.046			7.13			200	40	15	5			115			25
30	2nd REF	61640	Balloon dilatation of intracranial vasospasm, percut	4	0.106			12.32			227	40	17	20			90			60

#8

#10

#11

Tab Number

Cryoablation of Pulmonary Tumors

EVAR

Treatment of Incompetent Veins

Issue

32998 & 32X99

34X01-13, 34812, 34X15, 34820, 34833, 34834, 34X19-20


36470-1, 36475, 364X3-X6

Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

**Michael Hall, MD**

Printed Signature

**The American Society of Interventional Radiology (SIR)**

Specialty Society

**December 10, 2016**

Date



Cryoablation of Pulmonary Tumors  
CT Soft Tissue of Neck  
Ultrasound of Extremity  
Issue

32X99, 32998  
70490, 70491, 70492  
76881, 76882  
Code Range

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Signature

Kurt A. Schoppe, MD  
Printed Signature

American College of Radiology  
Specialty Society

December 13, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

**Global Period:** 000

**Meeting Date:** January 2017

*32988 Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency*

*32994 Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation*

---

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

SIR and ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these two pulmonary tumor ablation codes (32998 & 32994).

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.  
Reference Code Rationale:**

CPT Code 32998 has existing direct PE inputs. As such, we included the current inputs on the excel spreadsheet as a reference. We also included CPT Code 20983 on the spreadsheet, which is in the same ablation family and recently RUC reviewed in April of 2014.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

Complete pre-service diagnostic and referral forms (5)  
Coordinate pre-surgery services (including test results) (10)  
Schedule space and equipment in facility (5)  
Provide pre-service education/obtain consent (7)  
Complete pre-procedure phone calls and prescription (3)

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

N/A

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms (5)  
Coordinate pre-surgery services (including test results) (10)  
Schedule space and equipment in facility (5)  
Provide pre-service education/obtain consent (7)  
Complete pre-procedure phone calls and prescription (3)

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

**Global Period:** 000

**Meeting Date:** January 2017

*32988 Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency*

*32994 Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation*

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**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

(1) Pre-time - an additional 18 minutes is requested in pre time.

Complete pre-service diagnostic and referral forms (5)

Coordinate pre-surgery services (including test results) (3)

Provide pre-service education/obtain consent

Complete pre-procedure phone calls and prescription (7)

Confirm availability of prior images/studies

Review patient clinical extant information and questionnaire (6)

(2) Prepare room, equipment and supplies - an additional 4 minutes is requested for preparing the room, equipment and supplies. Ablation generators are brought into the room and positioned appropriately adjacent to the patient and exam table. (For 32994, pressurized gas tanks are brought into the room and connected to the ablation generator. Consideration has to be given during set up to allow the table to move in & out of the scanner during the procedure, allowing the probe cords to follow.

(3) Extra personnel to assist physician - Our recommendations follow the 'interventional' standards whereby a "hip to hip" technologist is needed to assist the MD during the procedure as a scrub hand, one technologist (75%) is used to perform the imagine and one nurse blend (25%) is used as a circulator.

(4) Clean scope – an additional 3 minutes is requested for cleaning of additional ablation generator and equipment. Clean scope is being used as a proxy for cleaning this equipment.

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

Line 108 (surgical cap), Line 114 (sterile gown), Line 115(surgical mask), Line 116 (shoe covers): There is three staff in the room (MD, "hip to hip" scrubbed tech and nurse), all requiring proper sterile surgical attire. We have made edits to the inputs for line items listed above to reflect this sterile practice. We believe these were oversights in previous PE presentations and this remains consistent with all recent PE presentations.

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Phone calls and prescriptions
- Availability of prior images confirmed and reviewed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist

Intra-Service Clinical Labor Activities:

- Prepare room, equipment, supplies
- Greet patient and escort into procedure room
- Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient
- Position grid/relative measurement tool under sterile field for planning and guidance imaging.
- Perform scout imaging and plan anatomical area to scan for procedure.
- Set up scan area if CT-Fluoro is used or adjust scan area if repeated CT scans are performed during probe placement/adjustment.
- Assist in setting up ablation equipment, attach probe wires to generators, and assist in nonsterile manipulation of equipment during procedure.
- Performs quality control of images in PACS, checking for all images and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

- Conduct phone calls/call in prescriptions

**CPT Code:** 32998 and 32994  
**Specialty Society('s):** SIR and ACR

Supplies

- pack, minimum multi-specialty visit
  - exam paper, gloves NS(2), patient gown, pillow case, and thermometer cover
- tray, shave prep
  - shaving chest area of hair
- cap, surgical
  - Needed for each staff member in the room
    - (1) for MD
    - (1) for “hip to hip” technologist
    - (1) for nurse
- drape, sterile, fenestrated 16inx29in
  - sterile drape to cover upper chest, neck region
- drape, sterile, three-quarter sheet
  - sterile drape to cover lower chest, abdominal region
- drape, towel, sterile 18inx26in
  - towel is place secure, sterile border at target site. Absorbent towels are needed around the target site.
- gloves, sterile
  - Needed for each staff member in the scrubbed into the procedure
    - (1) for MD
    - (1) for “hip to hip” technologist
- gown, surgical sterile
  - Needed for each staff member in the scrubbed into the procedure
    - (1) for MD
    - (1) for “hip to hip” technologist
- mask, surgical with face shield
  - Needed for each staff member in the scrubbed into the procedure
    - (1) for MD
    - (1) for “hip to hip” technologist
- shoe covers, surgical
  - Needed for each staff member in the room
    - (1) for MD
    - (1) for “hip to hip” technologist
    - (1) for nurse
- underpad 2ft x 3ft (Chux)
  - needed on CT table, beneath patient chest area for absorbent needs
- needle, 18-27g
  - for lidocaine delivery
- syringe 10-12ml
  - for lidocaine delivery
- syringe 20ml
  - A larger volume syringe is needed to aspirate a small pneumothorax which can be introduced during needle and probe exchange during the procedure. A large pneumothorax would require chest tube placement.
- gas, helium (32994)
  - for thawing during cycles of cryoablation
- probe, radiofrequency, 3 array (32998)
  - three pronged treatment probe/antenna, inserted percutaneously to treat tumor
- gas, argon (32994)

- for freezing during cycles of cryoablation
- probe, cryoablation renal (32994)
  - treatment probe/antenna, inserted percutaneously to treat tumor, (3) used in same tumor, as described as typical for cryoablation procedure
- scalpel with blade, surgical
  - to make skin nick prior to insert thermal probe(s)
- applicator, sponge-tipped
  - assist with sterile skin prep with Betadine.
- dressing, 3inx4in (telfa, release)
  - (32998) (1) & (32994) (1)  
Single Telfa pad is required for dressing the wound and is placed underneath the Tegaderm occlusive dressing.
- dressing, 4in x 4.75in
  - to dress probe entry site post procedure
- gauze, xray detectable 4in x 4in (10 pack uou)
  - to wipe blood, etc during procedure
- steri-strip (6 strip uou) (32994)
  - to close probe entry site post procedure
- tape, surgical paper 1in (micropore)
  - (12 inches) used to assist in maintaining position of probes and introducer needles between subsequent CT imaging scans. Probes can become easily dislodged while moving CT table in and out of gantry and need to be secured with tape.
- lidocaine 1%-2% inj (Xylocaine)
  - For anesthetic agent at probe entry site
- Sodium chloride 0.9% irrigation (500-1000ml uou)
  - To be placed in bowl on tray for general use during procedure (wiping down probes)
    - For 32994, testing probe ice ball formation
- Providone soin (Betadine)
  - For sterile prep of the skin, large area of unilateral chest
- tincture of benzoin, swab
  - Tincture of benzoin is applied to skin around incision prior to tegaderm (dressing) placement to prevent dressing from detaching. Occlusive dressing necessary due to puncture of pleural space.
- cup, biopsy-specimen sterile 4oz
  - for placement of biopsy specimen to be sent for pathology
- disinfectant, surface (Envirocide, Sanizide)
  - to clean CT table and room equipment



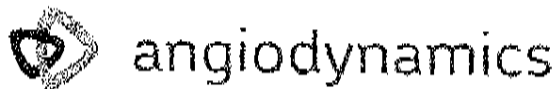
## **Equipment**

- Radiofrequency generator (NEURO) (32998)
  - *Highly technical formula. Rows 41, 44, 53, 67 & 73. Prepare room. Position patient. Assist MD. Clean room. QC images.*
  - *Used to provide power to RF probes, set parameters for ablation times and temperatures, and monitors temperatures during procedure*
- Cryosurgery system (for tumor ablation) (32994)
  - *Highly technical formula. Rows 41, 44, 53, 67 & 73. Prepare room. Position patient. Assist MD. Clean room. QC images.*
  - *Used to provide power & gases to cryo probes, set parameters for ablation times and temperatures, and monitors temperatures during procedure*
- Room, CT
  - *Highly technical formula. Rows 41, 44, 53, 67 & 73. Prepare room. Position patient. Assist MD. Clean room. QC images.*
  - *Computed tomography suite is used for pre, intra and post-procedure imaging. CT is used for needle/probe placement, tissue monitoring during ablation, with intermittent localized scans being performed.*
- light exam
  - *Highly technical formula. Rows 41, 44, 53, 67 & 73. Prepare room. Position patient. Assist MD. Clean room. QC images.*
  - *Exam light is needed to provide lighting for surgical field when performing dermatotomy, positioning probes through skin, inserting probe through introducer needles. CT rooms are not primarily designed for surgical procedures and lighting is not optimal for visualization of operative field.*
- Post Procedure Monitoring Equipment
  - The societies are recommending 60 minutes of post procedure monitoring (above the 1 hour post procedure monitoring related to moderate sedation). The following 4 items are in the recommendations with 60 minutes of time:
    - table, instrument, mobile
    - stretcher
    - IV infusion pump
    - ECG, 3-channel (with SpO2, NIBP, temp, resp)
- PACS Workstation Proxy
  - *Non-highly technical formula. All of service period.*

RUC Practice Expense Spreadsheet				REFERENCE CODE		CURRENT		RECOMMENDED		RECOMMENDED	
At Meeting	Please see prior summaries or the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells			20983		32998		32998		32994	
	RUC Collaboration Website			Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation		Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral		Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when		Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when	
Clinical Activity Code	Meeting Date: January 2017 Tab: 8 Cryoablation of Pulmonary Tumors Specialty: Interventional Radiology	Clinical Staff Type Code	Staff Type								
	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
	GLOBAL PERIOD			000	000	000	000	000	000	000	000
	TOTAL CLINICAL LABOR TIME			288	33	104	13	217	22	227	22
	TOTAL PRE-SERVICE CLINICAL LABOR TIME			24	30	14	10	11	19	11	19
		L037D	RN/LPN/MTA	18	30	8	10	9	19	9	19
		L041B	Radiologic Technologist	6		6		2		2	
	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			261	0	87	0	203	0	213	0
		L037D	RN/LPN/MTA	49		25		41		42	
		L051A	RN								
		L046A	CT Technologist	212		62		162		171	
		L041B	Radiologic Technologist								
	TOTAL POST-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3
PRE-SERVICE PERIOD											
	Start: Following visit when decision for surgery or procedure made										
CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	5	5	5	5	3	3	3	3
CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	3	10			3	5	3	5
CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5	3	5		3		3
CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	7	7			0	5	0	5
CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	3	3			3	3	3	3
CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA								
CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologist	6		6		2		2	
CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA								
	End: When patient enters office/facility for surgery/procedure										
SERVICE PERIOD											
	Start: When patient enters office/facility for surgery/procedure:										
	Pre-Service (of service period)										
CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		5		3		3	
CA010	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5		5	
CA011	Provide education/obtain consent	L037D	RN/LPN/MTA								
CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA								
CA013	Prepare room, equipment and supplies	L046A	CT Technologist	6		2		6		6	
CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA								
CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA								
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	2		2		2		2	
CA017	Sedate/apply anesthesia	L051A	RN			2					
	Intra-service (of service period)										
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L046A	CT Technologist	115		60		85		90	
CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA								
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L046A	CT Technologist	86				64		68	
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA	29				21		22	
CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA								
	Post-Service (of service period)										
CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA					15		15	
CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA								
CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	3		3		3		3	
CA025	Clean scope	L037D	RN/LPN/MTA	3				3		3	
CA026	Clean surgical instrument package	L037D	RN/LPN/MTA								
CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	3		5		3		3	
CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA								
CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	3		3		3		3	
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	2				2		2	
CA031	Review examination with interpreting MD/DO	L046A	CT Technologist					2		2	
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	1				1		1	
CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA								
CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA								

RUC Practice Expense Spreadsheet				REFERENCE CODE		CURRENT		RECOMMENDED		RECOMMENDED	
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Clinical Activity Code	Meeting Date: January 2017 Tab: 8 Cryoablation of Pulmonary Tumors Specialty: Interventional Radiology	Clinical Staff Type Code	Staff Type								
	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
	GLOBAL PERIOD			000	000	000	000	000	000	000	000
CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA								
CA036	Discharge day management	L037D	RN/LPN/MTA	n/a		n/a		n/a		n/a	
	End: Patient leaves office										
	POST-SERVICE PERIOD										
	Start: Patient leaves office/facility										
CA037	Conduct patient communications	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3
CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA								
	Office visits: List Number and Level of Office Visits	MINUTES		# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
	End: with last office visit before end of global period										
Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT								
SA048	pack, minimum multi-specialty visit	1.143	pack	1		1		1		1	
SA067	tray, shave prep	1.812	tray	1		1		1		1	
SB001	cap, surgical	0.209	item			2		3		3	
SB009	drape, sterile, femoral	15.949	item			1					
SB011	drape, sterile, fenestrated 16in x 29in	0.557	item	1		1		1		1	
SB014	drape, sterile, three-quarter sheet	3.83	item	1				1		1	
SB019	drape-towel, sterile 18in x 26in	0.282	item	4		4		4		4	
SB024	gloves, sterile	0.84	pair	2		2		2		2	
SB028	gown, surgical, sterile	4.671	item	2		1		2		2	
SB034	mask, surgical, with face shield	1.199	item	4		1		2		2	
SB039	shoe covers, surgical	0.338	pair			2		3		3	
SB044	underpad 2ft x 3ft (Chux)	0.23	item			1		1		1	
SC029	needle, 18-27g	0.089	item	2		1		1		1	
SC039	needle, Huber point	3.328	item	4							
SC051	syringe 10-12ml	0.184	item	1				1		1	
SC053	syringe 20ml	0.558	item	1				1		1	
SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.435	item			2					
SD079	gas, helium	0.57	cu ft	455						455	
SD109	probe, radiofrequency, 3 array (StarBurstSDE)	353.64	item			1		1			
SD227	gas, argon	0.32	cu ft	575						575	
SD233	probe, cryoablation, renal	1175	item	3						3	
SF007	blade, surgical (Bard-Parker)	0.535	item			1					
SF033	scalpel with blade, surgical (#10-20)	0.694	item	1				1		1	
SG009	applicator, sponge-tipped	0.139	item			1		1		1	
SG035	dressing, 3in x 4in (Telfa, Release)	0.144	item			2		1		1	
SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item			1		1		1	
SG055	gauze, sterile 4in x 4in	0.159	item			3					
SG057	gauze, x-ray detectable, sterile 4in x 4in (10 pack uou)	1.473	item	1				1		1	
SG074	steri-strip (6 strip uou)	1.116	item	1						1	
SG079	tape, surgical paper 1in (Micropore)	0.002	inch	12		12		12		12	
SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml	10		10		10		10	
SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	2.074	item	1		1		1		1	
SJ041	povidone soln (Betadine)	0.008	ml	60		60		60		60	
SJ060	tincture of benzoin, swab	0.32	item	1				1		1	
SL036	cup, biopsy-specimen sterile 4oz	0.173	item			1		1		1	
SL038	cup-container, sterile, graduated 1000ml	1.14	item	1							
SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz	3		1		3		3	
	Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A										
Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA								
EF023	table, exam	1338.17									
EF019	stretcher chair	3133				65					
EQ106	drill system, surgical, large (Stryker)	15933		45							
EQ168	light, exam	1630.12		133				98		103	
EQ214	radiofrequency generator (NEURO)	32900	Highly Technical Equipment Formula			65		98			
EQ302	cryosurgery system (for tumor ablation)	37500	Highly Technical Equipment Formula	133						103	
EL007	room, CT	3900	Highly Technical Equipment Formula	133		65		98		103	
EF027	table, instrument, mobile	634	Monitoring Equipment Formula	16				60		60	
EF018	stretcher	1915	Monitoring Equipment Formula	16				60		60	
EQ032	IV infusion pump	3900	Monitoring Equipment Formula	16				60		60	
EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	3900	Monitoring Equipment Formula	16				60		60	
ED050	PACS Workstation Proxy	5557	Non-highly Technical Equipment Formula					133		138	

RUC Practice Expense Spreadsheet				REFERENCE CODE		CURRENT		RECOMMENDED		RECOMMENDED	
At Meeting		<i>Please see brier summaries or the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.</i> <i>*Please do not modify formulas in gray shaded cells</i>		20983		32998		32998		32994	
RUC Collaboration Website				Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation		Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency, unilateral		Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency, unilateral		Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency, unilateral	
Clinical Activity Code	Meeting Date: January 2017 Tab: 8 Cryoablation of Pulmonary Tumors Specialty: Interventional Radiology	Clinical Staff Type Code	Staff Type	Non Fac		Facility		Non Fac		Facility	
				000		000		000		000	
LOCATION				000		000		000		000	
GLOBAL PERIOD				000		000		000		000	
Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A											

**Bill To:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Ship To:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Remit To:**

PO Box 1549  
ALBANY, NY 12201-1549

Please include the invoice number on all remittances and include remittance copy with postal payments.

Invoice

2846321

Billing Date

17-Oct-2016

Shipping Date

17-Oct-2016

Purchase Order Number

3314676

Sales Order

4215219

Shipping Reference

784376868724

Ship Via

FedEx

Customer Number

[REDACTED]

Customer Location

[REDACTED]

Terms	Due Date	Salesperson	Customer Contact	Contact Phone	Contact Fax
30 NET	16-Nov-2016				
Item Num	Description	Quantity	Shipped Tax	Unit Price	Extended Amount
1	THERMO PAD BLUE PG	2	Yes	240.00	480.00
2	DISPERSIVE PADS KATECHO PG	2	No	0.00	0.00
3	SDE-3,17GA,12CM W/ATTCHED CABLE PG	2	Yes	2,233.00	4,466.00
<b>Special Instructions</b>				SubTotal	4,946.00
For questions regarding this invoice, please contact salesperson.				Tax	370.96
A 1.5% finance charge is added to all past due invoices. All software is				Shipping	0.00
licensed in accordance with the terms and conditions of the Software				Total	5,316.96
License and Services agreement or the referenced GSA Schedule				Payments and	5,316.96
contract.				Credits	
				Financial Charges	0.00
				Outstanding	0.00
				balance as of 18-	
				Jan-2017 in USD	

Printed On: 1/18/2017

## AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2017

### Artificial Heart System Procedures

In September 2016, the CPT Editorial Panel deleted Category III codes 0051T-0053T and created three Category I codes to report artificial heart system procedures.

The specialty societies indicated that these services are rarely performed in the US. Currently, there are 76 centers in the US certified to perform these procedures. Only those hospitals that are certified transplant centers, working on becoming a transplant center, use MCS devices, or JCAHO certified DT LVAD center are certified. Certain exceptions may apply such as some children's centers may only have had experience with the Berlin Heart. There is currently only one total artificial heart (TAH) available in the US market. Other TAH manufactures have either gone out of business or are not currently implanting in the US. The specialty societies used a targeted list approved by the Research Subcommittee from the company that included 128 individuals who are considered implanting surgeons, explanting surgeons or assistants.

#### ***33927 Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy***

The RUC reviewed the survey data from 24 cardiothoracic surgeons and determined that the survey median work RVU of 49.00 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 20 minutes pre-service scrub/dress/wait time, 360 minutes intra-service time and 105 minutes immediate post-service time. Of the 24 respondents 18 indicated they had experience with this service and 6 with no experience performing this service in the last 12 months. The top key reference service selected for comparison by all respondents was CPT code 33983 *Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass* (work RVU = 44.54 and 345 minutes intra-service time, 560 total time). This code was the highest valued reference code available on the reference service list and the respondents for the combined and experienced groups all indicated that that code being surveyed was significantly more complex in the intensity for all measures examined compared to the key reference code 33983. The specialty societies indicated and the RUC agreed that the median physician time data of 360 minutes from the experienced respondents was more representative of the work involved in the TAH implantation. The specialty societies indicated and the RUC agreed that the respondents with no experience underestimated the work involved. The RUC also agreed that the time involved for implantation of biventricular pumps and the associated components with the replacement of total heart function with right and left sided circulation management was longer than that represented by physician time of CPT code 33983, which involves replacement of only the pump for one ventricle and the management of supplementing partial heart function.



The RUC also compared the surveyed code to the second key reference service 33979 *Insertion of ventricular assist device, implantable intracorporeal, single ventricle* (work RVU = 37.50 and 280 minutes intra-service time, 465 minutes total time) and noted that the survey respondents indicated that the surveyed code was more intense and complex on all measures examined (e.g. mental effort, technical skill, physical effort, psychological stress) and requires more physician work to perform. Therefore, the surveyed code is valued appropriately higher than CPT code 33979. **The RUC recommends a work RVU of 49.00 for CPT code 33927.**

***33929 Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)***

The RUC recommends that CPT code 33929 be carrier priced until code 33927 for the TAH implantation comes up for new technology review and/or the service is more widely utilized in the US. The specialty societies indicated that the survey respondents may have considered the work of some of the heart transplant in addition to the work for removal of the TAH instead of just the work associated with the removal of the TAH components when valuing the procedure. **The RUC recommends that CPT code 33929 be carrier priced.**

***33928 Removal and replacement of total replacement heart system (artificial heart)***

The RUC recommends that CPT code 33928 be carrier priced until code 33927 for the TAH implantation comes up for new technology review and/or the service is more widely utilized in the US. This service is rarely provided and only three of the 20 respondents had any experience with the procedure. The CPT Editorial Panel discussed the low utilization of this procedure at the meeting and anticipated possible difficulty to survey. **The RUC recommends that CPT code 33928 be carrier priced.**

**Practice Expense**

There are no direct practice expense inputs for this facility-only service.

**New Technology**

CPT codes 33927, 33929 and 33928 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Category I Surgery Cardiovascular System Heart/Lung Transplantation</b>				
<i>33935            Heart-lung transplant with recipient cardiectomy-pneumonectomy</i>				
<i>33945            Heart transplant, with or without recipient cardiectomy</i>				
●33927	T1	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy  <u>(For implantation of ventricular assist device, see 33975, 33976, 33979, 33990, 33991)</u>	XXX	49.00
●+33929	T2	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)  <u>(Use 33929 in conjunction with 33945)</u>	ZZZ	Carrier Price
●33928	T3	Removal and replacement of total replacement heart system (artificial heart)  <u>(For revision or replacement of components only of a replacement heart system, [artificial heart] use 33999)</u>	XXX	Carrier Price



***Recipient heart with or without lung allotransplantation***, which includes transplantation of allograft and care of the recipient (see 33935, 33945).

(For implantation of a total replacement heart system (artificial heart) with recipient cardiectomy, use 33927~~see Category III codes 0051T-0053T~~)

**33930** Donor cardiectomy-pneumonectomy (including cold preservation)

**Category III**

<b>D 0051T</b>	-	<del>Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy</del>  <del>(For implantation of heart assist or ventricular assist device, see 33975, 33976)</del>	-	-
<b>D 0052T</b>	-	<del>Replacement or repair of thoracic unit of a total replacement heart system (artificial heart) specific to 0052T</del>  <del>(For replacement or repair of other implantable components in a total replacement heart system (artificial heart), use 0053T)</del>	-	-
<b>D 0053T</b>	-	<del>Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit</del>  <del>(For replacement or repair of a thoracic unit of a total replacement heart system (artificial heart), use 0052T)</del>	-	-

(0051T, 0052T, 0053T have been deleted. To report see, 33927, 33929, 33928)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 33927	Tracking Number T1	Original Specialty Recommended RVU: <b>49.00</b>
		Presented Recommended RVU: <b>49.00</b>
Global Period: XXX		RUC Recommended RVU: <b>49.00</b>

CPT Descriptor: Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 50-year-old man presented for treatment of decompensated ischemic cardiomyopathy. The patient's history included myocardial infarction and prior coronary artery bypass surgery with defibrillator implantation. Echocardiography showed global hypokinesis and ejection fraction of 15%. After evaluation, the patient was listed in United Network for Organ Sharing (UNOS) and status IA for heart transplantation. He continued to decline, despite multiple inotropes and placement of an intra-aortic balloon pump. The patient was at high risk for imminent death from irreversible biventricular cardiac failure. The patient was referred for an implantation of a total artificial heart.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Physician performs a complete or interval history and physical exam, comprehensive medical decision making, writes pre-operative orders for pre-operative medications, reviews pre-operative work-up including review of information from other physicians, and relevant tests/data/labs, reviews incision and procedure, talks with patient and family and answers any questions, obtains informed consent, confirms O.R. start time, changes into scrubs, reviews with anesthesia, waits for anesthetic induction, intubation, placement of arterial and central lines, places bladder catheter, positions and pads patient, places defibrillator pads on the chest and back, scrubs, gloves, preps and drapes patient. The vast majority of these patients have implantable cardiac defibrillators that must be interrogated and have the defibrillator function deactivated in the operating room after they have safely been induced with general anesthesia. The physician must also interpret and assess the intraoperative transesophageal echocardiogram to ensure that: no patent foramen ovale exists, documents flow from the pulmonary veins and performs a bicaval view to make sure there is no obstruction to flow in SVC and IVC. The patient is placed on the operating room table in supine position with administration of general anesthesia via endotracheal tube. Entire neck, chest, abdomen and both legs circumferentially to the knees are prepped with Betadine solution and draped in a sterile manner. Just prior to incision, the entire operating room team undertakes a comprehensive "Time Out" procedure.

Description of Intra-Service Work: Median sternotomy is performed in the usual fashion. The pericardium is opened and the heart is suspended in a pericardial cradle. The atrial quick connects are brought to the field and cut to appropriate length. Two stab wounds are made in the left upper quadrant, and the drivelines to the ventricle are tunneled subcutaneously.

A 20 Fr aortic cannula is inserted for cardiopulmonary bypass. Another cannula is placed in the superior vena cava. Tourniquets are placed on the superior and inferior vena cava. The superior vena cava venous line is connected to the femoral vein line. Another cannula for venous return is placed in the inferior vena cava and secured. Cardiopulmonary bypass is initiated. The tourniquets are placed on the superior inferior vena cava and the aorta is cross clamped. A ventriculectomy is made below the AV groove circumferentially. The tricuspid valve is transected leaving about 1-2 mm of

tissue in the tricuspid valve annulus. In a similar fashion, the ventricular septum is divided. The wires from the AICD generator are removed. The mitral valve is excised leaving 1 or 2 mm of valve tissue. The aorta and the pulmonary artery are divided. The right ventricular outflow tract is excised leaving the posterior aspect of the aorta and anterior leaflet of the mitral valve. The coronary sinus is closed. The 1st atrial quick connect is anastomosed to the left atrium. The other atrial quick connect is placed in the tricuspid valve, and sutured in place. The artificial ventricles are brought into the field. The aortic and the pulmonary artery conduits are measured and cut to appropriate length. The pulmonary artery and aortic conduits are sewn in place. The artificial left ventricle is connected to the mitral quick connect and to the aorta. The artificial right ventricle is connected to the tricuspid valve.

The pulmonary artery conduit is connected to the prosthetic right ventricle. The patient is placed in Trendelenburg position. The aorta is vented. The total artificial heart is connected to the drivelines. Single shots were given in order to remove air. Echocardiography is used throughout the procedure and especially at the time of chest closure to ensure that the heart does not impinge on surrounding structures and ensure there is no evidence of air. The patient is weaned off cardiopulmonary bypass without any difficulty.

Once the patient is hemodynamically stable, all cannulae are removed and protamine is given. Hemostatic control is obtained from all bleeding surfaces. The AICD generator is removed by incision and the AICD pocket is closed in layers. The skin is closed. Two chest tubes are placed in the mediastinum. Once there is no evidence of bleeding, Gortex membranes are placed over and around the TAH. Blue bands are placed around the aorta, superior and inferior vena cavae. The chest tubes and the drivelines are secured to the skin.

Sternal wires are placed with a silastic membrane placed between the wires and the sternum. The sternum is re-approximated. The subcutaneous tissues are closed in layers. The skin is closed. A sterile dressing is placed over all wounds. The patient is then transferred to the ICU, intubated and hemodynamically stable.

Note: The echocardiography procedure throughout the surgery is performed by a different physician other than the surgeon.

Description of Post-Service Work: A sterile dressing is applied. Drapes are removed with close attention to pacing wires (if any), tubes and lines to ensure that none are dislodged or disconnected. The patient is carefully evaluated for hemodynamic stability, and TAH settings are optimized, changing frequently in response to volume status change and the need for alpha agents to maintain blood pressure. The patient almost always is coagulopathic due to pre-existing liver dysfunction and to the effect of the TAH on coagulation factors. Accordingly, the patient is observed in the operating room until immediate re-exploration is unlikely and until the TAH function is stable enough for the diminished monitoring available during transport. Drivelines are secured. The operative note is dictated and postoperative orders written. The procedure's outcome is discussed with the family, nurses, and other physicians. The patient is accompanied to the ICU.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2016				
<b>Presenter(s):</b>	James M. Levett, MD; Stephen J. Lahey, MD; Kirk R. Kanter, MD; Vigneshwar Kasirajan, MD				
<b>Specialty(s):</b>	STS, AATS				
<b>CPT Code:</b>	33927				
<b>Sample Size:</b>	128	<b>Resp N:</b>	24	<b>Response:</b> 18.7 %	
<b>Description of Sample:</b>	Targeted Industry List				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	1.00	2.00	3.00	6.00
<b>Survey RVW:</b>	25.00	44.25	49.00	50.00	90.00
<b>Pre-Service Evaluation Time:</b>			60.00		
<b>Pre-Service Positioning Time:</b>			18.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			30.00		
<b>Intra-Service Time:</b>	240.00	300.00	360.00	360.00	600.00
<b>Immediate Post Service-Time:</b>	<b>105.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	33927	<b>Recommended Physician Work RVU: 49.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	60.00	40.00	20.00	
<b>Pre-Service Positioning Time:</b>	15.00	3.00	12.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	360.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	105.00	33.00	72.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33983	XXX	44.54	RUC Time

CPT Descriptor Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33979	XXX	37.50	RUC Time

CPT Descriptor Insertion of ventricular assist device, implantable intracorporeal, single ventricle

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33863	090	58.79	RUC Time	1,731

CPT Descriptor 1 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12      % of respondents: 50.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 3      % of respondents: 12.5 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>33927</u>	Top Key Reference CPT Code: <u>33983</u>	2nd Key Reference CPT Code: <u>33979</u>
Median Pre-Service Time	95.00	95.00	95.00
Median Intra-Service Time	360.00	345.00	280.00
Median Immediate Post-service Time	105.00	120.00	90.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>560.00</b>	<b>560.00</b>	<b>465.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
--	-----------------------------	--

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	1.67	1.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.50	1.33
Urgency of medical decision making	0.83	1.33

**Technical Skill/Physical Effort (Mean)**

Technical skill required	1.67	1.00
Physical effort required	1.83	1.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.83	1.00
Outcome depends on the skill and judgment of physician	1.80	1.33
Estimated risk of malpractice suit with poor outcome	1.08	1.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.83	1.33
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

Three total artificial heart (TAH) codes were submitted by industry and approved by the CPT Editorial Panel at the October 2016 CPT meeting. The codes include the following:

- 33927 - Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
- +33929 - Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)
- 33928 - Removal and replacement of total replacement heart system (artificial heart)

These services are rarely performed in the US. At this time there are 76 centers in the US certified to perform these procedures. Only those hospitals that are certified transplant centers, working on becoming a transplant center, use MCS devices, or JCAHO certified DT LVAD center are certified. Certain exceptions may apply such as some children's centers may only have had experience with the Berlin Heart.

There is currently only one TAH available in the US market, which is manufactured by Syncardia. The other TAH manufacturers have either gone out of business or are not currently implanting in the US. The specialty societies used a targeted list from the company that included 128 individuals who are considered implanting surgeons, explanting surgeons or assistants.

**Specific Code Rationale:**

33927 - Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy

The STS/AATS recommend the survey median work RVU of the experienced respondents of 49.00, with an intra-service time of 360 minutes, total time of 560 minutes and an IWP/UT of 0.124 for 33927.

In reviewing the survey data, the combined data showed a median RVW of 49.35 with a median intra-service time of 310 minutes and a total time of 505 minutes. The key reference service selected by 58% of the combined respondents and 67% of the respondents with experience was 33983 – replacement of a VAD pump(s), single ventricle with cardiopulmonary bypass with an intra-service time of 345 minutes, a total time of 560 minutes and an RVW of 44.54. This code was the highest valued reference code available on the RSL and the respondents for the combined and experienced groups all indicated that that code being surveyed was significantly more complex in the intensity than the

key reference code 33983. The STS/AATS expert panel reviewed the data and felt that, in this case, the median time data of 360 minutes from the experienced respondents, was more representative of the work involved in the TAH implantation. The expert panel felt that the respondents with no experience underestimated the work involved. The panel felt that the time involved for implantation of biventricular pumps and the associated components with the replacement of total heart function with right and left sided circulation management was longer than that represented by the work of 33983 (345 minutes) which involves replacement of only the pump for one ventricle and the management of supplementing partial heart function and as such is recommending 360 minutes of intraservice time based on the median of the experienced survey respondents.

#### **PRE-TIME Package 4**

**Evaluation (total = 60 minutes):** An additional 20 minutes was added to the package, which is typical for cardiac surgical procedures. The physician performs a complete or interval history and physical exam, with comprehensive medical decision-making. The physician writes pre-operative orders for pre-operative medications, reviews the pre-operative work-up including review of information from other physicians, and relevant tests/data/labs. Additionally, the physician evaluates hemodynamic data and reviews a CT scan of the chest to confirm that the anterior-posterior diameter of the patient's chest is sufficient to accommodate the TAH. The physician also reviews the incision and procedure, talks with patient and family and answers any questions, obtains informed consent, confirms O.R. start time.

**Positioning (total = 15 minutes):** Additional positioning time is required to account for the physician working around the typical patient having an intra-aortic balloon pump and frequently on a temporary type of cardiopulmonary bypass, the addition of sensing electrodes for the TAH and safely disabling the AICD, a biventricular pacing system.

#### **POST-TIME Package 9b**

**Total = 105 minutes:** Additional time has been added to post-service package to account for the following: increased time for patient stabilization to ensure hemodynamic synchrony between the right and left prosthetic ventricles; increased time associated with the transfer of the patient off the table and to the ICU required to accommodate the necessary equipment for monitoring TAH function while the patient is being moved and transferred; additional documentation in the operative note to capture the complexity of the procedure and include the specific data on the right and left TAH setting and note of pulmonary veins and vena cava are made; additional time spent in communication with the patient and family related to the device function and care; additional time for post operative orders related to the parameters and monitoring for the TAH device function.

#### **Key Reference Service Comparison**

CPT	Long Descriptor	RVW	IWP/UT	minutes			
				Total	PRE	INTR A	POST
33893	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	44.54	0.116	560	95	345	120
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	49.00	0.124	560	95	360	105

#### **MPC Comparison**

CPT	Long Descriptor	RVW	IWP/UT	minutes				visits			
				Tot	PRE	INTRA	POST	IC U	INP T	DCH G	OV
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	58.79	0.121	905	95	287	40	2	6	-38	1



CPT	Long Descriptor	RVW	IWPU T	minutes				visits			
				Tot	PRE	INTRA	POST	IC U	INP T	DCH G	OV
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	49.00	0.124	573	108	360	105				

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0051T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 100

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. based on company estimates from implatnations in previous years 2014 - 75; 2015 - 82; through 10/16/16 - 57

Specialty caridothoracic surgery Frequency 100 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that about 8% of the patients that receive a total artificial heart implantation are Medicare patients

Specialty cardiothoracic surgery	Frequency 8	Percentage 100.00 %
----------------------------------	-------------	---------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? No

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Cardiovascular-Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33983

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

**NOTE: Based on Experienced Respondents Data**

<b>Survey Code:</b>	339X1	<b># of Respondents:</b>	18
<b>Survey Code Descriptor:</b>	<b>Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy</b>		

<b>Top Ref Code:</b>	33983	<b># of Respondents:</b>	12	<b>% of Respondents:</b>	67%
<b>Top Ref Code Descriptor:</b>	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
<b>Overall Intensity and Complexity:</b>		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	0%	17%	83%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	0%	100%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	8%	91%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	33%	59%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	8%	92%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	0%	100%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	0%	100%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	8%	92%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	25%	67%		

<b>Survey Code:</b>	339X3	<b># of Respondents:</b>	20
<b>Survey Code Descriptor:</b>	<b>Removal and replacement of total replacement heart system (artificial heart)</b>		

<b>Top Ref Code:</b>	33983	<b># of Respondents:</b>	19	<b>% of Respondents:</b>	95%
<b>Top Ref Code Descriptor:</b>	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	0%	37%	63%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 0%	Identical 16%	More 84%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 0%	Identical 21%	More 79%		
	Urgency of medical decision making	Less 0%	Identical 26%	More 74%		
Technical Skill:		Less 0%	Identical 21%	More 79%		
Physical Effort:		Less 0%	Identical 11%	More 89%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 5%	Identical 5%	More 90%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 21%	More 79%		
	Estimated risk of malpractice suite with poor outcome	Less 0%	Identical 47%	More 53%		

<b>Survey Code:</b>	339X2	<b># of Respondents:</b>	23
<b>Survey Code Descriptor:</b>	<b>Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy</b>		

<b>Top Ref Code:</b>	33369	<b># of Respondents:</b>	17	<b>% of Respondents:</b>	74%
<b>Top Ref Code Descriptor:</b>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)				

**Survey Code Compared to Top Ref Code**

<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		6%	0%	0%	18%	76%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 6%	<b>Identical</b> 18%	<b>More</b> 76%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 6%	<b>Identical</b> 18%	<b>More</b> 76%		
	Urgency of medical decision making	<b>Less</b> 0%	<b>Identical</b> 12%	<b>More</b> 88%		
<b>Technical Skill:</b>		<b>Less</b> 6%	<b>Identical</b> 12%	<b>More</b> 82%		
<b>Physical Effort:</b>		<b>Less</b> 6%	<b>Identical</b> 0%	<b>More</b> 94%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 6%	<b>Identical</b> 0%	<b>More</b> 94%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 6%	<b>Identical</b> 12%	<b>More</b> 82%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b> 6%	<b>Identical</b> 18%	<b>More</b> 76%		

Detailed Description of Facility Based Post-Service Time Pack			
	7A Local Anesthesia/ Straightforward Procedure	7B Local Anesthesia/ Complex Procedure	8A IV Sedation/ Straightforward Procedure
<b>Total Post-Service Time</b>	<b>18</b>	<b>21</b>	<b>25</b>
<b>Details:</b>			
Application of Dressing <sup>1</sup>	2	2	2
Transfer of supine patient off table	1	1	1
Operative Note	5	5	5
Monitor patient recovery/ Stabilization	1	1	5
Communication with patient and/or family	5	5	5
Written post-operative note	2	5	2
Post-Operative Orders and Order Entry	2	2	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

<sup>1</sup> This represents a simple dressing

Pages (Minutes)		
8B IV Sedation/ Complex Procedure	9A General Anesthesia or Complex Regional Block/ Straightforward Procedure	9B General Anesthesia or Complex Regional Block/Complex Procedure
28	30	33
2	2	2
1	1	1
5	5	5
5	10	10
5	5	5
5	2	5
5	5	5

ed

9  
Tab Number

Artificial Heart System Procedures  
Issue

339X1-X3  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)







Signature



\_\_\_\_\_  
Stephen J. Lahey, MD  
Printed Signature

\_\_\_\_\_  
American Association for Thoracic Surgery  
Specialty Society

\_\_\_\_\_  
12/12/2016  
Date

9  
Tab Number

Artificial Heart System Procedures  
Issue

339X1-X3  
Code Range

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\_\_\_\_\_  
Signature

James M. Levett, MD  
\_\_\_\_\_  
Printed Signature

The Society of Thoracic Surgeons  
\_\_\_\_\_  
Specialty Society

12/12/2016  
\_\_\_\_\_  
Date

**AMA/Specialty Society RVS Update Committee (RUC)  
Vendor/Company Attestation Statement**

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

339X1, 339X2, 339X3  
CPT® Codes

SynCardia Systems, LLC  
Vendor/Company Name

By: Mary Pat Sloan

Mary Pat Sloan  
Printed Signature

Senior VP Global Certification & Logistics  
Title

11/21/2016  
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

*\*Pre-time Analysis and Codes Reported Together 75% or More\**

January 2017

**Endovascular Repair Procedures (EVAR)**

In October 2015, the CPT/RUC Joint Workgroup on Codes Reported Together recommended to bundle endovascular abdominal aortic aneurysm repair (EVAR) codes with radiologic supervision and interpretation (34800, 34802, 34803, 34804, 34825, 75952 and 75953). In September 2016, the CPT Editorial Panel bundled endovascular repair of abdominal aortic aneurysm and radiologic supervision and interpretation services with the addition of 16 new codes 34701-34716, revision of 4 category I codes (34812, 34820, 34833 and 34834), deletion of 14 codes (34800-34806, 34825, 34826, 34900, 75952-75954, 93982, 0255T), and revision of category III code 0254T.

**Background**

During the multispecialty presentation at the January 2017 RUC meeting, the presenters provided a comprehensive history of this family of services and also their rationale in creating this new coding structure. They noted that the first two devices for endovascular repair of abdominal aortic aneurysms received FDA approval in 1999, and a family of EVAR codes was presented to the RUC in April 2000. At that time, EVAR was typically performed by a team of physicians including vascular surgeons and interventional radiologists. Thus, the coding structure was created according to component coding standards for endovascular procedures. The EVAR family of codes appeared in the 2001 Medicare Physician Fee Schedule and the values have remained stable since that time.

At the January 2014 RUC meeting, the RAW identified CPT codes 34802, 34812, and 34825 in the pre-time screen for procedures having pre-service minutes in excess of standard package times. These long pre-times had been approved by the RUC to reflect the extensive pre-operative endograft sizing work that is required to carry out a successful operation. The need for the surgeon to perform extensive pre-operative measurements of multiple diameters and lengths, and to then perform endograft sizing, is still required physician work today.

There have been several significant paradigm shifts since the codes were originally valued. First, the specialty societies observed that there has been an increased emphasis placed on bundling codes that are commonly performed together by the same provider. Second, providers of this service only rarely work in teams today and the typical service is performed by one clinician who does the surgical and radiologic portions of the repair. Finally, providers have begun performing EVAR for treatment of life-threatening ruptured aortic aneurysms, a practice that was never considered viable in April 2000 when the codes were originally valued.

For all of these reasons, the multispecialty panel decided to propose to the CPT Editorial Panel for this the family of services that describe EVAR to be restructured. The CPT Editorial Panel approved the final coding changes at the September 2016 CPT meeting. The new codes incorporate many of the concerns described above and are outlined as follow:

1. Catheter placement is now bundled into the main procedure.
2. Radiologic supervision & interpretation is now bundled into the main procedure.
3. All distal extensions performed to the common iliac artery bifurcations are now bundled into the main procedure.
4. All proximal extensions performed to the lowest renal artery are now bundled into the main procedure.
5. The coding structure is now based on the anatomy of the disease rather than the device used to treat the aneurysm.
6. New codes have been created for the significantly different work of EVAR for ruptured aneurysms.
7. The global period has been changed from 0-day to ZZZ for the access procedures since these are never performed as stand-alone services.

#### **Pre-service Time (34701-34708, 34710, 34712)**

The specialties noted that there is significant pre-service time and work that goes into providing these procedures to review the aneurysm anatomy on CT angiogram, confirm the suitability of the anatomy for EVAR, make a large number of aortic diameter and center-line length measurements, review available endograft sizes and develop an operative plan that will successfully treat the pathology at hand. This time was originally added to the pre-service time of the original codes (leading to identification in the RAW screen). This service is provided after evaluation in the office, but more than 24 hours prior to the procedure. Therefore, prior to conducting their survey's, the multispecialty panel received approval to add an additional question to the RUC survey to capture time spent planning for EVAR. The specialties noted that this is consistent with the code descriptors which include the phrase "including pre-procedure sizing and device selection." They also noted that this is also consistent with CMS' statement regarding to how to handle the the Fenestrated Endovascular Repair (FEVAR) Endograft Planning code 34839 in the CY2015 Final Rule: "CY 2014 final rule and CMS said "In general, we prefer that planning be bundled with the underlying service, and we have no reason to believe bundling is not appropriate in this case. Accordingly, we are assigning a PFS procedure status indicator of B (Bundled Code) to CPT code 34839.". The RUC agreed that the additional planning time should therefore included in the total evaluation minutes and becomes part of the pre-service work. The specialty noted and the RUC agreed that the emergent codes (34702, 34704, 34706 and 34708) should have less time for EVAR planning relative to the planned codes (34701, 34703, 34705, 34707 and 34710).

The RUC agreed with the specialties that pre-service package 4 was appropriate for EVAR procedures with adjustment to the times for addition of EVAR planning time. The specialties noted and the RUC agreed that the recommended pre-service times appropriately captured the additional work the day before and the day of the procedure to ensure that all necessary supplies are available for the operation, to ensure that the radiologic equipment is operational and prepared for the procedure, and to re-review the extensive anatomic imaging prior to performing the procedure. An additional 17 minutes of positioning time has been added to codes 34701-34708 to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure.

**Immediate Post-service Time (34701-34708, 34710, 34712)**

Post-service package 9B would apply for these complex procedures, however, this package only includes 5 minutes for “operative note” which is not sufficient time for endovascular procedures that have radiologic supervision & interpretation bundled into the code. There is significantly more time involved to review all images and cines, annotate appropriate images, dictate radiologic findings, and document radiation exposure and contrast volumes. The RUC agreed with the specialties that the survey median times should be utilized for the immediate post-service time in order to capture the additional work above and beyond the standard post-time package.

**Post-operative Visits (34701-34708, 34710, 34712)**

The specialty societies noted that the post-operative in-hospital visits include: interval history-taking for new complaints of pain or neurovascular compromise; close monitoring of abdominal tenderness, lower extremities for tenderness or emboli, all arterial access sites for bleeding or hematoma formation, blood pressure, urinary output for signs of hypovolemia, pulse and perfusion, neurologic evaluation for any signs of spinal cord ischemia and Hemoglobin and coagulation labs. The need for routine or advanced imaging is assessed daily. Post-op CT scans are obtained, either during the inpatient stay or early in the post-discharge time period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions. At each office visit, the surgeon solicits an interval history for ongoing or new symptoms, examines the abdomen for tenderness, examines arterial access sites and surgical incisions for inflammation, drainage, wound infection; examines lower extremities for adequate perfusion. The surgeon orders diagnostic blood tests and/or imaging studies based on findings and reviews post-op CT scans and ultrasounds for possible endoleak. They also make clinical decisions regarding need for repeat surgical intervention and provide wound care when necessary. They also remove staples and sutures as indicated, answer patient/family questions and write prescriptions for medication and therapy, as necessary. In addition, they discuss progress with referring physician (verbal and written) and record progress notes for the medical chart.

**34701 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

The RUC reviewed the survey results from 55 physicians and agreed on the following physician time components: 60 minutes for EVAR planning time, 50 minutes for pre-service evaluation time, 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 120

minutes for intra-service time, 40 minutes for immediate post-time, 1 99233 visit, 1 99232 visit, 1 99238 discharge visit, 1 99213 office visit and 1 99212 office visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25<sup>th</sup> percentile work RVU of 25.00. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 33254 *Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)* (work RVU of 23.71, intra-service time of 120 minutes, total time of 416 minutes) and noted that both services have identical intra-service times, the same number of post-operative visits and a similar amount of total physician work. Therefore, the RUC recommends a direct work RVU crosswalk from 33254 to 34701. **The RUC recommends a work RVU of 23.71 for CPT code 34701.**

**34702 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

The RUC reviewed the survey results from 49 physicians and agreed on the following physician time components: 30 minutes for EVAR planning time, 30 minutes for pre-service evaluation time, 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 120 minutes for intra-service time, 60 minutes for immediate post-time, 1 99291 visit, 2 99233 visits, 2 99232 visits, 1 99231 visit, 1 99238 discharge visit, 1 99214 office visit, 1 99213 office visit and 1 99212 office visit. The RUC agreed with the specialties that the emergent codes require many more post-operative visits relative to the planned EVAR procedures.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the median work RVU of 36.00. To justify a work RVU of 36.00, the RUC compared the survey code to CPT code 33390 *Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)* (work RVU of 35.00, intra-service time of 180 minutes, total time of 622 minutes) and noted that although the reference code has more intra-service time, the survey code has much more total time and involves a similar amount of physician work. **The RUC recommends a work RVU of 36.00 for CPT code 34702.**

**34703 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**



The RUC reviewed the survey results from 54 physicians and agreed on the following physician time components: 60 minutes for EVAR planning time, 50 minutes for pre-service evaluation time, 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 150 minutes for intra-service time, 35 minutes for immediate post-time, 1 99233 visit, 1 99232 visit, 1 99238 discharge visit, 1 99213 office visit and 1 99212 office visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25<sup>th</sup> percentile work RVU of 30.25. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 34151 *Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision* (work RVU of 26.52, intra-service time of 150 minutes, total time of 508 minutes) and noted that both services have identical intra-service times, a similar amount of total time and involve a similar amount of total physician work. Therefore, the RUC recommends a direct work RVU crosswalk from 34151 to 34703. **The RUC recommends a work RVU of 26.52 for CPT code 34703.**

**34704 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft\_extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

The RUC reviewed the survey results from 53 physicians and agreed on the following physician time components: 30 minutes for EVAR planning time, 30 minutes for pre-service evaluation time, 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 180 minutes for intra-service time, 60 minutes for immediate post-time, 1 99291 visit, 2 99233 visits, 2 99232 visits, 1 99231 visit, 1 99238 discharge visit, 1 99214 office visit, 1 99213 office visit and 1 99212 office visit. The RUC agreed with the specialties that the emergent codes require many more post-operative visits relative to the planned EVAR procedures.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the median work RVU of 45.00. To justify a work RVU of 45.00, the RUC compared the survey code to CPT code 43415 *Suture of esophageal wound or injury; transthoracic or transabdominal approach* (work RVU of 44.88, intra-service time of 180 minutes, total time of 842) and noted that both services have identical intra-service time and involve a similar total amount of physician work. Although the reference code has more total time, the survey code is a much more intense procedure to perform. **The RUC recommends a work RVU of 45.00 for CPT code 34704.**

**34705 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft\_extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting**

**performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

The RUC reviewed the survey results from 54 physicians and agreed on the following physician time components: 60 minutes for EVAR planning time, 50 minutes for pre-service evaluation time, 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 150 minutes for intra-service time, 40 minutes for immediate post-time, 1 99233 visit, 1 99232 visit, 1 99238 discharge visit, 1 99213 office visit and 1 99212 office visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25<sup>th</sup> percentile work RVU of 32.28. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 33641 *Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch* (work RVU of 29.58, intra-service time of 164 minutes, total time of 562 minutes) and noted that although the reference code has somewhat more intra-service and total time, both services involve a similar amount of total physician work as the survey code is a more intense procedure to perform. Therefore, the RUC recommends a direct work RVU crosswalk from 33641 to 34705. **The RUC recommends a work RVU of 29.58 for CPT code 34705.**

**34706 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

The RUC reviewed the survey results from 54 physicians and agreed on the following physician time components: 30 minutes for EVAR planning time, 30 minutes for pre-service evaluation time, 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 178 minutes for intra-service time, 60 minutes for immediate post-time, 1 99291 visit, 2 99233 visits, 2 99232 visits, 1 99231 visit, 1 99238 discharge visit, 1 99214 office visit, 1 99213 office visit and 1 99212 office visit. The RUC agreed with the specialties that the emergent codes require many more post-operative visits relative to the planned EVAR procedures.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the median work RVU of 45.00. To justify a work RVU of 45.00, the RUC compared the survey code to CPT code 43415 *Suture of esophageal wound or injury; transthoracic or transabdominal approach* (work RVU of 44.88, intra-service time of 180 minutes, total time of 842) and noted that the services have very similar intra-service times and involve a similar total amount of physician work. Although the reference code has more total time, the survey code is a much more intense procedure to perform. **The RUC recommends a work RVU of 45.00 for CPT code 34706.**

**34707 Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)**

The RUC reviewed the survey results from 54 physicians and agreed on the following physician time components: 60 minutes for EVAR planning time, 50 minutes for pre-service evaluation time, 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 120 minutes for intra-service time, 40 minutes for immediate post-time, 1 99233 visit, 1 99232 visit, 1 99238 discharge visit, 1 99213 office visit and 1 99212 office visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25<sup>th</sup> percentile work RVU of 24.00. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 37660 *Ligation of common iliac vein* (work RVU of 22.28, intra-service time of 120 minutes, total time of 397 minutes) and noted that both services have identical total time and involve a similar amount of total physician work. Therefore, the RUC recommends a direct work RVU crosswalk from 37660 to 34707. **The RUC recommends a work RVU of 22.28 for CPT code 34707.**

**34708 Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)**

The RUC reviewed the survey results from 54 physicians and agreed on the following physician time components: 30 minutes for EVAR planning time, 30 minutes for pre-service evaluation time, 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 120 minutes for intra-service time, 60 minutes for immediate post-time, 1 99291 visit, 2 99233 visits, 2 99232 visits, 1 99231 visit, 1 99238 discharge visit, 1 99214 office visit, 1 99213 office visit and 1 99212 office visit. The RUC agreed with the specialties that the emergent codes require many more post-operative visits relative to the planned EVAR procedures.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the median work RVU of 36.50. To justify a work RVU of 36.50, the RUC compared the survey code to CPT code 33390 *Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)* (work RVU of 35.00, intra-service time of 180 minutes, total time of 622 minutes) and noted that although the reference code has more intra-service time, the survey code has much more total time and involves slightly more total physician work. **The RUC recommends a work RVU of 36.50 for CPT code 34708.**

**34709 Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, per vessel treated (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 33 physicians and agreed on the following physician time components: 60 minutes of intra-service time. The specialty societies explained that the difference for 34709 compared to extension codes in the prior coding method is that the treatment zone is now explicitly defined as from the level of the lowest renal artery to the iliac bifurcation for the devices that extend from the aorta into the iliac. In previous coding, when extensions could be placed within that treatment zone and coded, that work is now bundled into 34701-34708. By definition, to use 34709 the surgeon is placing an extension beyond the treatment zone.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25<sup>th</sup> percentile work RVU of 6.50. To justify a work RVU of 6.50, the RUC compared the survey code to CPT code 37233 *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)* (work RVU of 6.50, intra-service time of 60 minutes, total time of 62 minutes) and noted that both services have identical intra-service times and near identical total times. The value for 34709 is higher than the value for 34711 which is a very similar service; however, clinically speaking, the additional endograft extension placed in a delayed fashion for 34711 could be within the previous treatment zone of the initial endograft placement and is therefore less intense than an extension placed at the time of initial endografts deployment. **The RUC recommends a work RVU of 6.50 for CPT code 34709.**

**34710 Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed; initial vessel treated**

The RUC reviewed the survey results from 33 physicians and agreed on the following physician time components: 60 minutes for EVAR planning time, 50 minutes for pre-service evaluation time, 15 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 90 minutes for intra-service time, 30 minutes for immediate post-time, 1 99232 visit, 1 99231 visit, 1 99238 discharge visit, 1 99213 office visit and 1 99212 office visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25<sup>th</sup> percentile work RVU of 15.00. To justify a work RVU of 15.00, the RUC compared the survey code to MPC code 63047 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar* (work RVU of 15.37, intra-service time of

90 minutes, total time of 362 minutes) and noted that both services have identical intra-service time and the survey code has more total time. **The RUC recommends a work RVU of 15.00 for CPT code 34710.**

**34711 Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed; each additional vessel treated (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 33 physicians and agreed on the following physician time components: 60 minutes of intra-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25<sup>th</sup> percentile work RVU of 6.00. To justify a work RVU of 6.00, the RUC compared the survey code to CPT code 37233 *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)* (work RVU of 6.50, intra-service time of 60 minutes, total time of 62 minutes) and noted that both services have identical intra-service times and near identical total times. The value for 34711 is lower than the value for 34709 which is a very similar service; however, clinically speaking, the additional endograft extension placed in a delayed fashion for 34711 could be within the previous treatment zone of the initial endograft placement and is therefore less intense than an extension placed at the time of initial endografts deployment. **The RUC recommends a work RVU of 6.00 for CPT code 34711.**

**34712 Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation**

The RUC reviewed the survey results from 33 physicians and agreed on the following physician time components: 40 minutes for pre-service evaluation time, 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 60 minutes for intra-service time, 30 minutes for immediate post-time, 1 99232 visit, 1 99231 visit, 1 99238 discharge visit, 1 99213 office visit and 1 99212 office visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25<sup>th</sup> percentile work RVU of 12.00. To justify a work RVU of 12.00, the RUC compared the survey code to MPC code 54437 *Repair of traumatic corporeal tear(s)* (work RVU of 11.50, intra-service time of 60 minutes, total time of 264 minutes) and noted that both services have identical intra-service times, whereas the survey code involves much more total time, justifying a somewhat higher value for the survey code. **The RUC recommends a work RVU of 12.00 for CPT code 34712.**

**34713 Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 33 physicians and agreed on the following physician time components: 20 minutes of intra-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents overvalued the physician work involved in performing this service, with a 25<sup>th</sup> percentile work RVU of 3.73. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 15152 *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU of 2.50, intra-service time of 20 minutes) and noted that both services have identical times and involve a very similar amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk from 15152 to 34713. **The RUC recommends a work RVU of 2.50 for CPT code 34713.**

**34812 Open femoral artery exposure for delivery of endovascular prosthesis by groin incision, unilateral**

The RUC reviewed the survey results from 34 physicians and agreed on the following physician time components: 40 minutes of intra-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25<sup>th</sup> percentile work RVU of 4.13. To justify a work RVU of 4.13, the RUC compared the survey code to top key reference code 35600 *Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)* (work RVU of 4.94, intra-service time of 40 minutes) and noted that both services have identical time components. **The RUC recommends a work RVU of 4.13 for CPT code 34812.**

**34714 Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 49 physicians and agreed on the following physician time components: 52 minutes of intra-service time. The specialty societies noted that their expert panel determined and the RUC agreed that there should be a 12 minute increment between 34812 and 34714 to account for the additional work for the conduit, which is a reduction of 8 minutes relative to the survey median. The specialty societies noted that the incremental increase in work RVU and intra-service time would have a similar intensity relative to CPT code 33987 *Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)* (work RVU = 4.04), supporting their expert panel recommendation.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25<sup>th</sup> percentile work RVU of 5.25. To justify a work RVU of 5.25, the RUC compared the survey code to CPT code 22552 *Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of*

*spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)* (work RVU of 6.50, intra-service time of 45 minutes, total time of 50 minutes) and noted that although the survey code has more intra-service and total time, the reference code involves slightly more intense physician work. **The RUC recommends a work RVU of 5.25 for CPT code 34714.**

**34820 Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 34 physicians and agreed on the following physician time components: 60 minutes of intra-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25<sup>th</sup> percentile work RVU of 7.00. To justify a work RVU of 7.00, the RUC compared the survey code to CPT code 93592 *Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)* (work RVU of 8.00, intra-service time of 60 minutes) and noted that both services have identical intra-service time. **The RUC recommends a work RVU of 7.00 for CPT code 34820.**

**34833 Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 47 physicians and agreed on the following physician time components: 72 minutes of intra-service time. The specialty societies noted that their expert panel determined and the RUC agreed that there should be a 12 minute increment between 34833 and 34820 to account for the additional work for the conduit, which is an increase of 12 minutes relative to the survey median. The specialty societies noted that the incremental increase in work RVU and intra-service time would have a similar intensity relative to CPT code 33987 *Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)*, supporting their expert panel recommendation.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat undervalued the physician work involved in performing this service, with a 25<sup>th</sup> percentile work RVU of 8.00. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 22634 *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)* (work RVU of 8.16, intra-service time of 70 minutes) and noted that both services have very similar intra-service times and involve a similar amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk from 22634 to 34833. **The RUC recommends a work RVU of 8.16 for CPT code 34833.**

**34834 Open brachial artery exposure for delivery of endovascular prosthesis unilateral (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 34 physicians and agreed on the following physician time components: 30 minutes of intra-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents overvalued the physician work involved in performing this service, with a 25<sup>th</sup> percentile work RVU of 4.00. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 36476 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)* (work RVU of 2.65, intra-service time of 30 minutes) Therefore, the RUC recommends a direct work RVU crosswalk from 36476 to 34834. **The RUC recommends a work RVU of 2.65 for CPT code 34834.**

**34715 Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 34 physicians and agreed on the following physician time components: 60 minutes of intra-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25<sup>th</sup> percentile work RVU of 6.00. To justify a work RVU of 6.00, the RUC compared the survey code to CPT code 37233 *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)* (work RVU of 6.50, intra-service time of 60 minutes, total time of 62 minutes) and noted that both services have identical intra-service times and near identical total times. **The RUC recommends a work RVU of 6.00 for CPT code 34715.**

**34716 Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 49 physicians and agreed on the following physician time components: 72 minutes of intra-service time. The specialty societies noted that their expert panel determined and the RUC agreed that there should be a 12 minute increment between 34715 and 34716 to account for the additional work for the conduit, which is an increase of 12 minutes relative to the survey median. The specialty societies noted that the incremental increase in work RVU and intra-service time would have a similar intensity relative to CPT code 33987 *Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)*, supporting their expert panel recommendation.



The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat undervalued the physician work involved in performing this service, with a 25<sup>th</sup> percentile work RVU of 7.00. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 35682 *Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)* (work RVU of 7.19, intra-service time of 78 minutes), and noted that although the survey code has somewhat less intra-service time, it has somewhat more intense physician work and involves a similar total amount of total physician work compared to the reference code. Therefore, the RUC recommends a direct work RVU crosswalk from 35682 to 34716. **The RUC recommends a work RVU of 7.19 for CPT code 34716.**

### Practice Expense

The RUC reviewed and approved the direct practice expense inputs as approved by the Practice Expense Subcommittee. The 090-day services codes included the standard 090-day clinical labor pre-service times, except for the appropriate reductions for the ruptured emergent services (34702, 34704, 34706 and 34708).

### Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

### Do Not Use to Validate for Physician Work

The RUC agreed that CPT codes 34702 should be labeled in the RUC database with a flag that it should not be used to validate physician work. The service is projected to have a very low volume and the median survey performance rate for these services was zero times per year.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><b>Surgery</b>  <b>Cardiovascular System</b>  <b>Heart and Pericardium</b>  <b>Endovascular Repair of Descending Thoracic Aorta</b></p> <p>Codes 33880-33891 represent a family of procedures to report placement of an endovascular graft for repair of the descending thoracic aorta. These codes include all device introduction, manipulation, positioning, and deployment. All balloon angioplasty and/or stent deployment within the target treatment zone for the endoprosthesis, either before or after endograft deployment, are not separately reportable. Open arterial exposure</p>				

and associated closure of the arteriotomy sites (eg, 34714, 34715, 34716, 34812, 34820, 34833, 34834), introduction of guidewires and catheters (eg, 36140, 36200-36218), and extensive repair or replacement of an artery (eg, 35226, 35286) ~~should~~ may be additionally reported. Transposition of subclavian artery to carotid, and carotid-carotid bypass performed in conjunction with endovascular repair of the descending thoracic aorta (eg, 33889, 33891) ~~should~~ may be separately reported. The primary codes, 33880 and 33881, include placement of all distal extensions, if required, in the distal thoracic aorta, while proximal extensions, if needed, ~~are~~ may be reported separately.

*For fluoroscopic guidance...*

*Other interventional procedures...*

~~(For transcatheter placement of wireless physiologic sensor in aneurysmal sac, use 34806)~~

~~(For analysis, interpretation, and report of implanted wireless pressure sensor in aneurysmal sac, use 93982)~~

### **Extracorporeal Membrane Oxygenation or Extracorporeal Life Support Services**

33946                    *Extracorporeal membrane oxygenation (ECMO)/ extracorporeal life support (ECLS) provided by physician; initiation, veno-venous*

33954                    *insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older*

(Do not report 33953, 33954 in conjunction with 34714, 34715, 34716, 34812, 34820, 34833, 34834)

*(For maintenance of extracorporeal circulation, see 33946, 33947, 33948, 33949)*

33958                    *reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)*

(Do not report 33957, 33958 in conjunction with 34713, 34812, 34820, 34834)

#33962                    *reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)*

(Do not report 33959, 33962 in conjunction with 34714, 34715, 34716, 34812, 34820, 34834)

- # 33969 *removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age*
- (Do not report 33969 in conjunction with 34714, 34715, 34716, 34812, 34820, 34834, 35201, 35206, 35211, 35226)
- # 33984 *removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older*
- (Do not report 33984 in conjunction with 34714, 34715, 34716, 34812, 34820, 34834, 35201, 35206, 35211, 35226)
- # **+**33987 *Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)*
- (Use 33987 in conjunction with 33953, 33954, 33955, 33956)
- (Do not report 33987 in conjunction with 34714, 34716, 34833)

### **Cardiac Assist**

#### *The insertion of...*

Open arterial exposure when necessary to facilitate percutaneous ventricular assist device insertion (33990, 33991), may be reported separately (34714, 34715, 34716, 34812, 34820, 34833, 34834). Extensive repair or replacement of an artery may be additionally reported (eg, 35226 or 35286).

#### *Removal of a...*

#### *Repositioning of a...*

#### *Replacement of a...*

#### *Replacement of the...*

### **Arteries and Veins**

#### **Endovascular Repair of Abdominal ~~Aortic Aneurysm~~ Aorta and/or Iliac Arteries**

~~Codes 34800-34826 represent a family of component procedures to report placement of an endovascular graft for abdominal aortic aneurysm repair. These codes describe open femoral or iliac artery exposure, device manipulation and deployment, and closure of the arteriotomy sites. Balloon angioplasty and/or stent deployment within the target treatment zone for the endoprosthesis, either before or after endograft deployment, are not separately reportable. Introduction of guide wires and catheters should be reported separately (eg, 36200, 36245-36248, 36140). Extensive repair or replacement of an artery should be additionally reported (eg, 35226 or 35286).~~

For fluoroscopic guidance in conjunction with endovascular aneurysm repair, see code 75952 or 75953, as appropriate. Code 75952 includes angiography of the aorta and its branches for diagnostic imaging prior to deployment of the endovascular device (including all routine components of modular devices), fluoroscopic guidance in the delivery of the endovascular components, and intraprocedural arterial angiography (eg, confirm position, detect endoleak, evaluate runoff). Code 75953 includes the analogous services for placement of additional extension prostheses (not for routine components of modular devices).

Codes 34701, 34702, 34703, 34704, 34705, 34706 describe introduction, positioning, and deployment of an endograft for treatment of abdominal aortic pathology (with or without rupture) such as aneurysm, pseudoaneurysm, dissection, penetrating ulcer or traumatic disruption in the infrarenal abdominal aorta with or without extension into the iliac artery(ies). The terms endovascular graft, endoprosthesis, endograft, and stentgraft all refer to a covered stent. The infrarenal aortic endograft may be an aortic tube device, a bifurcated unibody device, a modular bifurcated docking system with docking limb(s), or an aorto-uniiliac device. Codes 34707 and 34708 describe introduction, positioning, and deployment of an ilio-iliac endograft for treatment of isolated arterial pathology (with or without rupture) such as aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma involving the iliac artery. For treatment of atherosclerotic occlusive disease in the iliac artery(ies) with a covered stent(s), see 37221, 37223. For covered stent placement for atherosclerotic occlusive disease in the aorta, see 37236, 37237.

Report 34705 or 34706 for simultaneous bilateral iliac artery aneurysm repairs with aorto-biiliac endograft. For isolated bilateral iliac artery repair, report 34707 or 34708 with modifier 50 appended.

Decompressive laparotomy for abdominal compartment syndrome after ruptured abdominal aortic and/or iliac artery aneurysm repair may be separately reported with 49000 in addition to 34702, 34704, 34706 or 34708.

The treatment zone for endograft procedures is defined by those vessels that contain an endograft(s) (main body, docking limb[s], and/or extension[s]) deployed during that operative session. Adjunctive procedures outside the treatment zone may be separately reported (eg, angioplasty, endovascular stent placement, embolization). For example, when an endograft terminates in the common iliac artery, any additional treatment performed in the external and/or internal iliac artery may be separately reportable.

Placement of a docking limb is inherent to a modular endograft(s), and therefore 34709 may not be reported separately if the docking limb extends into the external iliac artery. Additionally, any interventions (eg, angioplasty, stenting, additional stent graft extension[s]) in the external iliac artery where the docking limb terminates may not be reported separately. Any catheterization or treatment of the internal iliac artery, such as embolization, may be separately reported. For 34701 and 34702, the abdominal aortic treatment zone is defined as the infrarenal aorta. For 34703 and 34704, the abdominal aortic treatment zone is typically defined as the infrarenal aorta and the ipsilateral common iliac artery. For 34705 and 34706, the abdominal aortic treatment zone is typically defined as the infrarenal aorta and both common iliac arteries. For 34707 and 34708, the treatment zone is defined as the portion of the iliac artery(s) (eg, common, internal, external iliac arteries) that contain the endograft. For a bifurcated iliac branch device, use 0254T.

Codes 34702, 34704, 34706 and 34708 are reported when endovascular repair is performed on ruptured aneurysm in the aorta or iliac artery(s). Rupture is defined as clinical and/or radiographic evidence of acute hemorrhage for purposes of reporting these codes. A chronic, contained rupture is considered a pseudoaneurysm and endovascular treatment of a chronic, contained rupture is reported with 34701, 34703, 34705, or 34707.

Code 34709 is reported for placement of extension prosthesis(es) that terminate(s) either in the internal iliac, external iliac, or common femoral artery(ies) or in the abdominal aorta proximal to the renal artery(ies) in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708.

Code 34709 may only be reported once per vessel treated (ie, multiple endograft extensions placed in a single vessel may only be reported once). Endograft extension(s) that terminate(s) in the common iliac arteries are included in 34703, 34704, 34705, 34706, 34707, 34708 and are not separately reported. Treatment zone angioplasty/stenting when performed is included in 34709 when performed. Additionally, proximal infrarenal abdominal aortic extension prosthesis(es) that terminate(s) in the aorta below the renal artery(ies) are also included in 34701, 34702, 34703, 34704, 34705, 34706 and are not separately reportable.

Codes 34710 and 34711 are reported for delayed placement of distal or proximal extension prosthesis(es) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration. Pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed are included in 34710 and 34711. Codes 34710 and 34711 may only be reported once per vessel treated (ie, multiple endograft extensions placed in a single vessel may only be reported once).

Nonselective catheterization is included in 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708 and is not separately reported. However, selective catheterization of the hypogastric artery(ies), renal artery(ies), and/or arterial families outside the treatment zone of the endograft may be separately reported. Intravascular ultrasound (37252, 37253) performed during endovascular aneurysm repair may be separately reported. Balloon angioplasty and/or stenting within the treatment zone of the endograft, either before or after endograft deployment, is not separately reported. Fluoroscopic guidance and radiological supervision and interpretation in conjunction with endograft-repair is not separately reported and includes all intraprocedural imaging (eg, angiography, rotational CT) of the aorta and its branches prior to deployment of the endovascular device, fluoroscopic guidance and roadmapping used in the delivery of the endovascular components, and intraprocedural and completion angiography (eg, confirm position, detect endoleak, evaluate runoff) performed at the time of the endovascular infrarenal aorta and/or iliac repair.

Codes 34709, 34710, 34711 include nonselective introduction of guidewires and catheters into the treatment zone from peripheral artery access(es). However, selective catheterization of the hypogastric artery(ies), renal artery(ies), and/or arterial families outside the treatment zone may be separately reported. Codes 34709, 34710, 34711 also include balloon angioplasty and/or stenting within the treatment zone of the endograft extension, either before or after deployment of the endograft, fluoroscopic guidance, and all associated radiological supervision and

interpretation performed in conjunction with endovascular endograft extension (eg, angiographic diagnostic imaging of the aorta and its branches prior to deployment of the endovascular device, fluoroscopic guidance in the delivery of the endovascular components, and intraprocedural and completion angiography to confirm endograft position, detect endoleak, and evaluate runoff).

Code 34712 describes transcatheter delivery of accessory enhanced fixation devices to endograft (eg, anchor, screw, tack) including all associated radiological supervision and interpretation. Code 34712 may only be reported once per operative session.

Vascular access requiring use of closure devices for large sheaths (12 French or larger) or access requiring open surgical arterial exposure may be separately reported (eg, 34713, 34812 ~~34X14~~, 34714, 34820 ~~34X16~~, 34833 ~~34X17~~, 34834 ~~34X18~~, 34715, 34716). Code 34713 describes percutaneous access and closure of a femoral arteriotomy for delivery of endovascular prosthesis through a large arterial sheath (ie, 12 French or larger). Ultrasound guidance (ie, 76937) when performed is included in 34713. (Percutaneous access using a sheath smaller than 12 French is included in 34701-34712 and is not separately reported.)

Code 34812 ~~34X14~~ describes open repair and closure of the femoral artery. Extensive repair of an artery (eg, 35226, 35286, 35371) may also be reported separately. Iliac exposure for device delivery through a retroperitoneal incision, open brachial exposure, or axillary or subclavian exposure through an infraclavicular, supraclavicular or sternotomy incision during endovascular aneurysm repair may be separately reported (eg, 34812 ~~34X14~~, 34820 ~~34X16~~, 34834 ~~34X18~~, 34715). Endovascular device delivery or establishment of cardiopulmonary bypass that requires creation of a prosthetic conduit utilizing a femoral artery, iliac artery with a retroperitoneal incision, or axillary or subclavian artery exposure through an infraclavicular, supraclavicular or sternotomy incision (eg 34714, 34833 ~~34X17~~, 34716) and oversewing of the conduit at the time of procedure completion may be separately reported during endovascular aneurysm repair or cardiac procedures requiring cardiopulmonary bypass. If a conduit is converted to a bypass, report the bypass (eg, 35665) and not the arterial exposure with conduit (ie, 34714, 34833 ~~34X17~~, 34716). Arterial embolization(s) of renal, lumbar, inferior mesenteric, hypogastric or external iliac arteries to facilitate complete endovascular aneurysm exclusion may be separately reported (eg, 37242)

Balloon angioplasty and/or stenting at the sealing zone(s) of an endograft is an integral part of the procedure and is not separately reported. However, balloon angioplasty and/or stent deployment in vessels that do not contain endograft (outside the treatment zone for the endograft), either before or after endograft deployment, may be separately reported (eg, 37220, 37221, 37222, 37223).  
Other interventional procedures performed at the time of endovascular abdominal aortic aneurysm repair ~~may should~~ be additionally reported (eg, renal transluminal angioplasty, arterial embolization, intravascular ultrasound, balloon angioplasty or stenting of native artery[s] outside the endograft ~~endoprosthesis target~~ treatment zone, when done before or after deployment of endograft).

*(For fenestrated endovascular repair of the visceral aorta, see 34841-34844. For fenestrated endovascular repair of the visceral aorta and concomitant infrarenal abdominal aorta, see 34845-34848)*

~~(For transcatheter placement of wireless physiologic sensor in aneurysmal sac, use 34806)~~

~~(For analysis, interpretation and report of implanted wireless pressure sensor in aneurysmal sac, use 93982)~~

●34701	U1	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)  <u>(For covered stent placement(s) for atherosclerotic occlusive disease isolated to the aorta, see 37236, 37237)</u>	090	23.71
●34702	U2	for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	090	36.00
●34703	U3	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	090	26.52

●34704	U4	for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	090	45.00
●34705	U5	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	090	29.58
●34706	U6	for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	090	45.00
●34707	U7	<p>Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)</p> <p><u>(For covered stent placement(s) for atherosclerotic occlusive disease of the abdominal aorta, see 37236, 37237)</u></p> <p><u>(For covered stent placement(s) for atherosclerotic occlusive disease of the iliac artery, see 37221, 37223)</u></p>	090	22.28



●34708	U8	for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	090	36.50
●+34709	U9	<p>Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, per vessel treated (List separately in addition to code for primary procedure)</p> <p><u>(Report 34709 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708)</u></p> <p><u>(34709 may only be reported once per vessel treated [ie, multiple endograft extensions placed in a single vessel may only be reported once])</u></p> <p><u>(For endograft placement into a renal artery that is being covered by a proximal extension, see 37236, 37237)</u></p> <p><u>(Do not report 34709 for placement of a docking limb that extends into the external iliac artery)</u></p>	ZZZ	6.50

●34710	U10	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed; initial vessel treated	090	15.00
●+34711	U11	<p>each additional vessel treated (List separately in addition to code for primary procedure)</p> <p><u>(Report 34711 in conjunction with 34710)</u></p> <p><u>(Do not report 34710, 34711 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709)</u></p> <p><u>(34710, 34711 may each be reported only once per operative session [ie, multiple endograft extensions placed in a single vessel may only be reported with a single code])</u></p> <p><u>(If the delayed revision is a transcatheter enhanced fixation device [eg, anchors, screws], report 34712)</u></p> <p><u>(Report 37252, 37253 for intravascular ultrasound when performed during endovascular aneurysm repair)</u></p> <p><u>(For isolated bilateral iliac artery repair, report 34707 or 34708 with modifier 50)</u></p> <p><u>(Do not report 34701-34711 in conjunction with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)</u></p>	ZZZ	6.00

		<p><u>(For simultaneous bilateral iliac artery aneurysm repairs with aorto-biiliac endograft, see 34705, 34706, as appropriate)</u></p> <p><u>(For open arterial exposure, report 34812, 34714, 34820, 34833, 34834, 34715, 34716 as appropriate, in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710)</u></p> <p><u>(For percutaneous arterial closure, report 34713 as appropriate, in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710)</u></p> <p><u>(For endovascular repair of iliac artery bifurcation [eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma] using bifurcated endograft, use 0254T)</u></p> <p><u>(For decompressive laparotomy, use 49000 in conjunction with 34702, 34704, 34706, 34708, 34710)</u></p>		
●34712	U12	<p>Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation</p> <p><u>(Report 34712 only once per operative session)</u></p>	090	12.00

●34713	U13	<p>Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)</p> <p><u>(Report 34713 in conjunction with 33880, 33881, 33883, 33884, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 as appropriate.</u></p> <p><u>However, do not report 34713 in conjunction with 33880, 33881, 33884, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 for percutaneous closure of femoral artery after delivery of endovascular prosthesis if a sheath smaller than 12 French was used)</u></p> <p><u>(34713 may only be reported once per side. For bilateral procedure, report 34713 twice)</u></p> <p><u>(Do not report ultrasound guidance [ie, 76937] for percutaneous vascular access in conjunction with 34713 for the same access)</u></p> <p><u>(Do not report 34713 for percutaneous access and closure of the femoral artery in conjunction with 37221, 37223, 37236, 37237)</u></p> <p><u>(Do not report 34713 in conjunction with 37221, 37223 for covered stent placement[s] for atherosclerotic occlusive disease of the iliac artery[ies])</u></p>	090	2.50
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▲+34812	U14	<p>Open femoral artery exposure for delivery of endovascular prosthesis by groin incision, unilateral  <u>(List separately in addition to code for primary procedure)</u></p> <p><u>(34812 <del>34X14</del> may only be reported once per side. For bilateral procedure, report 34812 <del>34X14</del> twice)</u></p> <p><u>(Do not report 34812 <del>34X14</del> in conjunction with 33953, 33954, 33959, 33962, 33969, 33984, 33987)</u></p> <p><u>(Report 34812 <del>34X14</del> in conjunction with 33880, 33881, 33883, 33884, 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)</u></p>	ZZZ	4.13
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●+34714	U15	<p>Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)</p> <p><u>(34714 may only be reported once per side. For bilateral procedure, report 34714 twice)</u></p> <p><u>(Do not report 34714 in conjunction with 34812 <del>34X14</del>, 33362, 33953, 33954, 33959, 33962, 33969, 33984, when performed on the same side)</u></p> <p><u>(Report 34714 in conjunction with 32852, 32584, 33031, 33120, 33251, 33256, 33259, 33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404-33417, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33515, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)</u></p>	ZZZ	5.25
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▲+34820	U16	<p>Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion by abdominal or retroperitoneal incision, unilateral (<u>List separately in addition to code for primary procedure</u>)</p> <p><u>(34820 <del>34X16</del> may only be reported once per side. For bilateral procedure, report 34820 <del>34X16</del> twice)</u></p> <p><u>(Do not report 34820 <del>34X16</del> in conjunction with 33953, 33954, 33959, 33962, 33969, 33984)</u></p> <p><u>(Report 34820 <del>34X16</del> in conjunction with 33880, 33881, 33883, 33884, 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)</u></p>	ZZZ	7.00
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▲+34833	U17	<p>Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (<u>List separately in addition to code for primary procedure</u>)</p> <p><u>(34833 <del>34X17</del> may only be reported once per side. For bilateral procedure, report 34833 <del>34X17</del> twice)</u></p> <p><u>(Do not report 34833 <del>34X17</del> in conjunction with 34820 <del>34X16</del>, 33364, 33953, 33954, 33959, 33962, 33969, 33984 when performed on the same side)</u></p> <p><u>(Report 34833 <del>34X17</del> in conjunction with 32852, 32584, 33031, 33120, 33251, 33256, 33259, 33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404-33417, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33515, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)</u></p>	ZZZ	8.16
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▲+34834	U18	<p>Open brachial artery exposure <del>to assist in the deployment of aortic or iliac</del> for delivery of endovascular prosthesis by arm incision, unilateral (List separately in addition to code for primary procedure)</p> <p><u>(34834 <del>34X18</del> may only be reported once per side. For bilateral procedure, report 34834 <del>34X18</del> twice)</u></p> <p><u>(Do not report 34834 <del>34X18</del> in conjunction with 33953, 33954, 33959, 33962, 33969, 33984)</u></p> <p><u>(Report 34834 <del>34X18</del> in conjunction with 33880, 33881, 33883, 33884, 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)</u></p>	ZZZ	2.65
●+34715	U19	<p>Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)</p> <p><u>(34715 may only be reported once per side. For bilateral procedure, report 34715 twice)</u></p> <p><u>(Do not report 34715 in conjunction with 33363, 33953, 33954, 33959, 33962, 33969, 33984, 0X11T, 0X12T, 0X15T, 0X16T)</u></p> <p><u>(Report 34715 in conjunction with 33880, 33881, 33883, 33884, 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)</u></p>	ZZZ	6.00

●+34716	U20	<p>Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)</p> <p><u>(34716 may only be reported once per side. For bilateral procedure, report 34716 twice)</u></p> <p><u>(Do not report 34716 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984, 0X11T, 0X12T, 0X15T, 0X16T)</u></p> <p><u>(Report 34716 in conjunction with 32852, 32584, 33031, 33120, 33251, 33256, 33259-33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404-33417, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702-33722, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 0254T)</u></p>	ZZZ	7.19
D 34800	-	<p><del>Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto aortic tube prosthesis</del></p>	-	21.54

<b>D 34802</b>	-	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)	-	<del>23.79</del>
<b>Illustration:</b> <b>Endovascular Repair of Abdominal Aortic Aneurysm</b>				
<b>D 34803</b>	-	<del>using modular bifurcated prosthesis (2 docking limbs)</del>	-	<del>24.82</del>
<b>D 34804</b>	-	<del>using unibody bifurcated prosthesis</del>	-	<del>23.79</del>
<b>D 34805</b>	-	<del>using aorto-uniliac or aorto-unifemoral prosthesis</del>  (For radiological supervision and interpretation, use 75952 in conjunction with 34800-34805)  (Do not report 34800, 34802, 34803, 34804, 34805 in conjunction with 34841-34848)	-	<del>22.67</del>

<b>D 34806</b>	-	<p>Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)</p> <p>(Use 34806 in conjunction with 33880, 33881, 33886, 34800-34805, 34825, 34900)</p> <p>(Do not report 34806 in conjunction with 93982)</p>	-	2.06
<p>(34800, 34802, 34803, 34804, 34805, 34806 have been deleted. To report, see 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708)</p> <p><b>+34808</b>      <i>Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)</i>          (Use 34808 in conjunction with <del>34800, 34805, 34701, 34702, 34707, 34708, 34709, 34710, 34813, 34825, 34826, 34841, 34842, 34843, 34844</del>)          (For open arterial exposure, report 34812, 34820, 34833, 34834 as appropriate, in addition to <del>34800-34808</del>)</p> <p><u>Code 34812 is out of numerical sequence. See 34701-34716</u></p> <p>(Do not report 34812 in conjunction with <del>33953, 33954, 33959, 33962, 33969, 33984</del>)</p> <p>(For bilateral procedure, use modifier 50)</p> <p><u>(34812 has been deleted. To report, use 34X14)</u></p> <p><b>+34813</b>      <i>Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)</i>          (Use 34813 in conjunction with <del>34812 34X14</del>)          (For femoral artery grafting, see 35521, 35533, 35539, 35540, 35556, 35558, 35566, 35621, 35646, 35654-35661, 35666, 35700)</p>				

<p><u>Code 34820 is out of numerical sequence. See 34701-34716</u></p> <p><del>(Do not report 34820 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984)</del></p> <p><del>(For bilateral procedure, use modifier 50)</del></p> <p><u><del>(34820 has been deleted. To report, use 34X16)</del></u></p>				
<b>D 34825</b>	-	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection, initial vessel at same time of endovascular aneurysm repair.	-	12.80
<b>D 34826</b>	-	<p>each additional vessel (List separately in addition to code for primary procedure)</p> <p><del>(Use 34826 in conjunction with 34825)</del></p> <p><del>(Use 34825, 34826 in addition to 34800-34805, 34900 as appropriate)</del></p> <p><del>(For radiological supervision and interpretation, use 75953)</del></p>	-	4.12
<b>D 34900</b>	-	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio iliac tube endoprosthesis	-	16.85
<p><u>(34825, 34826 have been deleted. To report, see 34709, 34710, 34711)</u></p> <p><i>34830      Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful</i></p>				

<i>endovascular repair; tube prosthesis</i>				
34831		<i>aorto-bi-iliac prosthesis</i>		
34832		<i>aorto-bifemoral prosthesis</i>		
<u>Code 34833 is out of numerical sequence. See 34701-34716</u>				
<del>(Do not report 34833 in conjunction with 33987, 34820)</del>				
<del>(For bilateral procedure, use modifier 50)</del>				
<del>(34833 has been deleted. To report, use 34X17)</del>				
<u>Code 34834 is out of numerical sequence. See 34701-34716</u>				
<del>(Do not report 34834 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984)</del>				
<del>(For bilateral procedure, use modifier 50)</del>				
<del>(34834 has been deleted. To report, use 34X18)</del>				
D 93982	-	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	-	0.30
<b>Category III Codes</b>				
▲ 0254T	-	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, <u>dissection</u> ) using	-	0.00

		bifurcated endograft <del>endoprosthesis</del> from the common iliac artery into both the external and internal iliac artery, <u>including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation</u> , unilateral;		
<b>D 0255T</b>		<p><del>radiological supervision and interpretation</del></p> <p><u>(0255T has been deleted. To report, use 0254T)</u></p>	-	0.00

**ATTACHMENT**  
**Tab 10: Endovascular Repair Procedures (EVAR)**  
**SoR Additional Rationale**

**Background**

The first two devices for endovascular repair of abdominal aortic aneurysms received FDA approval in September 1999, and a family of endovascular abdominal aortic aneurysm repair (EVAR) codes was presented to the RUC in April 2000. At that time, EVAR was typically performed by a team of physicians including vascular surgeons and interventional radiologists. Thus, the coding structure was created according to component coding standards for endovascular procedures. The EVAR family of codes appeared in the 2001 Medicare Physician Fee Schedule and the values have remained stable since that time.

At the January 2014 RUC meeting, the RAW identified CPT codes 34802, 34812, and 34825 in the pre-time screen for procedures having pre-service minutes in excess of standard package times. These long pre-times had been approved by the RUC to reflect the extensive pre-operative endograft sizing work that is required to carry out a successful operation. The need for the surgeon to perform extensive pre-operative measurements of multiple diameters and lengths, and to then perform endograft sizing, is still required physician work today.

There have been several significant paradigm shifts since the codes were originally valued. First, component coding, which was standard when the original codes were created, has fallen into disfavor with the RUC and CMS with emphasis placed on bundling codes that are commonly performed together by the same provider. Second, providers of this service only rarely work in teams today and the typical service is performed by one clinician who does the surgical and radiologic portions of the repair. Finally, providers have begun performing EVAR for treatment of life-threatening ruptured aortic aneurysms, a practice that was never considered viable in April 2000 when the codes were originally valued.

For all of these reasons, we decided to restructure the family of codes that describe EVAR. Collaborators from SVS, SIR, ACS, STS, AATS, ACC, and SCAI worked for over one year to create a CPT proposal that would radically change the way the work of EVAR is coded. The CPT panel approved the final coding changes at the September 2016 CPT meeting. This recommendation includes 16 new codes, 4 revised codes, and 14 code deletions. The new codes incorporate many of the concerns described above and are outlined as follow:

1. Catheter placement is now bundled into the main procedure.
2. Radiologic supervision & interpretation is now bundled into the main procedure.
3. All distal extensions performed to the common iliac artery bifurcations are now bundled into the main procedure.
4. All proximal extensions performed to the lowest renal artery are now bundled into the main procedure.
5. The coding structure is now based on the anatomy of the disease rather than the device used to treat the aneurysm.
6. New codes have been created for the significantly different work of EVAR for ruptured aneurysms.
7. The global period has been changed from 0-day to ZZZ for the access procedures since these are never performed as stand-alone services.



## **Survey Methodology**

A multi-disciplinary workgroup including SVS, SIR, ACS, STS, and AATS was convened. Approval to modify the survey instrument was obtained from the Research Subcommittee. Three surveys were created to collect input for the 20 new/revised codes.

**Survey #1** included codes 34701-34708, the 090 day-global codes that describe elective and ruptured repair of aneurysms.

**Survey #2** included 34709-34712, which describe associated procedures for EVAR.

**Survey #3** included 34713-34716, which are ZZZ add-on codes to describe the vascular access options for performing EVAR.

Links to all three surveys were distributed randomly to the members of the representative societies in a single email, along with a document that included all the new guidelines, parentheticals and coding changes. The results were reviewed by the multi-specialty expert panel and the following recommendations submitted for the family. We will present the results as three distinct groups of codes that correspond to the three surveys.

## **Compelling Evidence/Budget Neutrality**

The specialty societies will present compelling evidence for the RUC's consideration, detailed in the specific survey sections below. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

## **Survey #1 (34701-34708) Overview of Recommended Values**

Currently, endovascular aneurysm repairs performed for rupture and in elective circumstances are reported with the same code. This is an historical artifact because the original codes were developed exclusively for elective repair. In 2000, it was not technically feasible to repair a ruptured aortic aneurysm using endovascular techniques. Over time, physicians have developed appropriate skill such that endovascular repair of a ruptured aortic aneurysm is now performed. Thus, we believe the RUC will require a budget neutrality consideration for the new 90-day global EVAR codes despite the fact that the additional work associated with ruptured aortic and iliac aneurysms was never considered when this family of endovascular repairs was created.

In general, the elective endovascular repairs in this proposal represent approximately 85% of reported services, while the repair of ruptured aneurysms represent approximately 15% of total reported services. For the much more common elective repairs, we are recommending work RVWs significantly lower than current value. For the less common ruptured aneurysm repair, we are recommending RVWs higher than the existing values. Overall, however, based on best available information, the expert panel believes this coding proposal will result in a net reduction in work RVU expenditures.

### **Compelling Evidence**

There has been a change in the patient population since the codes were previously valued. Ruptured aneurysms now account for an estimated 15% of EVARs. Endovascular repair was not performed or even considered when the original codes were surveyed and valued. The patient who has a rupture is in varying degrees of hemorrhagic shock and multisystem organ failure and represents distinctly different work from that of an elective EVAR patient. We feel that this fact alone more than serves as adequate compelling evidence to consider new values for codes 34701-34708.

### **Pre-Service Time**

There is significant pre-service time and work that goes into providing these procedures to review the aneurysm anatomy on CT angiogram, confirm the suitability of the anatomy for EVAR, make a large number of aortic diameter and center-line length measurements, review available endograft sizes and develop an operative plan that will successfully treat the pathology at hand. This time was originally added to the pre-service time of the original codes (leading to identification in the RAW screen). This service is provided after evaluation in the office, but more than 24 hours prior to the procedure. We therefore received approval from the Research Subcommittee to add an additional question to the survey to capture time spent planning for EVAR. This is consistent with the code descriptors which include the phrase "including pre-procedure sizing and device selection." This is also consistent with CMS' request to include this work as bundled in the main procedure. The additional planning time is therefore included in the total evaluation minutes and becomes part of the pre-service work.

Pre-service package 4 is appropriate for EVAR procedures with adjustment to the times. Surveyed planning times have been added to the pre-service evaluation time. The survey respondents also identified varying additional minutes for evaluation. We believe this to be related to the additional work the day before and the day of the procedure to ensure that all necessary supplies are available for the operation, to ensure that the radiologic equipment is operational and prepared for the procedure, and to re-review the extensive anatomic imaging prior to performing the procedure.

An additional 17 minutes of positioning time has been added to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure.

## **Post-Service Time**

Post-service package 9B would apply for these complex procedures, however, this package only allows 5 minutes for “operative note” which is not sufficient time for endovascular procedures that have radiologic supervision & interpretation bundled into the code. There is significantly more time involved to review all images and cines, annotate appropriate images, dictate radiologic findings, and document radiation exposure and contrast volumes. We therefore recommend accepting the survey values for immediate post-service time.

## **Comparison with Key Reference Services**

There were four codes that were chosen most often as key reference services for 34X01-34708. They are:

- 35131, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)*
- 35081, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta*
- 35082, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta*
- 35103, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)*

The following table incorporates our recommended RVW for 34X01-34708 along with the key reference services identified for these codes arranged in ascending order of values.

	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>Post</b>	<b>Hosp</b>	<b>Office</b>
<b>34707</b>	<b>24.00</b>	<b>0.116</b>	<b>482</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
<b>34701</b>	<b>25.00</b>	<b>0.124</b>	<b>482</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
35131 KRS	26.40	0.099	528	105			150	40	32x2, 31x3, 38	13, 12x2
<b>34703</b>	<b>30.25</b>	<b>0.135</b>	<b>507</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>150</b>	<b>35</b>	<b>33, 32, 38</b>	<b>13, 12</b>
<b>34705</b>	<b>32.28</b>	<b>0.148</b>	<b>512</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>150</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
35081 KRS	33.53	0.079	677	60	15	15	210	30	91, 32x3, 31x2, 38	14, 13, 12
<b>34708</b>	<b>36.50</b>	<b>0.113</b>	<b>717</b>	<b>70</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>60</b>	<b>91x2, 33x2, 32, 31, 38</b>	<b>14, 13, 12</b>
<b>34702</b>	<b>39.69</b>	<b>0.142</b>	<b>707</b>	<b>60</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>60</b>	<b>91x2, 33x2, 32, 31, 38</b>	<b>14, 13, 12</b>
35082 KRS	42.09	0.098	792	60			180	60	91x2, 33, 32 x3, 31x3, 38	14, 13, 12
35103 KRS	43.62	0.117	740	60			180	60	91x2, 32x3, 31x4, 38	13x2, 12
<b>34704</b>	<b>47.00</b>	<b>0.134</b>	<b>777</b>	<b>70</b>	<b>20</b>	<b>20</b>	<b>180</b>	<b>60</b>	<b>91x2, 33x2, 32, 31, 38</b>	<b>14, 13, 12</b>
<b>34706</b>	<b>50.00</b>	<b>0.152</b>	<b>780</b>	<b>75</b>	<b>20</b>	<b>20</b>	<b>178</b>	<b>60</b>	<b>91x2, 33x2, 32, 31, 38</b>	<b>14, 13, 12</b>

## Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. We offer the following codes as brackets for our recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33641, *Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch*
- MPC 33426, *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring*
- MPC 33863, *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2
34707	24.00	0.116	482	110	20	20	120	40	33, 32, 38	13, 12
34701	25.00	0.124	482	110	20	20	120	40	33, 32, 38	13, 12
33641 MPC	29.58	0.094	562	60	15	20	164	40	91, 33, 32, 31, 38	14
34703	30.25	0.135	507	110	20	20	150	35	33, 32, 38	13, 12
34705	32.28	0.148	512	110	20	20	150	40	33, 32, 38	13, 12
34708	36.50	0.113	717	70	20	20	120	60	91x2, 33x2, 32, 31, 38	14, 13, 12
34702	39.69	0.142	707	60	20	20	120	60	91x2, 33x2, 32, 31, 38	14, 13, 12
33426 MPC	43.28	0.111	776	60	15	20	205	40	91, 33x3, 32 x2, 31, 38	14, 13
34704	47.00	0.134	777	70	20	20	180	60	91x2, 33x2, 32, 31, 38	14, 13, 12
34706	50.00	0.152	780	75	20	20	178	60	91x2, 33x2, 32, 31, 38	14, 13, 12
33863 MPC	58.79	0.121	905	60	15	20	287	40	91x2, 33x3, 32x2, 31, 38	14

## Survey #1 Additional Rationale for Specific Codes

### 34701 Elective Aorto-Aortic Repair:

We recommend the 25<sup>th</sup> percentile survey value of 25.00 RVW. This represents a **decrease of 15.8%** from current value of 29.69 RVWs by current coding convention.

Comparison to existing codes is a difficult process due to bundling of the new codes to include pre-service planning, all radiologic S&I, and a variable use of extensions when compared to the existing codes. To calculate the current RVW using current coding convention, one would begin with the existing work of 34800. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for EVAR is then added. All proximal and/or distal

extensions from the level of the renal arteries down to the level of the aortic bifurcation is now included in the work of 34X01. To account for this work, we multiplied the RVW for 34825 by the percentage of time that 34825 is billed together with 34800 and then applied the multiple procedure reduction. Finally, the radiologic supervision and interpretation for extensions was multiplied by this same billed together data to calculate the final existing RVW for 34X01. Comparing this computed existing value with our proposed value for 34701 results in a **15.8% reduction** in existing value. The following table is a graphic explanation of this comparison.

<b>Existing EVAR Aorto-Aortic Graft</b>	<b>Work RVU</b>	<b>Adjustment</b>	<b>Adjusted Work RVU</b>
34800 Main body, tube graft	21.54	None	21.54
36200-50 Bilateral catheter in aorta	3.02	Bilaterality & MPPR	2.27
75952 Rad S&I code for main body	4.49	None	4.49
34825 Extension	12.80	MPPR & Billed together (18%)	1.15
75953 Rad S&I for extension	1.36	Billed together (18%)	0.24
<b>Total existing coding sequence</b>			<b>29.69</b>
<b>New Code</b>			
34701 Aorto-Aortic EVAR	25.00	None	<b>25.00</b>
<b>Change Existing to New</b>			<b>-15.8%</b>

### **34702 Ruptured Aorto-Aortic Repair:**

We recommend a crosswalk to CPT code 48001 (*Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy*) with a value of 39.69 RVW.

Ruptured aortic aneurysms are a catastrophic event with mortality rates as high as 90%. In fact, half of all patients who suffer a ruptured aneurysm will die before they can ever reach a hospital for definitive treatment. The mortality for surgical repair ranges from 40-60% for patients who are able to present for repair. Without rapid treatment, death is certain. These patients present in varying degrees of hemorrhagic shock and are typically plagued by multisystem organ failure post-operatively. Despite advances in detection and treatment of aneurysmal disease, the rupture rate has remained relatively constant over the past two decades at roughly 15% of the overall number of patients presenting for abdominal aortic and iliac aneurysm repair.

EVAR for rupture offers a less invasive approach for treatment but remains an extremely intense service performed in an attempt to save the life of an actively dying patient. As stated above, this is a new code to capture the significantly different work compared to an elective aneurysm repair. This procedure was never imagined in 2000 when the original EVAR codes were valued but this concept of differential work for elective and ruptured aneurysm repair exists in CPT codes for open surgical repair. These new EVAR codes for rupture include the additional work of temporary balloon aortic occlusion as needed for hemodynamic instability as well as the significantly different, longer and more complex post-operative care.

This new group of codes to report endovascular repair of ruptured abdominal aortic aneurysms is extremely difficult to assess by RUC survey since there is really nothing like it in CPT. The multi-specialty expert panel believes the survey respondents were challenged by the concepts of bundling the pre-planning, catheterization, all radiologic S&I, critical care visits and estimating whether or not

extensions would be needed in the typical case. In addition, code 34702 is the EVAR code for rupture with the lowest anticipated volume.

For all of these reasons, the expert panel believes survey respondents under-estimated the true work of this service. The expert panel believes the accurate work value of this service should be slightly above the median survey response of 36.00, but less than the 75<sup>th</sup> percentile value of 44.00. We recommend a crosswalk to CPT code 48001 (*Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy*) with a value of 39.69 RVW.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
48001 crosswalk	39.69	0.093	815	83			142	45	91x2, 33x3, 32x3, 31, 38	13x2, 12
<b>34702</b>	<b>39.69</b>	<b>0.142</b>	<b>707</b>	<b>60</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>60</b>	<b>91x2, 33x2, 32, 31, 38</b>	<b>14, 13, 12</b>

The pancreatic debridement has a typical patient who is also critically ill. The IWPUT of the pancreatic debridement is lower because the typical patient is hemodynamically stable, while typical patient for 34702 is not. Thus, there is substantially more intense/complex work for the new code during the intra-service period. Visit patterns are similar.

Service Performance Rate for 34702: This is the one code out of the family where the median service performance rate among survey respondents was zero. This will be a very low volume code and it is not surprising that few survey takers had significant experience with this new service in the past 12 months. When the data is reviewed between those without experience and those with, there are significant differences in the recommended RVW. The median RVW for 34702 among those survey respondents have performed this operation was 40.00, further supporting our crosswalk recommended value of 39.69 RVW.

#### 34703 Elective Aorto-Uni-Iliac Repair:

We recommend the 25<sup>th</sup> percentile survey value of 30.25 RVW. This represents a **decrease of 12.6%** from current value of 34.62 RVWs by current coding convention.

Comparison to existing codes is a complex process due to bundling of the new codes, to include pre-service planning, all radiologic S&I, and variable use of extensions with the previous codes. To calculate the current RVW using current coding convention, one would begin with the existing work of 34805. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for EVAR is then added. All proximal and distal extensions from the level of the renal arteries down to the level of the iliac bifurcation is now included in the work of 34703. To account for this work, we multiplied the RVW for 36825 by the percentage of time that 34825 is billed together with 34805 and then applied the multiple procedure reduction. Finally, the radiologic supervision and interpretation for extensions was multiplied by this same billed together data to calculate the final existing RVW for 34703. Comparing this computed existing value with our proposed value for 34703 results in a **12.6% reduction** in existing value. The following table is a graphic explanation of this comparison.

<b>Existing EVAR Aorto-Aortic Graft</b>	<b>Work RVU</b>	<b>Adjustment</b>	<b>Adjusted Work RVU</b>
34805 Main body, Aorto-Uni-Iliac graft	22.67	None	22.67
36200-50 Bilateral catheter in aorta	3.02	Bilaterality & MPPR	2.27
75952 Rad S&I code for main body	4.49	None	4.49
34825 Extension	12.80	MPPR & Billed together (67%)	4.29
75953 Rad S&I for extension	1.36	Billed together (67%)	0.91
<b>Total existing coding sequence</b>			<b>34.63</b>
<b>New Code</b>			
34703 Aorto-Uni-Iliac EVAR	30.25	None	<b>30.25</b>
<b>Change Existing to New</b>			<b>-12.6%</b>

### **34704 Ruptured Aorto-Uni-Iliac Repair:**

We recommend the 75<sup>th</sup> percentile survey value of 47.00 RVW.

Ruptured aortic aneurysms are a catastrophic event with mortality rates as high as 90%. In fact, half of all patients that suffer a ruptured aneurysm will die before they can ever reach a hospital for definitive treatment. The mortality for surgical repair ranges from 40-60% for patients who are able to present for repair. Without rapid treatment, death is certain. These patients present in varying degrees of hemorrhagic shock and are typically plagued by multisystem organ failure post-operatively. Despite advances in detection and treatment of aneurysmal disease, the rupture rate has remained relatively constant over the past two decades at roughly 15% of the total number of patients who present for abdominal aortic and iliac aneurysm repair.

EVAR for rupture offers a less invasive approach for treatment but remains an extremely intense service in an attempt to save the life of an actively dying patient. As stated above, this is a new code to capture the significantly different work compared to an elective aneurysm repair. This procedure, endovascular repair of a ruptured aortic aneurysm, was never imagined in 2000 when the original EVAR codes were valued, but the concept of differential work for elective and ruptured aneurysm repair exists in CPT codes for open surgical repair. These new EVAR codes for rupture include the additional work of temporary balloon aortic occlusion as needed for hemodynamic instability as well as the significantly different, longer and more complex post-operative care.

This new group of codes to report endovascular repair of ruptured abdominal aortic aneurysms is extremely difficult to assess by RUC survey since there is really nothing like it in CPT. The multi-specialty expert panel believes the survey respondents were challenged by the concepts of bundling the pre-planning, catheterization, all radiologic S&I, critical care visits and estimating whether or not extensions would be needed in the typical case.

For all of these reasons, the expert panel believes survey respondents under-estimated the true work of this service. Based on the extraordinary intensity of this service, plus extended complexity of postoperative care, the expert panel believes the accurate work value of this service should be the 75<sup>th</sup> percentile value of 47.00 RVW.



### **34705 Elective Aorto-Bi-Iliac Repair:**

We recommend the 25<sup>th</sup> percentile survey value of 32.28 RVW. This represents a **decrease of 7.6%** from current value of 34.92 RVWs by current coding convention.

Comparison to existing codes is a complex process due to bundling of the new codes, to include pre-service planning, all radiologic S&I, and variable use of extensions with the previous codes. To calculate the true current RVW using current coding convention, utilization percentages are first used to “weight” the three main body codes (34802, 34803, 34804) that will be consolidated into the new code 34705. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for EVAR is then added. All proximal and distal extensions from the level of the renal arteries down to the level of the iliac bifurcations is now included in the work of 34705. To account for this work, we multiplied the RVW for 34825 by a utilization weighted average of the percentage of time that 34825 is billed together with 34802, 34803, and 34804 and adjusted for multiple procedure reduction. Finally, the radiologic supervision and interpretation for extensions was multiplied by this same weighted billed together data to calculate the final existing RVW for this code set. Comparing this computed existing value with our proposed value for 34705 results in a **7.6% reduction** in existing value. The following table is a graphic explanation of this comparison.

<b>Existing EVAR Aorto-Bi-Iliac Graft</b>	<b>Work RVU</b>	<b>Adjustment</b>	<b>Adjusted Work RVU</b>
34802 Main body, 1 docking limb	23.79	Utilization (58%)	13.89
34803 Main body, 2 docking limbs	24.82	Utilization (25%)	6.31
34803 Unibody bifurcated device	23.79	Utilization (16%)	3.85
36200-50 Bilateral catheter in aorta	3.02	Bilaterality & MPPR	2.27
75952 Rad S&I code for main body	4.49	None	4.49
34825 Extension	12.80	MPPR & Billed together (53%)	3.38
75953 Rad S&I for extension	1.36	Billed together (53%)	0.72
<b>Total existing coding sequence</b>			<b>34.92</b>
<b>New Code</b>			
34705 Aorto-Bi-Iliac EVAR	32.28	None	<b>32.28</b>
<b>Change Existing to New</b>			<b>-7.6%</b>

### **34706 Ruptured Aorto-Uni-Iliac Repair:**

We recommend the 75<sup>th</sup> percentile survey value of 50.00 RVW.

Ruptured aortic aneurysms are a catastrophic event with mortality rates as high as 90%. In fact, half of all patients that suffer a ruptured aneurysm will die before they can ever reach a hospital for definitive treatment. The mortality for surgical repair ranges from 40-60% for patients who are able to present for repair. Without rapid treatment, death is certain. These patients present in varying degrees of hemorrhagic shock and are typically plagued by multisystem organ failure post-operatively. Despite advances in detection and treatment of aneurysmal disease, the rupture rate has remained relatively constant over the past two decades at roughly 15% of the total number of patients who present for abdominal aortic and iliac aneurysm repair.

EVAR for rupture offers a less invasive approach for treatment but remains an extremely intense service in an attempt to save the life of an actively dying patient. As stated above, this is a new code to capture



the significantly different work compared to an elective aneurysm repair. This procedure, endovascular repair of a ruptured aortic aneurysm, was never imagined in 2000 when the original EVAR codes were valued but the concept of differential work for elective and ruptured aneurysm repair exists in CPT codes for open surgical repair. These new EVAR codes for rupture include the additional work of temporary balloon aortic occlusion as needed for hemodynamic instability as well as the significantly different, more complex and longer post-operative care.

This new group of codes to report endovascular repair of ruptured abdominal aortic aneurysms is extremely difficult to assess by RUC survey since there is really nothing like it in CPT. The multi-specialty expert panel believes the survey respondents were challenged by the concepts of bundling the pre-planning, catheterization, all radiologic S&I, critical care visits and estimating whether or not extensions would be needed in the typical case.

For all of these reasons, the expert panel believes survey respondents under-estimated the true work of this service. Based on the extraordinary intensity of this service, plus extended complexity of postoperative care, the expert panel believes the accurate work value of this service should be the 75<sup>th</sup> percentile value of 50.00 RVW.

#### **34707 Elective Repair Iliac Aneurysm:**

We recommend the 25<sup>th</sup> percentile survey value of 24.00 RVW. This recommendation is slightly above the value of calculated existing value of 22.37 RVW as detailed below.

Comparison to existing codes is a complex process due to bundling of the new codes, to include pre-planning, all radiologic S&I, and variable use of extensions with the previous codes. To calculate the current RVW using current coding convention, one would begin with the existing work of 34900. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for iliac EVAR is then added. All proximal and distal extensions from the level of the aortic bifurcation down to the level of the iliac bifurcation are now included in the work of 34707. To account for this work, we multiplied the RVW for 34825 by the percentage of time that 34825 is billed together with 34900 and then applied the multiple procedure reduction. Finally, the radiologic supervision and interpretation for extensions was multiplied by this same billed together data to calculate the final existing RVW for 34707. The following table is a graphic explanation of this comparison.

<b>Existing EVAR Aorto-Aortic Graft</b>	<b>Work RVU</b>	<b>Adjustment</b>	<b>Adjusted Work RVU</b>
34900 Iliac-iliac graft	16.85	None	16.85
36200-50 Bilateral catheter in aorta	3.02	Bilaterality & MPPR	2.27
75954 Rad S&I code for iliac	2.25	None	2.25
34825 Extension	12.80	MPPR & Billed together (13%)	0.83
75953 Rad S&I for extension	1.36	Billed together (13%)	0.18
<b>Total existing coding sequence</b>			<b>22.37</b>
<b>New Code</b>			
34707 Iliac-iliac EVAR	24.00	None	<b>24.00</b>
<b>Change Existing to New</b>			<b>7.3%</b>

### **34708 Ruptured Iliac Aneurysm Repair:**

We recommend the median survey RVW of 36.50.

Ruptured iliac aneurysms are a catastrophic event with mortality rates as high as 90%. In fact, half of all patients that suffer a ruptured iliac aneurysm will die before they can ever reach a hospital for definitive treatment. The mortality for surgical repair ranges from 40-60% for patients who are able to present for repair. Without rapid treatment, death is certain. These patients present in varying degrees of hemorrhagic shock and are typically plagued by multisystem organ failure post-operatively. Despite advances in detection and treatment of aneurysmal disease, the rupture rate has remained relatively constant over the past two decades at roughly 15%.

EVAR for rupture offers a less invasive approach for treatment but remains an extremely intense service in an attempt to save the life of an actively dying patient. As stated above, this is a new code to capture the significantly different work compared to an elective aneurysm repair. This procedure, endovascular repair of a ruptured iliac aneurysm, was never imagined in 2000 when the original EVAR codes were valued but this concept of differential work for elective and ruptured aneurysm repair exists in CPT codes for open surgical repair. These new EVAR codes for rupture include the additional work of temporary balloon aortic occlusion as needed for hemodynamic instability and the significantly different, more complex and longer post-operative care.

### **Survey #1 Summary**

The new family of CPT codes for EVAR represent a complex set of operations that now pre-planning, all radiologic supervision and interpretation, all routine catheterization, almost all currently placed extensions, and the extension S&I into codes that better describe the current practice of EVAR and conform with current concepts in code creation and valuation.

This family was surveyed by a multispecialty group. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for codes 34X01-34708. In general, the elective endovascular repairs will be valued significantly lower than current values. Based on available data, the elective codes will represent approximately 85% of the reported services. The repair of ruptured aneurysm will be valued higher than the existing codes, but this cohort will be reported only about 15% of the total. Overall, based on best available utilization information, this coding proposal will result in a net reduction in work RVU expenditure. We believe these recommendations are appropriate and well supported with our rationale.

## **Survey #2 (+34709, 34710, +34711, 34712) Overview of Recommended Values**

The codes surveyed in the second group include three codes (+34709, 34710, +34711) that describe the placement of proximal and/or distal extensions at the time of the initial procedure and in a delayed fashion. The previous codes for extensions did not specify at what setting they were performed leading to overlap in pre and post-service work and multiple procedure reductions if they were done at the same time as the original procedure. If extensions are performed in a delayed fashion, there is additional pre-procedure planning time similar to the base codes that needs to be taken into consideration. To overcome this problem, separate codes were created to describe the work of extensions performed at the same setting as the initial procedure and those performed in a delayed fashion. Appropriate global periods for each code were assigned. The last code in this survey (34712) describes the transcatheter delivery of enhanced fixation device(s) to the endograft (e.g., anchor, screw, tack) and all associated radiological supervision and interpretation. Code 34712 represents new technology and new work that was not present previously.

### **Compelling Evidence**

There has been a change in the patient population for codes +34709, 34710, and +34711. As stated above, under current coding convention, there is no distinction as to the timing of proximal and/or distal endograft extensions. Furthermore, the treatment zone itself was ill defined. Current billed together and utilization data indicate that an initial extension is *typical* (53%) at the time of the initial procedure. As such, the new base codes (34X01-34708) were created with the initial extension and extension radiologic supervision & interpretation bundled. The treatment zone has been specifically defined such that clinical scenarios that were previous billed with 34825 are now part of the base procedure. The residual patients who require extensions beyond the treatment zone represent a new patient population and different work than the previous codes. The patients who have delayed proximal and/or distal extensions placed also represent a new patient population that is significantly different work from what was previously captured with 34825, +34826, and 75953. Code 34712 is a new code that describes work previously captured with an unlisted vascular procedure code. We therefore feel that compelling evidence has been met for codes +34709, 34710, +34711, 34712.

### **Pre-Service Time (34710, 34712)**

When a patient needs to return to the operating room for placement of a proximal and/or distal endograft extension or delivery of an enhanced fixation device, there has been failure of the initial endograft requiring corrective action. This results in significant additional pre-service time and work. Multiple images (including CT angiogram, duplex, and possibly arteriogram) are reviewed to diagnose the problem, available devices are reviewed, and an operative plan is developed. This service is provided after evaluation in the office, but more than 24 hours prior to the procedure. We received approval from the Research Subcommittee to add an additional question to the 34710 survey to capture time spent for planning. This is consistent with the code descriptor which includes the phrase "including pre-procedure sizing and device selection." The additional planning time is therefore included in the total evaluation minutes and becomes part of the pre-service work for 34710.

Pre-service package 4 is appropriate for 34710 and 34712 with adjustment to the times. Surveyed planning times have been added to the pre-service evaluation time for 34710. The survey respondents also identified varying addition minutes for evaluation. We believe this to be related to the additional work the day before and the day of the procedure to ensure that all necessary supplies are available for the operation and to ensure that the radiologic equipment is operational and prepared for the procedure.

The survey respondents identified additional minutes of positioning time for these codes. This is to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as

indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. A total of 15 minutes is recommended for 34710 and a total of 20 minutes for 34712. The survey respondents also reported 5 minutes less scrub, dress, and wait time for 34710 than exists in pre-service package 4. We recommend accepting the survey results and subtracting 5 minutes of SDW time for 34710.

### **Post-Service Time (34710, 34712)**

Post-service time package 9B would apply for these complex procedures, however, this package only allows 5 minutes for “operative note” which is not sufficient time for endovascular procedures that have radiologic supervision & interpretation bundled into the code. There is significantly more time involved to review all images and cines, annotate appropriate images, dictate radiologic findings, and document radiation exposure and contrast volumes. We therefore recommend accepting the survey values for immediate post-service time.

### **Comparison with Key Reference Services**

There were two codes that were chosen most often as key reference services for +34709 and +34711 and two codes chosen for 34710 and 34712. They are:

- +37237, *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)*
- +37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*
- 37218, *Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*
- 37217, *Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*

The following tables incorporates our recommended RVW for +34709, +34711 and 34710, 34712 along with the key reference services identified for these codes arranged in ascending order of values.

	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Pre</b>	<b>INTRA</b>	<b>Post</b>
+37237 KRS	4.25	0.093	47	1	45	1
<b>+34711</b>	<b>6.00</b>	<b>0.100</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
<b>+34709</b>	<b>6.50</b>	<b>0.108</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
37235 KRS	7.80	0.097	82	1	60	1

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
<b>34712</b>	<b>14.00</b>	<b>0.108</b>	<b>327</b>	<b>60</b>	<b>20</b>	<b>20</b>	<b>60</b>	<b>30</b>	<b>32, 31, 38</b>	<b>13, 12</b>
37218 KRS	15.00	0.106	265	33	5	5	90	28	31, 38	13x2
<b>34710</b>	<b>17.00</b>	<b>0.095</b>	<b>397</b>	<b>110</b>	<b>15</b>	<b>15</b>	<b>90</b>	<b>30</b>	<b>32, 31, 38</b>	<b>13, 12</b>
37217 KRS	20.38	0.098	403	40	14	20	120	30	33, 32, 38	13x2

### Comparison to MPC codes

There are only 10 ZZZ global MPC codes for comparison, all of which are lower values than our recommendations for +34709 and +34711. We offer the following code for comparison:

- MPC 57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+37237 MPC	4.88	0.108	45	0	45	0
<b>+34711</b>	<b>6.00</b>	<b>0.100</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
<b>+34709</b>	<b>6.50</b>	<b>0.108</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>

We offer the following codes as brackets for our recommendations for 34710 and 34712:

- MPC 53440, *Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)*
- MPC 52601, *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)*
- MPC 37215, *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
53440 MPC	13.36	0.098	248	33	7	15	90	22	38x0.5	13x2, 12
<b>34712</b>	<b>14.00</b>	<b>0.108</b>	<b>327</b>	<b>60</b>	<b>20</b>	<b>20</b>	<b>60</b>	<b>30</b>	<b>32, 31, 38</b>	<b>13, 12</b>
52601 MPC	15.26	0.088	355	35	10	15	75	40	32, 31x2, 38	13x2, 12
<b>34710</b>	<b>17.00</b>	<b>0.095</b>	<b>397</b>	<b>110</b>	<b>15</b>	<b>15</b>	<b>90</b>	<b>30</b>	<b>32, 31, 38</b>	<b>13, 12</b>
37215 MPC	18.00	0.121	322	40	8	15	90	30	33, 38	13x2

## **Survey #2: Additional Rationale for Specific Codes**

### **+34709 Placement of Extension Prosthesis at Initial Procedure:**

We recommend the 25<sup>th</sup> percentile survey value of 6.50 RVW.

This represents an increase from current value of 5.48 RVWs by current coding convention. This value is determined by adding the RVWs of +34826 and its corresponding radiologic supervision & interpretation code 75953. Compelling evidence as detailed above justifies this slight increase in value for this new code compared to existing. Comparison to KRS, MPC and family further support our recommendation.

### **34710 Delayed Placement of Extension Prosthesis:**

We recommend the median survey value of 17.00 RVW.

This represents a slight increase from the current value of 16.43 by current coding convention which is determined by adding the RVWs for 34825 and its corresponding radiologic supervision & interpretation 75953, and the work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiplying by 0.5 for the multiple procedure reduction. The following table is a graphic explanation of this comparison.

<b>Existing Extension</b>	<b>Work RVU</b>	<b>Adjustment</b>	<b>Adjusted Work RVU</b>
34825 Extension	12.80	None	12.80
36200-50 Bilateral catheter in aorta	3.02	Bilaterality & MPPR	2.27
75953 Rad S&I for extension	1.36	None	1.36
<b>Total existing coding sequence</b>			<b>16.43</b>
<b>New Code</b>			
34710 Delayed Extension	17.00	None	<b>17.00</b>
<b>Change Existing to New</b>			<b>3.5%</b>

Compelling evidence as detailed above justifies this slight increase in value for this new code compared to existing as it represents significantly different work from the existing codes. Comparison to KRS, MPC and family further support our recommendation.

### **+34711 Delayed Placement of Additional Extension Prosthesis:**

We recommend the 25<sup>th</sup> percentile survey value of 6.00 RVW.

This represents an increase from current value of 5.48 RVWs by current coding convention. This value is determined by adding the RVWs of +34826 and its corresponding radiologic supervision & interpretation code 75953. This value is lower than the value for +34709 which is a very similar service; however, clinically speaking, the additional endograft extension placed in a delayed fashion could be within the previous treatment zone of the initial endograft placement and is therefore less intense than an extension placed at the time of initial endografts deployment. For example, a patient who has had a previous EVAR for aneurysm repair is found to have bilateral type 1B endoleaks at the distal limbs in the common iliac arteries bilaterally. There is enough landing zone within the common iliac arteries to seal the leaks with bilateral extensions to the common iliac bifurcation without extending into the external iliac arteries. This scenario would be reported with 34710 and +34711 in the delayed setting but if these extensions were

performed at the time of the original procedure, these extensions are within the treatment zone and bundled into the base code.

#### **34712 Enhanced Fixation Device:**

We recommend the median survey value of 14.00 RVW.

This new code describes the work of transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation. The work of this procedure was previously coded with unlisted vascular or unlisted cardiac codes depending on the location of the endograft. This will be a low volume code estimated to be used in less than 2% of EVARs.

#### **Survey #2 Summary**

The new family of CPT codes for EVAR represent a complex set of operations that now bundle all commonly performed services into codes that better describe the current practice of EVAR and conform with current concepts in code creation and valuation. This family was surveyed by a multispecialty group. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for these new codes. The four codes specific to this survey represent significantly different work from previous coding or new work that was not previously captured as detailed in compelling evidence above. We believe these recommendations are appropriate and well supported with our rationale.



### **Survey #3 (+34713-34716) Overview of Recommended Values**

The codes surveyed in the third group are all ZZZ add-on codes that describe the work of vascular access for the performance of EVAR. This family includes 4 codes (34812, 34820, 34833, 34834) that were previously 000 day globals that have now been converted to ZZZ and 4 new ZZZ codes (+34713, +34714, +34715, +34716).

#### **Compelling Evidence**

The existing four codes (34812, 34820, 34833, 34834) have been the only code options to report vascular access for EVAR since 2003. There have been many advances in technology and technique since that time. One of the more commonly used approaches for vascular access for EVAR is now a percutaneous approach. This work is currently not described by a CPT code. Open exposure of the axillary or subclavian artery has been added as an option that was not previously present and also represents new work. Finally, the use of conduits has expanded from the currently existing code for an iliac conduit (34833) to other access options including the femoral, axillary, and subclavian arteries. This new work is now captured in the codes +34714 and +34715. The three access with conduit codes can also be used for establishment of cardiopulmonary bypass. Our expert panel agrees that the change in global period, the expansion of access options, and the expansion of indications represent compelling evidence for consideration of new values.

#### **Expert Panel Review of Survey Results**

Our review of the data obtained from the survey respondents for these eight codes revealed several inconsistencies that we were unable to explain in a logical fashion. Specifically, the survey respondents stated that the intra-service time for open iliac exposure (+34820), open iliac exposure with conduit (+34833), open axillary/subclavian exposure (+34715), and open axillary/subclavian exposure with conduit (+34716) were all identical at 60 minutes. The two conduit codes (+34833, +34716) include the work of the open exposure codes (+34820, +34715) as well as the incremental work of anastomosing a conduit onto the target artery. It is physically impossible for this additional work to take 0 minutes. Our only explanation of this error is survey fatigue on the part of the respondents. This was quite a large proposal and in an effort to maintain relativity between all twenty codes by having respondents answer all three surveys we may have exhausted their ability to focus and discern time differences between similar codes by the time they reached the end of the survey.

We therefore will be making recommendations for these 4 codes based on magnitude estimation as detailed in each individual section below.

#### **Comparison with Key Reference Services**

These eight code recommendations cover an RVU range from 2.50 to 9.00. There were ten key reference services selected by the survey respondents most commonly when making their recommendations. They are:

- +37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*
- +36476, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*
- +35600, *Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)*
- +35682, *Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)*



- +35572, *Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)*
- +22845, *Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)*
- +37237, *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)*
- +35683, *Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)*
- +35306, *Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for these eight codes along with the key reference services identified for these codes arranged in ascending order of RVW.

	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Pre</b>	<b>INTRA</b>	<b>Post</b>
<b>+34713</b>	<b>2.50</b>	<b>0.125</b>	<b>20</b>	<b>0</b>	<b>20</b>	<b>0</b>
+36476 KRS	2.65	0.088	30	0	30	0
<b>+34834</b>	<b>2.65</b>	<b>0.088</b>	<b>30</b>	<b>0</b>	<b>30</b>	<b>0</b>
+37222 KRS	3.73	0.092	42	1	40	1
<b>+34812</b>	<b>4.13</b>	<b>0.103</b>	<b>40</b>	<b>0</b>	<b>40</b>	<b>0</b>
+37237 KRS	4.25	0.093	47	1	45	1
+35600 KRS	4.94	0.124	40	0	40	0
<b>+34715</b>	<b>6.00</b>	<b>0.100</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
<b>+34714</b>	<b>6.13</b>	<b>0.102</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
+35572 KRS	6.81	0.114	60	0	60	0
<b>+34820</b>	<b>7.00</b>	<b>0.117</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
+35682 KRS	7.19	0.092	78	0	78	0
<b>+34716</b>	<b>8.00</b>	<b>0.100</b>	<b>80</b>	<b>0</b>	<b>80</b>	<b>0</b>
+35683 KRS	8.49	0.094	90	0	90	0
<b>+34833</b>	<b>9.00</b>	<b>0.113</b>	<b>80</b>	<b>0</b>	<b>80</b>	<b>0</b>
+35306 KRS	9.25	0.103	90	0	90	0
+22845 KRS	11.94	0.133	90	0	90	0

### Comparison to MPC codes

There are a limited number of ZZZ global MPC codes for comparison, most of which are lower values than our recommendations for this group of codes. We offer the following codes for comparison:

- MPC +36227, *Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)*
- MPC +99292, *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)*
- MPC +63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equine and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*
- MPC +57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for these eight codes along with the MPC services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+36227 MPC	2.09	0.139	15	0	15	0
+99292 MPC	2.25	0.075	30	0	30	0
<b>+34713</b>	<b>2.50</b>	<b>0.124</b>	<b>20</b>	<b>0</b>	<b>20</b>	<b>0</b>
<b>+34834</b>	<b>2.65</b>	<b>0.088</b>	<b>30</b>	<b>0</b>	<b>30</b>	<b>0</b>
+63048 MPC	3.47	0.077	45	0	45	0
<b>+34812</b>	<b>4.13</b>	<b>0.103</b>	<b>40</b>	<b>0</b>	<b>40</b>	<b>0</b>
+57267 MPC	4.88	0.108	45	0	45	0
<b>+34715</b>	<b>6.00</b>	<b>0.100</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
<b>+34714</b>	<b>6.13</b>	<b>0.102</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
<b>+34820</b>	<b>7.00</b>	<b>0.117</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
<b>+34716</b>	<b>8.00</b>	<b>0.100</b>	<b>80</b>	<b>0</b>	<b>80</b>	<b>0</b>
<b>+34833</b>	<b>9.00</b>	<b>0.113</b>	<b>80</b>	<b>0</b>	<b>80</b>	<b>0</b>

### **Survey #3: Additional Rationale for Specific Codes**

#### **+34713 Percutaneous Access and Closure:**

We recommend using a crosswalk to CPT code +15152 for a value of 2.50 RVW.

Percutaneous access and closure for EVAR has been increasing in utilization over the past several years. However, this requires significant work to close the access artery as the sheath size for delivery of the EVAR devices are quite large. Percutaneous repair is achieved with a “pre-closure” technique of placing suture mediated closure devices under ultrasound guidance (included). These closure devices are designed for smaller sized sheaths. The arteriotomy is then dilated to the necessary size for placement of the delivery sheath which can be as large as 24 French. At the completion of the procedure, the large sheaths are removed slowly over a dilator and the sutures are tied to close the large arteriotomy. Manual pressure is then held for hemostasis. Failure to achieve hemostasis requires surgical cutdown and repair of the vessel.

Our expert panel agreed that the 25<sup>th</sup> percentile and median survey values for +34713 were too high and not consistent with the work. We agree that the work and intensity for +34713 is similar to CPT code +15152, *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)*, and therefore recommend an RVW of 2.50.

	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Pre</b>	<b>INTRA</b>	<b>Post</b>
+15152	2.50	0.124	20	0	20	0
<b>+34713</b>	<b>2.50</b>	<b>0.124</b>	<b>20</b>	<b>0</b>	<b>20</b>	<b>0</b>

#### **+34812 Open Femoral Exposure:**

We recommend the 25<sup>th</sup> percentile survey value of 4.13 RVW.

This is an existing code for femoral artery exposure for the purpose of delivery of endografts. The existing code is a 000-day global and was captured in the RAW screen for pre-service time in excess of standard packages. The global period was changed to ZZZ as this procedure is never performed as a stand-alone service. The current value of 34812 can be converted into a ZZZ valued by multiplying the existing intra-service time by the IWPUT which predicts a value of 4.39 RVW for 34812 if it were an add-on code. This compares favorably with our recommendation for the 25<sup>th</sup> percentile at 4.13 RVW for +34812.

#### **+34714 Open Femoral Exposure with Conduit:**

We recommend a value of 6.13 RVW by magnitude estimation.

The survey respondents identified 20 more intra-service minutes for the additional work of sewing an artificial conduit onto the femoral artery for this new code compared to the work of exposure of the femoral artery (+34812). Our expert panel reviewed this data and agree that 20 minutes is accurate for this incremental work. We also compared this code to CPT +33987, *Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)*, which describes similar work except the typical patient for +33987 would be a pediatric patient. Code +33987 has an intra-service time of 45 minutes and RVW of 4.04. We agree that an appropriate magnitude estimation for the additional work of placing a femoral conduit with 20 minutes of intra-service time would be 2.00 RVW when compared to +33987. This increment of 2.00 RVW was further validated by our survey respondents in our recommendations for the

incremental values between iliac exposure (+34820) and iliac conduit (+34833) and between axillary/subclavian exposure (+34715) and axillary/subclavian conduit (+34716).

There is no direct ZZZ crosswalk to a value of 6.13 RVW, however, the following codes are RUC reviewed ZZZ codes with 60 minutes of intra-service time and similar RVW that bracket our recommendation and further support use of incremental valuation and magnitude estimation of 6.13 RVW for +34714.

- +22216, *Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)*
- +22226, *Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)*
- +35500, *Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)*
- +37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+22216	6.03	0.101	60	0	60	0
+22226	6.03	0.101	60	0	60	0
<b>+34714</b>	<b>6.13</b>	<b>0.102</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
+35500	6.44	0.107	60	0	60	0
+37233	6/50	0.108	62	1	60	1

#### **+34820 Open Iliac Exposure:**

We recommend the 25<sup>th</sup> percentile survey value of 7.00 RVW.

This is an existing code for iliac artery exposure for the purpose of delivery of endografts. The global period was changed to ZZZ as this procedure is never performed as a stand-alone service. The current value of 34820 can be converted into a ZZZ valued by multiplying the existing intra-service time by the IWPUT which predicts a value of 7.05 RVW for 34820 if it were an add-on code. This compares favorably with our recommendation for the 25<sup>th</sup> percentile at 7.00 RVW for +34820.

#### **+34833 Open Iliac Exposure with Conduit:**

We recommend the median survey value of 9.00 RVW.

The survey respondents did not report any additional intra-service time for the additional work of placing an iliac conduit compared to +34820. As stated above, the expert panel agree this is physically impossible and would create an anomaly for this pair of codes. The existing values for 34820 and 34833 have a differential of 2.24 RVW and a differential intra-service time of 25 minutes. The survey respondents identified 20 more intra-service minutes for the additional work of sewing an artificial conduit onto the femoral artery for +34714 compared to +34812. Our expert panel agrees that 20 minutes is the accurate intra-service time for the incremental work related to the conduit. We also reviewed CPT +33987, *Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)*, which describes similar work except the typical patient for +33987 would be a pediatric patient. Code +33987 has an intra-service time of 45 minutes and RVW of 4.04. We agree that an appropriate magnitude estimation

for the additional work of placing an iliac conduit is 2.00 RVW and 20 additional minutes of intra-service time. We therefore recommend the median survey value of 9.00 RVW for +34833 with an additional 20 intra-service minutes for a total of 80 intra-service minutes.

#### **+34834 Open Brachial Exposure:**

We recommend using a crosswalk to CPT +36476 for value of 2.65 RVW.

This is an existing code for brachial artery exposure for the purpose of delivery of endografts. The existing code is a 000-day global. The global period was changed to ZZZ as this procedure is never performed as a stand-alone service. The current value of 34834 can be converted into a ZZZ valued by multiplying the existing intra-service time by the IWPUT which predicts a value of 2.35 RVW for 34833 if it were an add-on code. This existing ZZZ-based value is below the minimum response from our survey respondents and we therefore cannot accept it as valid. An alternative consideration for the existing value of 34834 would be to apply the multiple procedure payment reduction model which produces a “real world” value of 2.67 RVW. This calculation strongly supports our proposed crosswalk to CPT +36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)* for a value of 2.65 RVW for +34834.

#### **+34715 Open Axillary/Subclavian Exposure:**

We recommend the 25<sup>th</sup> percentile survey value of 6.00 RVW.

This is a new code to describe the work of exposing the axillary/subclavian artery for delivery of endografts. The survey respondents identified 60 minutes of intra-service time for the performance of this service which is comparable to the time identified for the performance of iliac artery exposure (+34820). Our expert panel agree that this is appropriate as the axillary/subclavian artery can be difficult to expose. In addition, the subclavian artery is one of the most friable arteries in the body and requires additional care in its dissection to prevent injury. We therefore agree that the 25<sup>th</sup> percentile survey value of 6.00 RVW is appropriate for +34715.

#### **+34716 Open Axillary/Subclavian Exposure, with Conduit:**

We recommend the median survey value of 8.00 RVW.

This is a new code to describe the work of exposing the axillary/subclavian artery with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass. The survey respondents did not report any additional intra-service time for the additional work of placing an axillary/subclavian conduit compared to +34715. As stated above, the expert panel agree this is physically impossible and would create an anomaly for this code pair. The survey respondents identified 20 more intra-service minutes for the additional work of sewing an artificial conduit onto the femoral artery for +34714 compared to +34812. Our expert panel agrees that 20 minutes is the accurate intra-service time for this incremental work. We also reviewed CPT +33987, *Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)*, which describes similar work except the typical patient for +33987 would be a pediatric patient. Code +33987 has an intra-service time of 45 minutes and RVW of 4.04. We agree that an appropriate magnitude estimation for the additional work of placing an axillary/subclavian conduit is 2.00 RVW and 20 additional minutes of intra-service time. We therefore recommend the median survey value of 8.00 RVW for +34716 with an additional 20 intra-service minutes for a total of 80 intra-service minutes.

### **Survey #3 Summary**

The new family of CPT codes for EVAR represent a complex set of operations that now bundle all commonly performed services into codes that better describe the current practice of EVAR and conform with current concepts in code creation and valuation. This family was surveyed by a multispecialty group. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for these new codes. The eight codes specific to this survey are now all ZZZ add-on codes to describe the work of access for these complex procedures. The global period change eliminates any duplication of pre and post-service work and allows for maximum flexibility to describe the access needed for individual procedures. We believe these recommendations are appropriate and well supported with our rationale.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34701      Tracking Number   U1

Original Specialty Recommended RVU: **25.00**  
Presented Recommended RVU: **23.71**  
RUC Recommended RVU: **23.71**

Global Period: 090

CPT Descriptor: Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with an asymptomatic infrarenal abdominal aortic aneurysm. Endovascular repair is performed by deployment of an aorto-aortic tube endograft and all required infrarenal aortic extension(s), as necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 13% , Overnight stay-more than 24 hours 87%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 69%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery, but it must be completed several days prior to surgery to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is one of the primary determinants of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where 3D software is applied permitting iterative modelling of a virtual device within the aorta in multiplanar views and center line of flow analysis. The physician needs to manually adjust modelling for altered anatomy which is tortuous or thrombus laden. Orthogonal center-line imaging is used to determine diameter measurements of the aorta, iliac and femoral arteries for appropriate sizing of the main body endograft and limbs with extensions as needed. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence and stenosis require consideration as they may impact device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the distances between the lowest renal artery and the distal seal zone depending on the extent and involvement of the distal aorta and iliac segments. A stretched/straightened view permits manual validation of the computer-generated lengths.

Preservice work also includes the procedural work-up. Pre-service work necessarily includes review of surgical indication, physical exam findings, current medications and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the operating room after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine and ACT testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming

procedure and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for ready viewing during the operative procedure. The surgeon supervises appropriate patient positioning on the OR table, ensures fluoroscopy is functional and that desired imaging angles are attainable with equipment at hand. The surgeon dons radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile prep of access site(s) and subsequent draping. The surgeon leads the pre-procedural "time-out."

Description of Intra-Service Work: Although deployment of this prosthesis is accomplished from a single femoral or iliac access site, the requirement for accurate positioning typically means that intra-arterial catheterization is performed bilaterally. Catheter placement is bundled in this procedure. Under fluoroscopic guidance, an introducer needle is used to access the vessel. A series of graded guidewires, vascular sheaths and catheters is introduced flush aortography is performed to confirm the location of the renal arteries and the aorto-iliac anatomy. The patient is then systemically anticoagulated. A rigid wire is inserted over a catheter to provide secure tracking of the large introducer sheath for the endograft. The endograft is loaded onto the guidewire and advanced through the access vessel into the aorta. The endograft is positioned and deployed under fluoroscopic guidance with intermittent angiographic control imaging. A large compliant balloon is placed over the wire into the endograft to perform balloon dilation at the proximal and distal seal zones of the endograft. An aortogram is performed for adequacy of the graft position, patency of adjacent branch vessels (renals and hypogastrics), presence or absence of endoleaks, and type of endoleak if present. The patency of collateral vessels (lumbar or inferior mesenteric arteries) that may contribute to persistent endoleaks is also assessed. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary. Extensions required to achieve fixation and seal from the lowest renal artery to the aortic bifurcation are deployed (and included in this service). When the graft is in appropriate position and free of endoleaks on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: Hospital: Apply sterile dressings. Assist transfer of patient from operating table to gurney. Monitor patient for hemodynamic stability in transit and ensure adequate perfusion to the lower extremities. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate operative report and copy referring physician. Review post-operative imaging.

Post-operative in-hospital visits require interval history-taking for new complaints of pain or neurovascular compromise. Exam requires close monitoring for abdominal or lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are obtained, either during the inpatient stay or early in the post-discharge time period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, solicit an interval history for ongoing or new symptoms; examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection; examine lower extremities for adequate perfusion. Order diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for possible endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician (verbal and written). Dictate/type progress notes for medical chart.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34701				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	55	<b>Response:</b> 1.2 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	2.00	10.00
<b>Survey RVW:</b>	18.00	25.00	30.00	35.00	47.00
<b>Pre-Service Evaluation Time:</b>			110.00		
<b>Pre-Service Positioning Time:</b>			20.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			20.00		
<b>Intra-Service Time:</b>	60.00	90.00	120.00	150.00	360.00
<b>Immediate Post Service-Time:</b>	<b>40.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>95.00</b>	99231x 0.00 99232x 1.00 99233x 1.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>39.00</b>	99211x 0.00 12x 1.00 13x 1.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34701	<b>Recommended Physician Work RVU: 23.71</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	110.00	40.00	70.00	
<b>Pre-Service Positioning Time:</b>	20.00	3.00	17.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	120.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	40.00	33.00	7.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>95.00</u>	99231x 0.00	99232x 1.00	99233x 1.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>39.00</u>	99211x 0.00	12x 1.00	13x 1.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35081	090	33.53	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35082	090	42.09	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
35301	090	21.16	RUC Time	73,823

CPT Descriptor 1 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33641	090	29.58	RUC Time	1,925

CPT Descriptor 2 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16      % of respondents: 29.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 9.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34701</u>	Top Key Reference CPT Code: <u>35081</u>	2nd Key Reference CPT Code: <u>35082</u>
Median Pre-Service Time	150.00	90.00	60.00
Median Intra-Service Time	120.00	210.00	180.00
Median Immediate Post-service Time	40.00	30.00	60.00
Median Critical Care Time	0.0	70.00	140.00
Median Other Hospital Visit Time	95.0	160.00	235.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	39.0	79.00	79.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>482.00</b>	<b>677.00</b>	<b>792.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality

Outcome depends on the skill and judgment of physician

Estimated risk of malpractice suit with poor outcome

**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity

0.00

0.40

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34701 Elective Aorto-Aortic Repair:**

We recommend crosswalking to CPT code 33254 (*Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)*), for a value of 23.71 RVW. This represents a **decrease of 20.1%** from current value of 29.69 RVWs by current coding convention.

Comparison to existing codes is a difficult process due to bundling of the new codes to include pre-service planning, all radiologic S&I, and a variable use of extensions when compared to the existing codes. To calculate the current RVW using current coding convention, one would begin with the existing work of 34800. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for EVAR is then added. All proximal and/or distal extensions from the level of the renal arteries down to the level of the aortic bifurcation is now included in the work of 34701. To account for this work, we multiplied the RVW for 34825 by the percentage of time that 34825 is billed together with 34800 and then applied the multiple procedure reduction. Finally, the radiologic supervision and interpretation for extensions was multiplied by this same billed together data to calculate the final existing RVW for 34701. Comparing this computed existing value with our proposed value for 34701 results in a **20.1% reduction** in existing value. The following table is a graphic explanation of this comparison.

Existing EVAR Aorto-Aortic Graft	Work RVU	Adjustment	Adjusted Work RVU
34800 Main body, tube graft	21.54	None	21.54
36200-50 Bilateral catheter in aorta	3.02	Bilaterality & MPPR	2.27
75952 Rad S&I code for main body	4.49	None	4.49
34825 Extension	12.80	MPPR & Billed together (18%)	1.15
75953 Rad S&I for extension	1.36	Billed together (18%)	0.24
<b>Total existing coding sequence</b>			<b>29.69</b>

New Code			
34701 Aorto-Aortic EVAR	23.71	None	<b>23.71</b>
<b>Change Existing to New</b>			<b>-20.1%</b>

### Comparison to Crosswalk

Below is a tabular comparison to CPT code 33254 (*Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)*)

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
<b>34701</b>	<b>23.71</b>	<b>0.114</b>	<b>482</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
33254	23.71	0.126	416	60	15	20	120	40	32, 31, 38	14, 13

### Comparison with Key Reference Services

The following key reference services were chosen for 34X01:

- 35081, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta*
- 35082, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
<b>34701</b>	<b>23.71</b>	<b>0.114</b>	<b>482</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
35081 KRS	33.53	0.079	677	60	15	15	210	30	91, 32x3, 31x2, 38	14, 13, 12
35082 KRS	42.09	0.098	792	60			180	60	91x2, 33, 32 x3, 31x3, 38	14, 13, 12

### Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. We offer the following codes as brackets for our recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33641, *Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2
<b>34701</b>	<b>23.71</b>	<b>0.114</b>	<b>482</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
33641 MPC	29.58	0.094	562	60	15	20	164	40	91, 33, 32, 31, 38	14

### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

34800

75952

34825

75953

36200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality excel file

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
---------------------------	-----------	------------	---

Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34800

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34702      Tracking Number   U2

Original Specialty Recommended RVU: **39.69**Presented Recommended RVU: **36.00**

Global Period: 090

RUC Recommended RVU: **36.00**

CPT Descriptor: Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture, including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with a ruptured infrarenal abdominal aortic aneurysm. Endovascular repair is performed by deployment of an aorto-aortic tube endograft and all required infrarenal aortic extension(s), as necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 82%

Description of Pre-Service Work: Preservice endograft planning for a ruptured aneurysm must be thorough, but must also be performed as quickly as possible. The speed required for these subsequent steps depends on the patient's hemodynamic stability.

Careful assessment of available imaging studies is required to determine whether the patient is an endovascular repair candidate. Exact measurements of the aneurysm diameter and length must be undertaken quickly. This is necessary because an accurate preoperative choice of component diameters and lengths is a primary determinant of endovascular procedural success. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed, and if patient stability permits, uploaded rapidly to a workstation, where 3D software is applied permitting iterative modelling of the aorta and device in multiplanar views and center line of flow analysis. The physician must adjust modelling for altered anatomy which is tortuous or thrombus laden. Axial imaging is used to determine diameter measurements of the aorta, iliac and femoral arteries for appropriate sizing of the main body endograft plus all limbs and extensions that will be needed. The iliac and femoral diameters also determine the success of the device delivery. Tortuosity, calcification, thrombus presence and stenoses require consideration as they may impact on device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the distances between the lowest renal artery and the distal seal zone depending on the extent and involvement of the distal aorta and iliac segments. Stretched and straightened views assist choice of correct endovascular components.

All available laboratory and other diagnostic tests are assessed thoroughly but as quickly as possible. The proposed procedure is discussed expeditiously with the patient and family including risks and expected recovery. Informed consent is obtained quickly. Expedited documentation is performed. The access site(s) is marked. Due to the significant risk of mortality and hemodynamic compromise including hemodynamic shock, the patient's operative treatment course is discussed with the anesthesia team for coordination of care. The blood bank is also notified that a massive transfusion protocol may be required. The endograft, catheters, and introducer sheaths are brought into the operating room after



verification of appropriate diameters and lengths. Aortic balloon occlusion catheters are prepared for emergent use. Ensure all technical personnel are familiar with the operative plan and required devices. Position patient on OR table. Ensure or assist with large-bore intravenous access. Ensure or assist with monitoring device placement and confirm fluoroscopy function. Don radiation protection gear and confirm that all in OR do likewise. Supervise sterile prep of access site(s) and subsequent draping. Perform pre-procedural "time-out." Be ready at any time in this process to insert an aortic occlusion balloon should cardiovascular collapse occur.

Description of Intra-Service Work: Although deployment of this prosthesis is accomplished from a single femoral or iliac access site, the requirement for accurate positioning typically means that intra-arterial catheterization is performed bilaterally.

Under fluoroscopic guidance, introducer needles are used to access the vessels. A series of graded guidewire, vascular sheaths and catheters is introduced and flush aortography is performed to confirm the location of the renal arteries and the aortoiliac anatomy. A large sheath is placed as needed in the suprarenal aorta for stabilization of an aortic occlusion balloon. At any time in this process, the aortic occlusion balloon may be inflated if the patient suffers hemorrhagic shock.

The patient may be systemically anticoagulated. A rigid wire is inserted over a catheter to provide secure tracking of the large introducer sheath for the endograft. The endograft is loaded onto the guidewire and advanced through the access vessel into the aorta. The endograft is positioned and deployed under fluoroscopic guidance with intermittent angiographic control imaging. A large compliant balloon is placed over the wire into the endograft to perform balloon dilation at the proximal and distal seal zones of the endograft. An aortogram is performed for adequacy of the graft position, patency of adjacent branch vessels (renals and hypogastrics), presence or absence of endoleaks, and type of endoleak if present. The patency of collateral vessels (lumbar or inferior mesenteric arteries) that may contribute to persistent endoleaks is also assessed. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary (not separately reportable). When the graft is in appropriate position and free of endoleak on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: Hospital: Apply sterile dressings. Assist in transfer of patient from operating table to gurney. Monitor patient for hemodynamic stability during transit to ICU. In ICU, assess immediately for abdominal compartment syndrome and any sign of acute mesenteric ischemia. Direct immediate and ongoing resuscitation. Order and review results of frequent and multiple blood tests. Ensure adequate perfusion to the lower extremities. Make decision regarding need for return to surgery for any signs of extensive hemorrhage or abdominal compartment syndrome. Assess lower extremities for adequate post-op perfusion. Assess for vital organ system failure, in particular, postoperative shock, renal failure, hepatic failure and/or respiratory failure. Perform multiple iterative exams to identify life threatening deterioration. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate operative report and copy referring physician(s). Communicate frequently with ICU nurses and consultants. Review post-operative imaging. Write orders for discharge to ICU.

Post-operative in-hospital visits require history-taking for any complaints of pain or neurovascular compromise. Exam require close monitoring for tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Close maintenance of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are commonly obtained. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants is performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and complete all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, the surgeon take a history for any ongoing or new symptoms. Examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection. Order diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for presence or absence of endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician(s) (verbal and written). Dictate/type progress notes for medical chart.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34702				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	49	<b>Response:</b> 1.1 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	0.00	1.00	14.00
<b>Survey RVW:</b>	22.00	32.00	36.00	44.00	55.00
<b>Pre-Service Evaluation Time:</b>			60.00		
<b>Pre-Service Positioning Time:</b>			20.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			20.00		
<b>Intra-Service Time:</b>	60.00	90.00	120.00	180.00	420.00
<b>Immediate Post Service-Time:</b>	<b>60.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>140.00</b>	99291x 2.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>170.00</b>	99231x 1.00 99232x 1.00 99233x 2.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>79.00</b>	99211x 0.00 12x 1.00 13x 1.00 14x 1.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34702	<b>Recommended Physician Work RVU: 36.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	60.00	40.00	20.00	
<b>Pre-Service Positioning Time:</b>	20.00	3.00	17.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	120.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	60.00	33.00	27.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>70.00</u>	99291x 1.00	99292x 0.00		
Other Hospital time/visit(s):	<u>210.00</u>	99231x 1.00	99232x 2.00	99233x 2.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>79.00</u>	99211x 0.00	12x 1.00	13x 1.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35082	090	42.09	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35103	090	43.62	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33641	090	29.58	RUC Time	1,925

CPT Descriptor 1 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33426	090	43.28	RUC Time	4,513

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13      % of respondents: 26.5 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 3      % of respondents: 6.1 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34702</u>	Top Key Reference CPT Code: <u>35082</u>	2nd Key Reference CPT Code: <u>35103</u>
Median Pre-Service Time	100.00	60.00	60.00
Median Intra-Service Time	120.00	180.00	180.00
Median Immediate Post-service Time	60.00	60.00	60.00
Median Critical Care Time	70.0	140.00	140.00
Median Other Hospital Visit Time	210.0	235.00	200.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	79.0	79.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>677.00</b>	<b>792.00</b>	<b>740.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
--	-----------------------------	--

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
--	--	--

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
--	--	--

Urgency of medical decision making		
------------------------------------	--	--

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
--------------------------	--	--

Physical effort required		
--------------------------	--	--

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
---	--	--

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.08	0.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34X02 Ruptured Aorto-Aortic Repair:**

We recommend the median survey value of 36.00 RVW.

Ruptured aortic aneurysms are a catastrophic event with mortality rates as high as 90%. In fact, half of all patients that suffer a ruptured iliac aneurysm will die before they can ever reach a hospital for definitive treatment. The mortality for surgical repair ranges from 40-60% for patients who are able to present for repair. Without rapid treatment, death is certain. These patients present in varying degrees of hemorrhagic shock and are typically plagued by multisystem organ failure post-operatively. Despite advances in detection and treatment of aneurysmal disease, the rupture rate has remained relatively constant over the past two decades at roughly 15%.

For the purposes of work consideration, it is important to note that patients who die in the operating room would be coded with the -53 modifier "discontinued procedure" which typically results in a 50% payment reduction (e.g. WPS 2016 payment policy).

EVAR for rupture offers a less invasive approach for treatment but remains an extremely intense service in an attempt to save the life of an actively dying patient. As stated above, this is a new code to capture the significantly different work and extremely high intensity compared to an elective aneurysm repair.

This procedure, endovascular repair of a ruptured aortic aneurysm, was never imagined in 2000 when the original EVAR codes were valued but this concept of differential work for elective and ruptured aneurysm repair exists in CPT codes for open surgical repair. These new EVAR codes for rupture include the additional work of temporary balloon aortic occlusion as needed for hemodynamic instability and the significantly different, more complex and longer post-operative care.

This code includes a complex urgently performed pre-planning, all radiologic supervision and interpretation, all routine catheterization, almost all currently placed extensions, and the extension S&I into codes that better describe the current practice of EVAR and conform with current concepts in code creation and valuation.

Service Performance Rate for 34702: This is the one code out of the family where the median service performance rate among survey respondents was zero. This will be a very low volume code and it is not surprising that few survey takers had significant experience with this new service in the past 12 months. When the data is reviewed between those without experience and those with, there are significant differences in the recommended RVW. The median RVW for 34702 among those survey respondents have performed this operation was 40.00, further supporting our recommended median survey value of 36.00 RVW.

**Comment on Postoperative Visit Pattern**

The visit pattern for 34702 has been changed following discussion with the Pre-facilitation Committee. This committee questioned whether the operating surgeons actually provide critical care level visits, and our answer is yes. Particularly, when it comes to providing immediate post-operative care for ruptured aortic aneurysms, the vascular surgeon is the captain of the ship. Questions of whether hypotension should be treated with volume or vasopressors is a clinical judgment best handled by the surgeon. Questions of whether a ruptured aneurysm patient is failing because he/she needs a decompressive laparotomy vs more volume or more vasopressors is a highest level and most complex decision makeable only by the operating surgeon. Nevertheless, we appreciate the concern of the pre-facilitation committee, and we are responding to their recommendation by reducing one 99291 critical visit to 99233 and one 99233 to 99232.

**Comparison with Key Reference Services**

The following key reference services were chosen for 34702:

- 35082, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta*
- 35103, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
<b>34X02</b>	<b>36.00</b>	<b>0.137</b>	<b>677</b>	<b>60</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>60</b>	<b>91, 33x2, 32x2, 31, 38</b>	<b>14, 13, 12</b>
35082 KRS	42.09	0.098	792	60			180	60	91x2, 33, 32 x3, 31x3, 38	14, 13, 12
35103 KRS	43.62	0.117	740	60			180	60	91x2, 32x3, 31x4, 38	13x2, 12

**Comparison to MPC codes**

There are limited MPC codes in the RVW range of these complex procedures. We offer the following codes as brackets for our recommendations:

- MPC 33641, *Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch*
- MPC 33426, *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33641 MPC	29.58	0.094	562	60	15	20	164	40	91, 33, 32, 31, 38	14
<b>34702</b>	<b>36.00</b>	<b>0.137</b>	<b>677</b>	<b>60</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>60</b>	<b>91, 33x2, 32x2, 31, 38</b>	<b>14, 13, 12</b>
33426 MPC	43.28	0.111	776	60	15	20	205	40	91, 33x3, 32 x2, 31, 38	14, 13

**Additional Rationale**

This family was surveyed by a multispecialty group. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in our recommendations of median survey RVW of 36.50 for code 34X08. This extremely intense service merits the relatively high IWPUT of 0.139. The following short table demonstrates IWPUTs of highly intense services. We believe the intensity of ruptured iliac aneurysm repair is equal or greater than any of the following.

CPT	Descriptor	IWPUT	RVW	INTRA	Total Time
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	0.1335	29.40	150	457
47130	Hepatectomy, resection of liver; total right lobectomy	0.1338	57.19	240	870

CPT	Descriptor	IWPUT	RVW	INTRA	Total Time
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	0.1345	33.36	180	477
33681	Closure of single ventricular septal defect, with or without patch;	0.1369	32.34	150	507
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	0.1372	19.85	120	225
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	0.1386	24.05	120	367
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	0.1403	25.00	120	395
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	0.1741	48.45	178	713
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	0.1983	49.10	120	755
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	0.2021	53.43	178	713

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.





**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34800

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34703      Tracking Number   U3

Original Specialty Recommended RVU: **30.25**Presented Recommended RVU: **26.52**

Global Period: 090

RUC Recommended RVU: **26.52**

CPT Descriptor: Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm. Endovascular repair is performed by deployment of an aorto-uniiliac endograft and all required proximal infrarenal extension(s) and all distal extension(s) to the level of the iliac artery bifurcation, as necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 2% , Overnight stay-more than 24 hours 98%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 80%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery, but it must be completed several days prior to surgery in order to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is one of the primary determinants of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where 3D software is applied permitting iterative modelling of a virtual device within the aorta in multiplanar views and center line of flow analysis. The physician needs to manually adjust modelling for altered anatomy which is tortuous or thrombus laden. Orthogonal center-line imaging is used to determine diameter measurements of the aorta, iliac and femoral arteries for appropriate sizing of the main body endograft and limbs with extensions as needed. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence and stenosis require consideration as they may impact device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the distances between the lowest renal artery and the distal seal zone depending on the extent and involvement of the distal aorta and iliac segments. A stretched/straightened view permits manual validation of the computer-generated lengths.

Preservice work also includes the procedural work-up. Pre-service work necessarily includes review of surgical indication, physical exam findings, current medications and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the operating room after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine

and ACT testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for ready viewing during the operative procedure. The surgeon supervises appropriate patient positioning on the OR table, ensures fluoroscopy is functional and that desired imaging angles are attainable with equipment at hand. The surgeon dons radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile prep of access site(s) and subsequent draping. The surgeon leads the pre-procedural "time-out."

**Description of Intra-Service Work:** Although deployment of this prosthesis is accomplished from a single femoral or iliac access site, the requirement for accurate positioning typically means that intra-arterial catheterization is performed bilaterally. Performance of an aorto-uni-iliac graft requires additional considerations and steps related to treatment of the iliac artery that are not required for the aorto-aortic graft

Catheter placement is bundled in this procedure. Under fluoroscopic guidance, an introducer needle is used to access the vessel. A series of graded guidewires, vascular sheaths and catheters is introduced flush aortography is performed to confirm the location of the renal arteries and the aorto-iliac anatomy. The patient is then systemically anticoagulated. A rigid wire is inserted over a catheter to provide secure tracking of the large introducer sheath for the main body of the endograft. The endograft is loaded onto the guidewire and advanced through the access vessel into the aorta. The endograft is positioned and deployed under fluoroscopic guidance with intermittent angiographic control imaging. Additional limbs and extensions are implanted as required to obtain coverage of diseased aorta and common iliac. A large compliant balloon is placed over the wire into the endograft to perform balloon dilation at the proximal and distal seal zones of the endograft. An aortogram is performed for adequacy of the graft position, patency of adjacent branch vessels (renals and hypogastries), presence or absence of endoleaks, and type of endoleak if present. The patency of collateral vessels (lumbar or inferior mesenteric arteries) that may contribute to persistent endoleaks is also assessed. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary. An extension is placed to achieve fixation and seal. When the graft is in appropriate position and free of endoleaks on angiogram, the catheters and guidewires are removed.

**Description of Post-Service Work: Hospital:** Apply sterile dressings. Assist transfer of patient from operating table to gurney. Monitor patient for hemodynamic stability in transit and ensure adequate perfusion to the lower extremities. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate operative report and copy referring physician. Review post-operative imaging.

Post-operative in-hospital visits require interval history-taking for new complaints of pain or neurovascular compromise. Exam requires close monitoring for abdominal or lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are obtained, either during the inpatient stay or early in the post-discharge time period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

**Office:** At each office visit, solicit an interval history for ongoing or new symptoms; examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection; examine lower extremities for adequate perfusion. Order diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for possible endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician (verbal and written). Dictate/type progress notes for medical chart.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34703				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	54	<b>Response:</b> 1.2 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	2.00	4.00	20.00
<b>Survey RVW:</b>	18.00	30.25	34.00	37.75	50.00
<b>Pre-Service Evaluation Time:</b>			110.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			20.00		
<b>Intra-Service Time:</b>	60.00	120.00	150.00	180.00	360.00
<b>Immediate Post Service-Time:</b>	<b>35.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>95.00</b>	99231x 0.00 99232x 1.00 99233x 1.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>39.00</b>	99211x 0.00 12x 1.00 13x 1.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34703	<b>Recommended Physician Work RVU: 26.52</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	110.00	40.00	70.00	
<b>Pre-Service Positioning Time:</b>	20.00	3.00	17.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	150.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	35.00	33.00	2.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>95.00</u>	99231x 0.00	99232x 1.00	99233x 1.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>39.00</u>	99211x 0.00	12x 1.00	13x 1.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35081	090	33.53	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35103	090	43.62	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	RUC Time	43,823

CPT Descriptor 1 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33641	090	29.58	RUC Time	1,925

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10      % of respondents: 18.5 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 9.2 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34703</u>	Top Key Reference CPT Code: <u>35081</u>	2nd Key Reference CPT Code: <u>35103</u>
Median Pre-Service Time	150.00	90.00	60.00
Median Intra-Service Time	150.00	210.00	180.00
Median Immediate Post-service Time	35.00	30.00	60.00
Median Critical Care Time	0.0	70.00	140.00
Median Other Hospital Visit Time	95.0	160.00	200.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	39.0	79.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>507.00</b>	<b>677.00</b>	<b>740.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.30	-0.40
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34703 Elective Aorto-Uni-Iliac Repair:**

We recommend a crosswalk to CPT 34151 (*Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision*) with a value of 26.52 RVW. This represents a **decrease of 23.4%** from current value of 34.62 RVWs by current coding convention.

Comparison to existing codes is a complex process due to bundling of the new codes, to include pre-service planning, all radiologic S&I, and variable use of extensions with the previous codes. To calculate the current RVW using current coding convention, one would begin with the existing work of 34805. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for EVAR is then added. All proximal and distal extensions from the level of the renal arteries down to the level of the iliac bifurcation is now included in the work of 34703. To account for this work, we multiplied the RVW for 36825 by the percentage of time that 34825 is billed together with 34805 and then applied the multiple procedure reduction. Finally, the radiologic supervision and interpretation for extensions was multiplied by this same billed together data to calculate the final existing RVW for 34703. Comparing this computed existing value with our proposed value for 34703 results in a **23.4% reduction** in existing value. The following table is a graphic explanation of this comparison.

Existing EVAR Aorto-Uni-Iliac Graft	Work RVU	Adjustment	Adjusted Work RVU
34805 Main body, Aorto-Uni-Iliac graft	22.67	None	22.67
36200-50 Bilateral catheter in aorta <i>or</i>	3.02	Bilaterality & MPPR	2.27
75952 Rad S&I code for main body	4.49	None	4.49
34825 Extension	12.80	MPPR & Billed together (67%)	4.29
75953 Rad S&I for extension	1.36	Billed together (67%)	0.91
<b>Total existing coding sequence</b>			<b>34.63</b>

New Code			
34703 Aorto-Uni-Iliac EVAR	30.25	None	<b>26.52</b>
<b>Change Existing to New</b>			<b>-23.4%</b>

### Comparison to Crosswalk

Below is a tabular comparison of to CPT 35141 (*Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision*)

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35141	26.52	0.101	508	75			150	30	32x2, 31x4, 38	13, 12x2
<b>34703</b>	<b>26.52</b>	<b>0.110</b>	<b>507</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>150</b>	<b>35</b>	<b>33, 32, 38</b>	<b>13, 12</b>

### Comparison with Key Reference Services

The following codes were chosen as key reference services for 34X03. They are:

- 35081, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta*
- 35103, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)*

The following table incorporates our recommended RVW for 34X03 along with the key reference services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
<b>34703</b>	<b>26.52</b>	<b>0.110</b>	<b>507</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>150</b>	<b>35</b>	<b>33, 32, 38</b>	<b>13, 12</b>
35081 KRS	33.53	0.079	677	60	15	15	210	30	91, 32x3, 31x2, 38	14, 13, 12
35103 KRS	43.62	0.117	740	60			180	60	91x2, 32x3, 31x4, 38	13x2, 12

### Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. We offer the following codes as brackets for our recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33641, *Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2
<b>34703</b>	<b>26.52</b>	<b>0.110</b>	<b>507</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>150</b>	<b>35</b>	<b>33, 32, 38</b>	<b>13, 12</b>
33641 MPC	29.58	0.094	562	60	15	20	164	40	91, 33, 32, 31, 38	14



**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

34805

75952

34825

75953

36200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality excel file

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34805

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 34704      Tracking Number   U4

Original Specialty Recommended RVU: **47.00**Presented Recommended RVU: **45.00**

Global Period: 090

RUC Recommended RVU: **45.00**

CPT Descriptor: Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture, including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with a ruptured infrarenal abdominal aortic aneurysm. Endovascular repair is performed by deployment of an aorto-uniiliac endograft and all required proximal infrarenal extension(s) and all distal extension(s) to the level of the iliac artery bifurcation, as necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 83%

Description of Pre-Service Work: Preservice endograft planning for a ruptured aneurysm must be thorough, but must also be performed as quickly as possible. The speed required for these subsequent steps depends on the patient's hemodynamic stability.

Careful assessment of available imaging studies is required to determine whether the patient is an endovascular repair candidate. Exact measurements of the aneurysm diameter and length must be undertaken quickly. This is necessary because an accurate preoperative choice of component diameters and lengths is a primary determinant of endovascular procedural success. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed, and if patient stability permits, uploaded rapidly to a workstation, where 3D software is applied permitting iterative modelling of the aorta and device in multiplanar views and center line of flow analysis. The physician must adjust modelling for altered anatomy which is tortuous or thrombus laden. Axial imaging is used to determine diameter measurements of the aorta, iliac and femoral arteries for appropriate sizing of the main body endograft plus all limbs and extensions that will be needed. The iliac and femoral diameters also determine the success of the device delivery. Tortuosity, calcification, thrombus presence and stenoses require consideration as they may impact on device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the distances between the lowest renal artery and the distal seal zone depending on the extent and involvement of the distal aorta and iliac segments. Stretched and straightened views assist choice of correct endovascular components.

All available laboratory and other diagnostic tests are assessed thoroughly but as quickly as possible. The proposed procedure is discussed expeditiously with the patient and family including risks and expected recovery. Informed consent is obtained quickly. Expedited documentation is performed. The access site(s) is marked. Due to the significant risk of mortality and hemodynamic compromise including hemodynamic shock, the patient's operative treatment course is discussed with the anesthesia team for coordination of care. The blood bank is also informed that a massive transfusion protocol may be required. The endograft, catheters, and introducer sheaths are brought into the operating room after

verification of appropriate diameters and lengths. Aortic balloon occlusion catheters are prepared for emergent use. Ensure all technical personnel are familiar with the operative plan and required devices. Position patient on OR table. Ensure or assist with large-bore intravenous access. Ensure or assist with monitoring device placement and confirm fluoroscopy function. Don radiation protection gear and confirm that all in OR do likewise. Supervise sterile prep of access site(s) and subsequent draping. Perform pre-procedural "time-out." Be ready at any time in this process to insert an aortic balloon occlusion catheter should cardiovascular collapse occur.

#### Description of Intra-Service Work: Description of Procedure:

Although deployment of this prosthesis is accomplished from a single femoral or iliac access site, the requirement for accurate positioning typically means that intra-arterial catheterization is performed bilaterally. Performance of an aorto-uni-iliac graft requires additional considerations and steps related to treatment of the iliac artery that are not required for the aorto-aortic graft

Under fluoroscopic guidance, introducer needles are used to access the vessels. A series of graded guidewire, vascular sheaths and catheters is introduced and flush aortography is performed to confirm the location of the renal arteries and the aortoiliac anatomy. A large sheath is placed as needed in the suprarenal aorta for stabilization of an aortic occlusion balloon. At any time in this process, the aortic occlusion balloon may be inflated if the patient suffers hemorrhagic shock.

The patient may be systemically anticoagulated. A rigid wire is inserted over a catheter to provide secure tracking of the large introducer sheath for the endograft. The endograft is loaded onto the guidewire and advanced through the access vessel into the aorta. The endograft is positioned and deployed under fluoroscopic guidance with intermittent angiographic control imaging. Additional limbs and extensions are implanted as required to obtain coverage of diseased aorta and common iliac. A large compliant balloon is placed over the wire into the endograft to perform balloon dilation at the proximal and distal seal zones of the endograft. An aortogram is performed for adequacy of the graft position, patency of adjacent branch vessels (renals and hypogastrics), presence or absence of endoleaks, and type of endoleak if present. The patency of collateral vessels (lumbar or inferior mesenteric arteries) that may contribute to persistent endoleaks is also assessed. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary (not separately reportable). When the graft is in appropriate position and free of endoleak on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: patient for hemodynamic stability during transit to ICU. In ICU, assess immediately for abdominal compartment syndrome and any sign of acute mesenteric ischemia. Direct immediate and ongoing resuscitation. Order and review results of frequent and multiple blood tests. Ensure adequate perfusion to the lower extremities. Make decision regarding need for return to surgery for any signs of extensive hemorrhage or abdominal compartment syndrome. Assess lower extremities for adequate post-op perfusion. Assess for vital organ system failure, in particular, postoperative shock, renal failure, hepatic failure and/or respiratory failure. Perform multiple iterative exams to identify life threatening deterioration. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate operative report and copy referring physician(s). Communicate frequently with ICU nurses and consultants. Review post-operative imaging. Write orders for discharge to ICU.

Post-operative in-hospital visits require history-taking for any complaints of pain or neurovascular compromise. Exam require close monitoring for tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Close maintenance of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are commonly obtained. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants is performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and complete all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, the surgeon take a history for any ongoing or new symptoms. Examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection. Order diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for presence or absence of endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as

needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician(s) (verbal and written). Dictate/type progress notes for medical chart.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34704				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	53	<b>Response:</b> 1.2 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	2.00	15.00
<b>Survey RVW:</b>	25.00	40.00	45.00	47.00	55.00
<b>Pre-Service Evaluation Time:</b>			70.00		
<b>Pre-Service Positioning Time:</b>			20.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			20.00		
<b>Intra-Service Time:</b>	60.00	120.00	180.00	180.00	480.00
<b>Immediate Post Service-Time:</b>	<b>60.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>140.00</b>	99291x 2.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>170.00</b>	99231x 1.00 99232x 1.00 99233x 2.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>79.00</b>	99211x 0.00 12x 1.00 13x 1.00 14x 1.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34704	<b>Recommended Physician Work RVU: 45.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	60.00	40.00	20.00	
<b>Pre-Service Positioning Time:</b>	20.00	3.00	17.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	180.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	60.00	33.00	27.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>70.00</u>	99291x 1.00	99292x 0.00		
Other Hospital time/visit(s):	<u>210.00</u>	99231x 1.00	99232x 2.00	99233x 2.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>79.00</u>	99211x 0.00	12x 1.00	13x 1.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35103	090	43.62	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35082	090	42.09	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33426	090	43.28	RUC Time	4,513

CPT Descriptor 1 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33863	090	58.79	RUC Time	1,734

CPT Descriptor 2 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15      % of respondents: 28.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 15.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34704</u>	Top Key Reference CPT Code: <u>35103</u>	2nd Key Reference CPT Code: <u>35082</u>
Median Pre-Service Time	100.00	60.00	60.00
Median Intra-Service Time	180.00	180.00	180.00
Median Immediate Post-service Time	60.00	60.00	60.00
Median Critical Care Time	70.0	140.00	140.00
Median Other Hospital Visit Time	210.0	200.00	235.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	79.0	62.00	79.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>737.00</b>	<b>740.00</b>	<b>792.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.80	0.38
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34704 Ruptured Aorto-Uni-Iliac Repair:**

We recommend the median survey value of 45.00 RVW.

Ruptured aortic aneurysms are a catastrophic event with mortality rates as high as 90%. In fact, half of all patients that suffer a ruptured iliac aneurysm will die before they can ever reach a hospital for definitive treatment. The mortality for surgical repair ranges from 40-60% for patients who are able to present for repair. Without rapid treatment, death is certain. These patients present in varying degrees of hemorrhagic shock and are typically plagued by multisystem organ failure post-operatively. Despite advances in detection and treatment of aneurysmal disease, the rupture rate has remained relatively constant over the past two decades at roughly 15%.

For the purposes of work consideration, it is important to note that patients who die in the operating room would be coded with the -53 modifier "discontinued procedure" which typically results in a 50% payment reduction (e.g. WPS 2016 payment policy).

EVAR for rupture offers a less invasive approach for treatment but remains an extremely intense service in an attempt to save the life of an actively dying patient. As stated above, this is a new code to capture the significantly different work and extremely high intensity compared to an elective aneurysm repair.

This procedure, endovascular repair of a ruptured aortic aneurysm, was never imagined in 2000 when the original EVAR codes were valued but this concept of differential work for elective and ruptured aneurysm repair exists in CPT codes for open surgical repair. These new EVAR codes for rupture include the additional work of temporary balloon aortic occlusion as needed for hemodynamic instability and the significantly different, more complex and longer post-operative care.

This code includes a complex urgently performed pre-planning, all radiologic supervision and interpretation, all routine catheterization, almost all currently placed extensions, and the extension S&I into codes that better describe the current practice of EVAR and conform with current concepts in code creation and valuation.

**Comment on Postoperative Visit Pattern**

The visit pattern for 34704 has been changed following discussion with the Pre-facilitation Committee. This committee questioned whether the operating surgeons actually provide critical care level visits, and our answer is yes. Particularly, when it comes to providing immediate post-operative care for ruptured aortic aneurysms, the vascular surgeon is the captain of the ship. Questions of whether hypotension should be treated with volume or vasopressors is a clinical judgment best handled by the surgeon. Questions of whether a ruptured aneurysm patient is failing because he/she needs a decompressive laparotomy vs more volume or more vasopressors is a highest level and most complex decision makeable only by the operating surgeon. Nevertheless, we appreciate the concern of the pre-facilitation committee, and we are responding to their recommendation by reducing one 99291 critical visit to 99233 and one 99233 to 99232.

### Comparison with Key Reference Services

The codes that were chosen most often as key reference services for 34704 are:

- 35082, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta*
- 35103, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)*

The following table incorporates our recommended RVW for 34704 along with the key reference services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35082 KRS	42.09	0.098	792	60			180	60	91x2, 33, 32 x3, 31x3, 38	14, 13, 12
35103 KRS	43.62	0.117	740	60			180	60	91x2, 32x3, 31x4, 38	13x2, 12
<b>34704</b>	<b>45.00</b>	<b>0.140</b>	<b>747</b>	<b>70</b>	<b>20</b>	<b>20</b>	<b>180</b>	<b>60</b>	<b>91, 33x2, 32x2, 31, 38</b>	<b>14, 13, 12</b>

### Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. We offer the following codes as brackets for our recommendations:

- MPC 33426, *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring*
- MPC 33863, *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33426 MPC	43.28	0.111	776	60	15	20	205	40	91, 33x3, 32 x2, 31, 38	14, 13
<b>34704</b>	<b>45.00</b>	<b>0.140</b>	<b>747</b>	<b>70</b>	<b>20</b>	<b>20</b>	<b>180</b>	<b>60</b>	<b>91, 33x2, 32x2, 31, 38</b>	<b>14, 13, 12</b>
33863 MPC	58.79	0.121	905	60	15	20	287	40	91x2, 33x3, 32x2, 31, 38	14

### Additional Rationale

This family was surveyed by a multispecialty group. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in our recommendations of median survey RVW of 36.50 for code 34X08. This extremely intense service merits the relatively high IWPUT of 0.139. The following short table demonstrates IWPUTs of highly intense services. We believe the intensity of ruptured iliac aneurysm repair is equal or greater than any of the following.

CPT	Descriptor	IWPUT	RVW	INTRA	Total Time
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	0.1335	29.40	150	457
47130	Hepatectomy, resection of liver; total right lobectomy	0.1338	57.19	240	870
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	0.1345	33.36	180	477
33681	Closure of single ventricular septal defect, with or without patch;	0.1369	32.34	150	507
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	0.1372	19.85	120	225
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	0.1386	24.05	120	367
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	0.1403	25.00	120	395
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	0.1741	48.45	178	713
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	0.1983	49.10	120	755
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	0.2021	53.43	178	713

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

34805  
75952  
34825  
75953  
36200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality excel file

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34805

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 34705      Tracking Number   U5

Original Specialty Recommended RVU: **32.28**Presented Recommended RVU: **29.58**

Global Period: 090

RUC Recommended RVU: **29.58**

CPT Descriptor: Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm. Endovascular repair is performed by deployment of an aorto-biiliac endograft and all required proximal infrarenal extension(s) and all distal extension(s) to the level of the iliac artery bifurcation, as necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 15% , Overnight stay-more than 24 hours 85%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 72%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery, but it must be completed several days prior to surgery in order to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is one of the primary determinants of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where 3D software is applied permitting iterative modelling of a virtual device within the aorta in multiplanar views and center line of flow analysis. The physician needs to manually adjust modelling for altered anatomy which is tortuous or thrombus laden. Orthogonal center-line imaging is used to determine diameter measurements of the aorta, iliac and femoral arteries for appropriate sizing of the main body endograft and limbs with extensions as needed. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence and stenosis require consideration as they may impact device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the distances between the lowest renal artery and the distal seal zone depending on the extent and involvement of the distal aorta and iliac segments. A stretched/straightened view permits manual validation of the computer-generated lengths.

Pre-service work necessarily includes review of surgical indication, physical exam findings, current medications and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the operating room after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine and ACT testing. In addition, the surgeon ensures all

technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for ready viewing during the operative procedure. The surgeon supervises appropriate patient positioning on the OR table, ensures fluoroscopy is functional and that desired imaging angles are attainable with equipment at hand. The surgeon dons radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile prep of access site(s) and subsequent draping. The surgeon leads the pre-procedural "time-out."

Description of Intra-Service Work: Deployment of this prosthesis is accomplished from bilateral femoral or iliac access sites, and intra-arterial catheterization is performed from both sides. Performance of an aorto-bi-iliac graft requires additional considerations and steps related to treatment of both iliac arteries. This is more work, more steps, and more devices than required for the aorto-aortic endograft, or the aorto-uni-iliac endograft.

Catheter placement is bundled in this procedure. Under fluoroscopic guidance, an introducer needle is used to access the vessel. A series of graded guidewires, vascular sheaths and catheters is introduced flush aortography is performed to confirm the location of the renal arteries and the aorto-iliac anatomy. In a similar manner, catheterization of the aorta from the contralateral femoral or iliac artery is performed. The patient is then systemically anticoagulated. A rigid wire is inserted through catheters to provide secure tracking of the large introducer sheaths for the main body and limbs of the endograft. The first component of the endograft is loaded onto the guidewire and advanced through the access vessel into the aorta. The main body is positioned and deployed under fluoroscopic guidance with intermittent angiographic control imaging. Additional limbs and extensions are implanted as required to obtain coverage of diseased aorta and both common iliacs. A large compliant balloon is placed over the wire into the endograft to perform balloon dilation at the proximal and distal seal zones of the endograft. Both iliac limbs undergo balloon expansion. An aortogram is performed for adequacy of the graft position, patency of adjacent branch vessels (renals and hypogastrics), presence or absence of endoleaks, and type of endoleak if present. The patency of collateral vessels (lumbar or inferior mesenteric arteries) that may contribute to persistent endoleaks is also assessed. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary. Extensions are placed to achieve fixation and seal as required. When the graft is in appropriate position and free of endoleaks on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: Hospital: Apply sterile dressings. Assist transfer of patient from operating table to gurney. Monitor patient for hemodynamic stability in transit and ensure adequate perfusion to the lower extremities. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate formal operative report and copy referring physician. Review post-operative imaging.

Post-operative in-hospital visits require interval history-taking for new complaints of pain or neurovascular compromise. Exam requires close monitoring for abdominal or lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are obtained, either during the inpatient stay or early in the post-discharge time period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, solicit an interval history for ongoing or new symptoms; examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection; examine lower extremities for adequate perfusion. Order diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for possible endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician (verbal and written). Dictate/type progress notes for medical chart.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34705				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	54	<b>Response:</b> 1.2 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	13.00	20.00	100.00
<b>Survey RVW:</b>	24.00	32.28	35.00	40.00	50.00
<b>Pre-Service Evaluation Time:</b>			110.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			20.00		
<b>Intra-Service Time:</b>	70.00	120.00	150.00	180.00	420.00
<b>Immediate Post Service-Time:</b>	<b>40.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>95.00</b>	99231x 0.00 99232x 1.00 99233x 1.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>39.00</b>	99211x 0.00 12x 1.00 13x 1.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34705	<b>Recommended Physician Work RVU: 29.58</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	110.00	40.00	70.00	
<b>Pre-Service Positioning Time:</b>	20.00	3.00	17.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	150.00			
<b>Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	40.00	33.00	7.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>95.00</u>	99231x 0.00	99232x 1.00	99233x 1.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>39.00</u>	99211x 0.00	12x 1.00	13x 1.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35081	090	33.53	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35131	090	26.40	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33641	090	29.58	RUC Time	1,925
<u>CPT Descriptor 1</u> Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch				
MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426	090	43.28	RUC Time	4,513

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13      % of respondents: 24.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 11.1 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34705</u>	Top Key Reference CPT Code: <u>35081</u>	2nd Key Reference CPT Code: <u>35131</u>
Median Pre-Service Time	150.00	90.00	105.00
Median Intra-Service Time	150.00	210.00	150.00
Median Immediate Post-service Time	40.00	30.00	40.00
Median Critical Care Time	0.0	70.00	0.00
Median Other Hospital Visit Time	95.0	160.00	140.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	39.0	79.00	55.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>512.00</b>	<b>677.00</b>	<b>528.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.08	0.50
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34705 Elective Aorto-Bi-Iliac Repair:**

We recommend a crosswalk to CPT code 33641 (*Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch*) with a value of 29.58 RVW. This represents a **decrease of 15.2%** from current value of 34.92 RVWs by current coding convention.

Comparison to existing codes is a complex process due to bundling of the new codes, to include pre-service planning, all radiologic S&I, and variable use of extensions with the previous codes. To calculate the true current RVW using current coding convention, utilization percentages are first used to “weight” the three main body codes (34802, 34803, 34804) that will be consolidated into the new code 34705. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for EVAR is then added. All proximal and distal extensions from the level of the renal arteries down to the level of the iliac bifurcations is now included in the work of 34705. To account for this work, we multiplied the RVW for 34825 by a utilization weighted average of the percentage of time that 34825 is billed together with 34802, 34803, and 34804 and adjusted for multiple procedure reduction. Finally, the radiologic supervision and interpretation for extensions was multiplied by this same weighted billed together data to calculate the final existing RVW for this code set. Comparing this computed existing value with our proposed value for 34705 results in a **15.2% reduction** in existing value. The following table is a graphic explanation of this comparison.

Existing EVAR Aorto-Bi-Iliac Graft	Work RVU	Adjustment	Adjusted Work RVU
34802 Main body, 1 docking limb	23.79	Utilization (58%)	13.89
34803 Main body, 2 docking limbs	24.82	Utilization (25%)	6.31
34803 Unibody bifurcated device	23.79	Utilization (16%)	3.85
36200-50 Bilateral catheter in aorta	3.02	Bilaterality & MPPR	2.27
75952 Rad S&I code for main body	4.49	None	4.49
34825 Extension	12.80	MPPR & Billed together (53%)	3.38
75953 Rad S&I for extension	1.36	Billed together	0.72

		(53%)	
<b>Total existing coding sequence</b>			<b>34.92</b>
<b>New Code</b>			
34705 Aorto-Bi-Iliac EVAR	32.28	None	<b>29.58</b>
<b>Change Existing to New</b>			<b>-15.2%</b>

### Comparison to Crosswalk

Below is a tabular comparison to CPT code 33641 (*Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch*)

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33641	29.58	0.094	562	60	15	20	164	40	91, 33, 32, 31, 38	14
<b>34705</b>	<b>29.58</b>	<b>0.130</b>	<b>512</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>150</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>

### Comparison with Key Reference Services

The codes that were chosen most often as key reference services for 34705 are:

- 35131, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)*
- 35081, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta*

The following table incorporates our recommended RVW for 34705 along with the key reference services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35131 KRS	26.40	0.099	528	105			150	40	32x2, 31x3, 38	13, 12x2
<b>34705</b>	<b>29.58</b>	<b>0.130</b>	<b>512</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>150</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
35081 KRS	33.53	0.079	677	60	15	15	210	30	91, 32x3, 31x2, 38	14, 13, 12

### Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. We offer the following codes as brackets for our recommendations:

- MPC 33641, *Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch*
- MPC 33426, *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33641 MPC	29.58	0.094	562	60	15	20	164	40	91, 33, 32, 31, 38	14
<b>34705</b>	<b>29.58</b>	<b>0.130</b>	<b>512</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>150</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
33426 MPC	43.28	0.111	776	60	15	20	205	40	91, 33x3, 32 x2, 31, 38	14, 13

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

34802  
34803  
34804  
75952  
34825  
75953  
36200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality excel file

Specialty vascular surgery	Frequency	Percentage	CPT Code: 34705 %
Specialty general surgery	Frequency	Percentage	%
Specialty	Frequency 0	Percentage 0.00 %	

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34802

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 34706      Tracking Number   U6

Original Specialty Recommended RVU: **50.00**Presented Recommended RVU: **45.00**

Global Period: 090

RUC Recommended RVU: **45.00**

CPT Descriptor: Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with a ruptured infrarenal abdominal aortic aneurysm. Endovascular repair is performed by deployment of an aorto-biiliac endograft and all required proximal infrarenal extension(s) and all distal extension(s) to the level of the iliac artery bifurcation, as necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 83%

Description of Pre-Service Work: Preservice endograft planning for a ruptured aneurysm must be thorough, but must also be performed as quickly as possible. The speed required for these subsequent steps depends on the patient's hemodynamic stability.

Careful assessment of available imaging studies is required to determine whether the patient is an endovascular repair candidate. Exact measurements of the aneurysm diameter and length must be undertaken quickly. This is necessary because an accurate preoperative choice of component diameters and lengths is a primary determinant of endovascular procedural success. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed, and if patient stability permits, uploaded rapidly to a workstation, where 3D software is applied permitting iterative modelling of the aorta and device in multiplanar views and center line of flow analysis. The physician must adjust modelling for altered anatomy which is tortuous or thrombus laden. Axial imaging is used to determine diameter measurements of the aorta, iliac and femoral arteries for appropriate sizing of the main body endograft plus all limbs and extensions that will be needed. The iliac and femoral diameters also determine the success of the device delivery. Tortuosity, calcification, thrombus presence and stenoses require consideration as they may impact on device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the distances between the lowest renal artery and the distal seal zone depending on the extent and involvement of the distal aorta and iliac segments. Stretched and straightened views assist choice of correct endovascular components.

All available laboratory and other diagnostic tests are assessed thoroughly but as quickly as possible. The proposed procedure is discussed expeditiously with the patient (if stable) and family including risks and expected recovery. Informed consent is obtained quickly. Expedited documentation is performed. The access sites are marked. Due to the significant risk of mortality and hemodynamic compromise including hemodynamic shock, the patient's operative treatment course is discussed with the anesthesia team to ensure close coordination of care. The blood bank is also informed regarding potential need for extensive amounts of blood and blood products. The endograft, catheters, and introducer sheaths are

brought into the operating room after verification of appropriate diameters and lengths. Aortic balloon occlusion catheters are prepared for emergent use. The surgeon ensures all technical personnel are familiar with the operative plan and required devices, helps position patient on OR table, ensures or assists with placement of large-bore intravenous access, ensures or assists with monitoring device placement, and confirms fluoroscopy function. The surgeon dons radiation protection gear and confirms that all in OR do likewise. Finally, supervise sterile prep of access sites, skin prep and sterile draping. Perform pre-procedural "time-out." At any time in this process the surgeon inserts an aortic occlusion balloon if cardiovascular collapse occurs.

Description of Intra-Service Work: Deployment of this prosthesis is accomplished through bilateral femoral or iliac access. Performance of an aorto-bi-iliac graft requires additional considerations and steps related to treatment of both iliac arteries, above and beyond that required for an aorto-aortic endograft or an aorto-uni-iliac endograft.

Under fluoroscopic guidance, introducer needles are used to access bilateral vessels. A series of graded guidewires, vascular sheaths and catheters are introduced, and flush aortography is performed to confirm the location of the renal arteries and the aortoiliac anatomy. A large sheath is placed as needed in the suprarenal aorta for stabilization of an aortic occlusion balloon. At any time in this process, the aortic occlusion balloon may be inflated if the patient suffers hemorrhagic shock.

The patient may be systemically anticoagulated. Rigid wires are inserted through bilateral catheters to provide secure tracking of the large introducer sheaths. The main body endograft is loaded onto a guidewire and advanced through the access vessel into the aorta. The main body is positioned and deployed under fluoroscopic guidance with intermittent angiographic control imaging. Additional limbs and extensions are implanted bilaterally, as needed, to obtain coverage of diseased aorta and common iliac arteries. A large compliant balloon is placed over the wire into the endograft to perform balloon dilation at the proximal and distal seal zones of the endograft. An aortogram is performed for adequacy of the graft position, patency of adjacent branch vessels (renals and hypogastries), presence or absence of endoleaks, and type of endoleak if present. The patency of collateral vessels (lumbar or inferior mesenteric arteries) that may contribute to persistent endoleaks is also assessed. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary (not separately reportable). When the graft is in appropriate position and free of endoleak on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: Hospital: Apply sterile dressings. Assist in transfer of patient from operating table to gurney. Monitor patient for hemodynamic stability during transit to ICU. In ICU, assess immediately for abdominal compartment syndrome and any sign of acute mesenteric ischemia. Direct immediate and ongoing resuscitation. Order and review results of frequent and multiple blood tests. Ensure adequate perfusion to the lower extremities. Make decision regarding need for return to surgery for any signs of extensive hemorrhage or abdominal compartment syndrome. Assess lower extremities for adequate post-op perfusion. Assess for vital organ system failure, in particular, postoperative shock, renal failure, hepatic failure and/or respiratory failure. Perform multiple iterative exams to identify life threatening deterioration. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate operative report and copy referring physician(s). Communicate frequently with ICU nurses and consultants. Review post-operative imaging. Write orders for discharge to ICU.

Post-operative in-hospital visits require history-taking for any complaints of pain or neurovascular compromise. Exam require close monitoring for tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Close maintenance of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are commonly obtained. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants is performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and complete all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, the surgeon take a history for any ongoing or new symptoms. Examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection. Order



diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for presence or absence of endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician(s) (verbal and written). Dictate/type progress notes for medical chart.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34706				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	54	<b>Response:</b> 1.2 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	<b>2.00</b>	5.00	10.00
<b>Survey RVW:</b>	27.00	40.00	<b>45.00</b>	50.00	57.20
<b>Pre-Service Evaluation Time:</b>			<b>75.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>20.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>20.00</b>		
<b>Intra-Service Time:</b>	80.00	120.00	<b>178.00</b>	195.00	480.00
<b>Immediate Post Service-Time:</b>	<b>60.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>140.00</b>	99291x <b>2.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>170.00</b>	99231x <b>1.00</b> 99232x <b>1.00</b> 99233x <b>2.00</b>			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x <b>1.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>79.00</b>	99211x <b>0.00</b> 12x <b>1.00</b> 13x <b>1.00</b> 14x <b>1.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34706	<b>Recommended Physician Work RVU: 45.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>60.00</b>	<b>40.00</b>	<b>20.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>20.00</b>	<b>3.00</b>	<b>17.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>20.00</b>	<b>20.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>178.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>60.00</b>	<b>33.00</b>	<b>27.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>70.00</u>	99291x 1.00	99292x 0.00		
Other Hospital time/visit(s):	<u>210.00</u>	99231x 1.00	99232x 2.00	99233x 2.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>79.00</u>	99211x 0.00	12x 1.00	13x 1.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35103	090	43.62	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35082	090	42.09	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33426	090	43.28	RUC Time	4,513

CPT Descriptor 1 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33863	090	58.79	RUC Time	1,734

CPT Descriptor 2 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18      % of respondents: 33.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 12.9 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34706</u>	Top Key Reference CPT Code: <u>35103</u>	2nd Key Reference CPT Code: <u>35082</u>
Median Pre-Service Time	100.00	60.00	60.00
Median Intra-Service Time	178.00	180.00	180.00
Median Immediate Post-service Time	60.00	60.00	60.00
Median Critical Care Time	70.0	140.00	140.00
Median Other Hospital Visit Time	210.0	200.00	235.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	79.0	62.00	79.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>735.00</b>	<b>740.00</b>	<b>792.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.50	0.29
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34706 Ruptured Aorto-Uni-Iliac Repair:**

We recommend the median survey value of 45.00 RVW.

Ruptured aortic aneurysms are a catastrophic event with mortality rates as high as 90%. In fact, half of all patients that suffer a ruptured iliac aneurysm will die before they can ever reach a hospital for definitive treatment. The mortality for surgical repair ranges from 40-60% for patients who are able to present for repair. Without rapid treatment, death is certain. These patients present in varying degrees of hemorrhagic shock and are typically plagued by multisystem organ failure post-operatively. Despite advances in detection and treatment of aneurysmal disease, the rupture rate has remained relatively constant over the past two decades at roughly 15%.

For the purposes of work consideration, it is important to note that patients who die in the operating room would be coded with the -53 modifier "discontinued procedure" which typically results in a 50% payment reduction (e.g. WPS 2016 payment policy).

EVAR for rupture offers a less invasive approach for treatment but remains an extremely intense service in an attempt to save the life of an actively dying patient. As stated above, this is a new code to capture the significantly different work and extremely high intensity compared to an elective aneurysm repair.

This procedure, endovascular repair of a ruptured aortic aneurysm, was never imagined in 2000 when the original EVAR codes were valued but this concept of differential work for elective and ruptured aneurysm repair exists in CPT codes for open surgical repair. These new EVAR codes for rupture include the additional work of temporary balloon aortic occlusion as needed for hemodynamic instability and the significantly different, more complex and longer post-operative care.

This code includes a complex urgently performed pre-planning, all radiologic supervision and interpretation, all routine catheterization, almost all currently placed extensions, and the extension S&I into codes that better describe the current practice of EVAR and conform with current concepts in code creation and valuation.

**Comment on Postoperative Visit Pattern**

The visit pattern for 34706 has been changed following discussion with the Pre-facilitation Committee. This committee questioned whether the operating surgeons actually provide critical care level visits, and our answer is yes. Particularly, when it comes to providing immediate post-operative care for ruptured aortic aneurysms, the vascular surgeon is the captain of the ship. Questions of whether hypotension should be treated with volume or vasopressors is a clinical judgment best handled by the surgeon. Questions of whether a ruptured aneurysm patient is failing because he/she needs a decompressive laparotomy vs more volume or more vasopressors is a highest level and most complex decision makeable only by the operating surgeon. Nevertheless, we appreciate the concern of the pre-facilitation committee, and we are responding to their recommendation by reducing one 99291 critical visit to 99233 and one 99233 to 99232.

### Comparison with Key Reference Services

There codes that were chosen most often as key reference services for 34706 are:

- 35082, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta*
- 35103, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)*

The following table incorporates our recommended RVW for 34706 along with the key reference services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35082 KRS	42.09	0.098	792	60			180	60	91x2, 33, 32 x3, 31x3, 38	14, 13, 12
35103 KRS	43.62	0.117	740	60			180	60	91x2, 32x3, 31x4, 38	13x2, 12
<b>34706</b>	<b>45.00</b>	<b>0.141</b>	<b>747</b>	<b>75</b>	<b>20</b>	<b>20</b>	<b>178</b>	<b>60</b>	<b>91, 33x2, 32x2, 31, 38</b>	<b>14, 13, 12</b>

### Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. We offer the following codes as brackets for our recommendations:

- MPC 33426, *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring*
- MPC 33863, *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33426 MPC	43.28	0.111	776	60	15	20	205	40	91, 33x3, 32 x2, 31, 38	14, 13
<b>34706</b>	<b>45.00</b>	<b>0.141</b>	<b>747</b>	<b>75</b>	<b>20</b>	<b>20</b>	<b>178</b>	<b>60</b>	<b>91, 33x2, 32x2, 31, 38</b>	<b>14, 13, 12</b>
33863 MPC	58.79	0.121	905	60	15	20	287	40	91x2, 33x3, 32x2, 31, 38	14

### Additional Rationale

This family was surveyed by a multispecialty group. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in our recommendations of median survey RVW of 36.50 for code 34X08. This extremely intense service merits the relatively high IWPUT of 0.139. The following short table demonstrates IWPUTs of highly intense services. We believe the intensity of ruptured iliac aneurysm repair is equal or greater than any of the following.

CPT	Descriptor	IWPUT	RVW	INTRA	Total Time
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CPT	Descriptor	IWPUT	RVW	INTRA	Total Time
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	0.1335	29.40	150	457
47130	Hepatectomy, resection of liver; total right lobectomy	0.1338	57.19	240	870
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	0.1345	33.36	180	477
33681	Closure of single ventricular septal defect, with or without patch;	0.1369	32.34	150	507
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	0.1372	19.85	120	225
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	0.1386	24.05	120	367
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	0.1403	25.00	120	395
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	0.1741	48.45	178	713
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	0.1983	49.10	120	755
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	0.2021	53.43	178	713

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

34802  
34803  
34804  
75952  
34825  
75953  
36200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality excel file

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Procedures

BETOS Sub-classification:  
Major procedure



BETOS Sub-classification Level II:

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34802

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 34707      Tracking Number   U7

Original Specialty Recommended RVU: **24.00**Presented Recommended RVU: **22.28**

Global Period: 090

RUC Recommended RVU: **22.28**

CPT Descriptor: Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic unilateral iliac artery aneurysm. Endovascular repair is performed by deployment of an ilio-iliac tube endograft and all required proximal and distal iliac artery extension(s), as necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 13% , Overnight stay-more than 24 hours 87%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 70%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery, but it must be completed several days prior to surgery in order to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is one of the primary determinants of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where 3D software is applied permitting iterative modelling of a virtual device within the aorta in multiplanar views and center line of flow analysis. The physician needs to manually adjust modelling for altered anatomy which is tortuous or thrombus laden. Orthogonal center-line imaging is used to determine diameter measurements of the proximal aorta, the involved iliac, and downstream femoral arteries for appropriate sizing of the main body endograft with extensions as needed. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence and stenosis require consideration as they may impact device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the distances between the distal aorta and the distal seal zone beyond the iliac aneurysm. A stretched/straightened view permits manual validation of the computer-generated lengths.

Pre-service work necessarily includes review of surgical indication, physical exam findings, current medications and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the operating room after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine and ACT testing. In addition, the surgeon ensures all

technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for ready viewing during the operative procedure. The surgeon supervises appropriate patient positioning on the OR table, ensures fluoroscopy is functional and that desired imaging angles are attainable with equipment at hand. The surgeon dons radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile prep of access site(s) and subsequent draping. The surgeon leads the pre-procedural "time-out."

Description of Intra-Service Work: Deployment of this prosthesis is accomplished from one femoral access site, but intra-arterial catheterization is typically performed from both sides in order to allow imaging from one side while device deployment is performed on the opposite side.

Catheter placement is bundled in this procedure and radiologic supervision and interpretation is bundled in this service. Under fluoroscopic guidance, an introducer needle is used to access the vessel. A series of graded guidewires, vascular sheaths and catheters is introduced, and angiography is performed to confirm the location of the aortic bifurcation and the iliac anatomy. The patient is then systemically anticoagulated. A rigid wire is inserted through catheters to provide secure tracking of the large introducer sheaths for the endograft. The primary component of the endograft is loaded onto the guidewire and advanced through the access vessel to correct position within the proximal common iliac artery. The main component is positioned and deployed under fluoroscopic guidance with intermittent angiographic control imaging.

Additional extensions are implanted as required to obtain coverage of the iliac aneurysm. Extensions from the aortic bifurcation to the common iliac bifurcation are bundled in this service. A large compliant balloon is then placed over the wire into the endograft to perform balloon dilation at the proximal and distal seal zones of the endograft. An angiogram is performed for adequacy of the graft position, patency of outflow branches, presence or absence of endoleaks, and type of endoleak if present. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary. When the graft is in appropriate position and free of endoleaks on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: Hospital: Apply sterile dressings. Assist transfer of patient from operating table to gurney. Monitor patient for hemodynamic stability in transit and ensure adequate perfusion to the lower extremities. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate formal operative report and copy referring physician. Review post-operative imaging.

Post-operative in-hospital visits require interval history-taking for new complaints of pain or neurovascular compromise. Exam requires close monitoring for abdominal or lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are obtained, either during the inpatient stay or early in the post-discharge time period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, solicit an interval history for ongoing or new symptoms; examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection; examine lower extremities for adequate perfusion. Order diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for possible endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician (verbal and written). Dictate/type progress notes for medical chart.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34707				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	54	<b>Response:</b>	1.2 %
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	2.00	3.00	10.00
<b>Survey RVW:</b>	18.00	24.00	28.95	34.00	49.00
<b>Pre-Service Evaluation Time:</b>			110.00		
<b>Pre-Service Positioning Time:</b>			18.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			20.00		
<b>Intra-Service Time:</b>	60.00	90.00	120.00	150.00	360.00
<b>Immediate Post Service-Time:</b>	<b>40.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>95.00</b>	99231x 0.00 99232x 1.00 99233x 1.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>39.00</b>	99211x 0.00 12x 1.00 13x 1.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34707	<b>Recommended Physician Work RVU: 22.28</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	110.00	40.00	70.00	
<b>Pre-Service Positioning Time:</b>	20.00	3.00	17.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	120.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	40.00	33.00	7.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>95.00</u></b>	99231x <b>0.00</b>	99232x <b>1.00</b>	99233x <b>1.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>38.00</u></b>	99238x <b>1.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>39.00</u></b>	99211x <b>0.00</b>	12x <b>1.00</b>	13x <b>1.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35131	090	26.40	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35081	090	33.53	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
35301	090	21.16	RUC Time	73,823

CPT Descriptor 1 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33641	090	29.58	RUC Time	1,925

CPT Descriptor 2 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 9      % of respondents: 16.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 12.9 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>34707</u>	Top Key Reference CPT Code: <u>35131</u>	2nd Key Reference CPT Code: <u>35081</u>
Median Pre-Service Time	150.00	105.00	90.00
Median Intra-Service Time	120.00	150.00	210.00
Median Immediate Post-service Time	40.00	40.00	30.00
Median Critical Care Time	0.0	0.00	70.00
Median Other Hospital Visit Time	95.0	140.00	160.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	39.0	55.00	79.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>482.00</b>	<b>528.00</b>	<b>677.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.00	0.14
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34707 Elective Repair Iliac Aneurysm:**

We recommend a direct crosswalk to CPT code 37660 (*Ligation of common iliac vein*), for the work value of this code. The RVW of 37660 is 22.28 which is less than the 25<sup>th</sup> percentile survey value of 24.00 RVW. This recommendation is slightly less than the existing value of 22.37 RVW as detailed below.

Comparison to existing codes is a complex process due to the fact that the new codes bundle:

- all radiologic Supervision & Interpretation
- all routine catheterization
- almost all extensions
- all radiologic Supervision & Interpretation for extensions.

To calculate the current RVW of this service using current 2016 coding convention, one would begin with the existing work of 34900. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic S&I for iliac EVAR is then added. All proximal and distal extensions from the level of the aortic bifurcation down to the level of the iliac bifurcation are now included in the work of 34707. To account for this work, we multiplied the RVW for 34825 by the percentage of time that 34825 is billed together with 34900 and then applied the multiple procedure reduction. Finally, the radiologic supervision and interpretation for extensions was multiplied by this same billed together data to calculate the final existing RVW for 34707. The following table is a graphic explanation of this comparison.

Existing EVAR Aorto-Aortic Graft	Work RVU	Adjustment	Adjusted Work RVU
34900 Iliac-iliac graft	16.85	None	16.85
36200-50 Bilateral catheter in aorta	3.02	Bilaterality & MPPR	2.27
75954 Rad S&I code for iliac	2.25	None	2.25
34825 Extension	12.80	MPPR & Billed	0.83

		together (13%)	
75953 Rad S&I for extension	1.36	Billed together (13%)	0.18
<b>Total existing coding sequence</b>			<b>22.37</b>
<b>New Code</b>			
34707 Iliac-iliac EVAR	22.28	None	<b>22.28</b>
<b>Change Existing to New</b>			<b>-0.4%</b>

### Comparison to Crosswalk

Below is a tabular comparison to CPT code 37660 (*Ligation of common iliac vein*)

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
<b>34707</b>	<b>22.28</b>	<b>0.102</b>	<b>482</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
37660	22.28	0.113	397	60			120	25	33, 32, 31, 38	13, 12

### Comparison with Key Reference Services

The codes that were chosen most often as key reference services for 34707 are:

- 35131, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)*
- 35081, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta*

The following table incorporates our recommended RVW for 34707 along with the key reference services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
<b>34707</b>	<b>22.28</b>	<b>0.102</b>	<b>482</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
35131 KRS	26.40	0.099	528	105			150	40	32x2, 31x3, 38	13, 12x2
35081 KRS	33.53	0.079	677	60	15	15	210	30	91, 32x3, 31x2, 38	14, 13, 12

### Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. We offer the following codes as brackets for our recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33641, *Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2



	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
<b>34707</b>	<b>22.28</b>	<b>0.102</b>	<b>482</b>	<b>110</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>40</b>	<b>33, 32, 38</b>	<b>13, 12</b>
33641 MPC	29.58	0.094	562	60	15	20	164	40	91, 33, 32, 31, 38	14

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

34900

75954

34825

75953

36200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery

How often? Sometimes

Specialty general surgery

How often? Sometimes

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality excel file

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34900

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:34708      Tracking Number    U8

Original Specialty Recommended RVU: **36.50**  
Presented Recommended RVU: **36.50**  
RUC Recommended RVU: **36.50**

Global Period: 090

CPT Descriptor: Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with a ruptured unilateral iliac artery aneurysm. Endovascular repair is performed by deployment of an ilio-iliac tube endograft and all required proximal and distal iliac artery extension(s), as necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 81%

Description of Pre-Service Work: Preservice endograft planning for a ruptured aneurysm must be thorough, but must also be performed as quickly as possible. The speed required for these subsequent steps depends on the patient's hemodynamic stability.

Careful assessment of available imaging studies is required to determine whether the patient is an endovascular repair candidate. Exact measurements of the aneurysm diameter and length must be undertaken quickly. This is necessary because an accurate preoperative choice of component diameters and lengths is a primary determinant of endovascular procedural success. Cross-sectional imaging from the aorta to femoral vessels with fine cuts are reviewed, and if patient stability permits, uploaded rapidly to a workstation, where 3D software is applied permitting iterative modelling of the aorta and device in multiplanar views and center line of flow analysis. The physician must adjust modelling for altered anatomy which is tortuous or thrombus laden. Axial imaging is used to determine diameter measurements of the aorta, iliac and femoral arteries for appropriate sizing of the main body endograft plus all limbs and extensions that will be needed. The external iliac and femoral diameters also determine the success of the device delivery. Tortuosity, calcification, thrombus presence and stenosis require consideration as they may impact on device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the distances between the lowest renal artery and the distal seal zone depending on the extent and involvement of the distal aorta and iliac segments. Stretched and straightened views assist choice of correct endovascular components.

All available laboratory and other diagnostic tests are assessed thoroughly but as quickly as possible. The proposed procedure is discussed expeditiously with the patient (if stable) and family including risks and expected recovery. Informed consent is obtained quickly. Expedited documentation is performed. The access sites are marked. Due to the significant risk of mortality and hemodynamic compromise including hemodynamic shock, the patient's operative treatment course is discussed with the anesthesia team to ensure close coordination of care. The blood bank is also informed regarding potential need for a massive transfusion protocol. The endograft, catheters, and introducer sheaths are brought into the operating room after verification of appropriate diameters and lengths. Aortic balloon occlusion catheters are prepared for

emergent use. The surgeon ensures all technical personnel are familiar with the operative plan and required devices, helps position patient on OR table, ensures or assists with placement of large-bore intravenous access, ensures or assists with monitoring device placement, and confirms fluoroscopy function. The surgeon dons radiation protection gear and confirms that all in OR do likewise. Finally, supervise sterile prep of access sites, skin prep and sterile draping. Perform pre-procedural "time-out." At any time in this process the surgeon inserts an aortic occlusion balloon if cardiovascular collapse occurs.

Description of Intra-Service Work: Rapid entry is achieved with a needle and wire. A catheter is inserted into the aorta over the wire and manipulated into the abdominal aorta. A rigid wire is exchanged for the entry wire. A large sheath is placed in the entry vessel. A large sheath is placed as needed in the suprarenal aorta for stabilization of an aortic occlusion balloon. At any time in this process, the aortic occlusion balloon may be inflated if the patient suffers hemorrhagic shock.

Fluid resuscitation and appropriate adjunct measures are performed in coordination with the anesthesia team to best stabilize the critical patient. The patient is systemically anticoagulated. Under fluoroscopic guidance, an introducer needle is used to access the vessel. A guidewire is introduced and the needle is exchanged for a vascular sheath. A multi-sidehole catheter is placed and flush aorto-iliac angiography is performed. The iliac endograft is loaded, advanced, positioned under fluoroscopic guidance, and deployed. A large compliant balloon is placed over the wire into the iliac endograft to perform balloon dilation at the proximal and distal seal zones of the endograft. An aortogram is performed for adequacy of the graft position, patency of adjacent branch vessels (hypogastric, external iliac), presence or absence of endoleaks, and type of endoleak if present. The patency of collateral vessels (lumbar, hypogastric) that may contribute to persistent endoleaks is also assessed. Any and all required proximal and distal iliac artery extensions deployed from the aortic bifurcation to the common iliac bifurcation are bundled in this service. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary. When the graft is in appropriate position and free of endoleak on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: Hospital: Apply sterile dressings. Assist transfer of patient from operating table to gurney. Monitor patient for hemodynamic stability in transit and ensure adequate perfusion to the lower extremities. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate formal operative report and copy referring physician. Review post-operative imaging.

Post-operative in-hospital visits require interval history-taking for new complaints of pain or neurovascular compromise. Exam requires close monitoring for abdominal or lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are obtained, either during the inpatient stay or early in the post-discharge time period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, solicit an interval history for ongoing or new symptoms; examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection; examine lower extremities for adequate perfusion. Order diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for possible endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician (verbal and written). Dictate/type progress notes for medical chart.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34708				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	54	<b>Response:</b>	1.2 %
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	1.00	10.00
<b>Survey RVW:</b>	20.00	30.00	36.50	42.00	55.00
<b>Pre-Service Evaluation Time:</b>			70.00		
<b>Pre-Service Positioning Time:</b>			20.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			20.00		
<b>Intra-Service Time:</b>	75.00	90.00	120.00	168.00	420.00
<b>Immediate Post Service-Time:</b>	<b>60.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>140.00</b>	99291x 2.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>170.00</b>	99231x 1.00 99232x 1.00 99233x 2.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>79.00</b>	99211x 0.00 12x 1.00 13x 1.00 14x 1.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34708	<b>Recommended Physician Work RVU: 36.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	60.00	40.00	20.00	
<b>Pre-Service Positioning Time:</b>	20.00	3.00	17.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	120.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	60.00	33.00	27.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>70.00</u></b>	99291x <b>1.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>210.00</u></b>	99231x <b>1.00</b>	99232x <b>2.00</b>	99233x <b>2.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>38.00</u></b>	99238x <b>1.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>79.00</u></b>	99211x <b>0.00</b>	12x <b>1.00</b>	13x <b>1.00</b>	14x <b>1.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35131	090	26.40	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35103	090	43.62	RUC Time

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33641	090	29.58	RUC Time	1,925
<u>CPT Descriptor 1</u> Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33426	090	43.28	RUC Time	4,513

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10      % of respondents: 18.5 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 11.1 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34708</u>	Top Key Reference CPT Code: <u>35131</u>	2nd Key Reference CPT Code: <u>35103</u>
Median Pre-Service Time	100.00	105.00	60.00
Median Intra-Service Time	120.00	150.00	180.00
Median Immediate Post-service Time	60.00	40.00	60.00
Median Critical Care Time	70.0	0.00	140.00
Median Other Hospital Visit Time	210.0	140.00	200.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	79.0	55.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>677.00</b>	<b>528.00</b>	<b>740.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.80	0.67
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34708 Ruptured Iliac Aneurysm Repair:**

We recommend the median survey RVW of 36.50.

Ruptured iliac aneurysms are a catastrophic event with mortality rates as high as 90%. In fact, half of all patients that suffer a ruptured iliac aneurysm will die before they can ever reach a hospital for definitive treatment. The mortality for surgical repair ranges from 40-60% for patients who are able to present for repair. Without rapid treatment, death is certain. These patients present in varying degrees of hemorrhagic shock and are typically plagued by multisystem organ failure post-operatively. Despite advances in detection and treatment of aneurysmal disease, the rupture rate has remained relatively constant over the past two decades at roughly 15%.

For the purposes of work consideration, it is important to note that patients who die in the operating room would be coded with the -53 modifier "discontinued procedure" which typically results in a 50% payment reduction (e.g. WPS 2016 payment policy).

EVAR for rupture offers a less invasive approach for treatment but remains an extremely intense service in an attempt to save the life of an actively dying patient. As stated above, this is a new code to capture the significantly different work and extremely high intensity compared to an elective aneurysm repair.

This procedure, endovascular repair of a ruptured iliac aneurysm, was never imagined in 2000 when the original EVAR codes were valued but this concept of differential work for elective and ruptured aneurysm repair exists in CPT codes for open surgical repair. These new EVAR codes for rupture include the additional work of temporary balloon aortic occlusion as needed for hemodynamic instability and the significantly different, more complex and longer post-operative care.

This code includes a complex urgently performed pre-planning, all radiologic supervision and interpretation, all routine catheterization, almost all currently placed extensions, and the extension S&I into codes that better describe the current practice of EVAR and conform with current concepts in code creation and valuation.



**Comment on Postoperative Visit Pattern**

The visit pattern for 34708 has been changed following discussion with the Pre-facilitation Committee. This committee questioned whether the operating surgeons actually provide critical care level visits, and our answer is yes. Particularly, when it comes to providing immediate post-operative care for ruptured aortic aneurysms, the vascular surgeon is the captain of the ship. Questions of whether hypotension should be treated with volume or vasopressors is a clinical judgment best handled by the surgeon. Questions of whether a ruptured aneurysm patient is failing because he/she needs a decompressive laparotomy vs more volume or more vasopressors is a highest level and most complex decision makeable only by the operating surgeon. Nevertheless, we appreciate the concern of the pre-facilitation committee, and we are responding to their recommendation by reducing one 99291 critical visit to 99233 and one 99233 to 99232.

**Comparison with Key Reference Services**

The codes that were chosen most often as key reference services for 34708 are:

- 35131, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)*
- 35103, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)*

The following table incorporates our recommended RVW for 34708 along with the key reference services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35131 KRS	26.40	0.099	528	105			150	40	32x2, 31x3, 38	13, 12x2
<b>34708</b>	<b>36.50</b>	<b>0.139</b>	<b>687</b>	<b>70</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>60</b>	<b>91, 33x2, 32x2, 31, 38</b>	<b>14, 13, 12</b>
35103 KRS	43.62	0.117	740	60			180	60	91x2, 32x3, 31x4, 38	13x2, 12

**Comparison to MPC codes**

There are limited MPC codes in the RVW range of these complex procedures. We offer the following codes as brackets for our recommendations:

- MPC 33641, *Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch*
- MPC 33426, *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33641 MPC	29.58	0.094	562	60	15	20	164	40	91, 33, 32, 31, 38	14
<b>34708</b>	<b>36.50</b>	<b>0.139</b>	<b>687</b>	<b>70</b>	<b>20</b>	<b>20</b>	<b>120</b>	<b>60</b>	<b>91, 33x2, 32x2, 31, 38</b>	<b>14, 13, 12</b>
33426 MPC	43.28	0.111	776	60	15	20	205	40	91, 33x3, 32 x2, 31, 38	14, 13

**Additional Rationale**

This family was surveyed by a multispecialty group. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in our recommendations of median survey RVW of 36.50 for code 34708. This extremely intense service merits the relatively high IWPUT of 0.139. The following short table demonstrates IWPUTs of highly intense services. We believe the intensity of ruptured iliac aneurysm repair is equal or greater than any of the following.

CPT	Descriptor	IWPUT	RVW	INTRA	Total Time
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CPT	Descriptor	IWPUT	RVW	INTRA	Total Time
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	0.1335	29.40	150	457
47130	Hepatectomy, resection of liver; total right lobectomy	0.1338	57.19	240	870
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	0.1345	33.36	180	477
33681	Closure of single ventricular septal defect, with or without patch;	0.1369	32.34	150	507
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	0.1372	19.85	120	225
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	0.1386	24.05	120	367
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	0.1403	25.00	120	395
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	0.1741	48.45	178	713
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	0.1983	49.10	120	755
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	0.2021	53.43	178	713

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

34900

75954

34825

75953

36200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality excel file

Specialty vascular surgery	Frequency 0	Percentage 0.00 %
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Specialty general surgery	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34900

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34709      Tracking Number   U9

Original Specialty Recommended RVU: **6.50**  
Presented Recommended RVU: **6.50**  
RUC Recommended RVU: **6.50**

Global Period: ZZZ

CPT Descriptor: Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, per vessel treated (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD undergoes an endovascular repair of an infrarenal aortic aneurysm performed by deployment of an aorto-(bi)iliac endograft. After deployment of the endograft, completion angiography reveals an endoleak, dissection, or false aneurysm at the proximal and/or distal fixation and seal zone of the treatment area. This requires placement of a prosthesis extension proximal to the renal arteries and/or distal extension distal to the level of the iliac artery bifurcation. Note: This add-on code only includes the additional work of nonselective catheterization and placing an additional extension endoprosthesis.]

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Measurements are made from the pre-operative and intra-operative imaging studies to assess the affected arterial segment and determine exactly the diameter and length of the extension required to successfully seal the endoleak, repair the dissection, or cover the false aneurysm. In this situation, the measurement work is an intra-service element because need for an extension of this type is typically unknown until the situation presents itself in the midst of the operation. The diseased arterial segment must be treated, but with maintenance of patency and distal perfusion. A rigid wire is inserted through the imaging catheter to provide secure tracking of the large introducer sheath necessary for the extension. The extension is loaded onto the guidewire and advanced through the access vessel. It is then positioned above the level of the renal artery and/or below the level of the iliac artery bifurcation and deployed under fluoroscopic guidance. A large compliant balloon is placed over the wire into the extension to perform balloon dilation at the proximal and/or distal seal zones. An aortogram is performed for adequacy of position, presence or absence of endoleaks, type of endoleak if present, dissection, or false aneurysm. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary. When the graft is in appropriate position and free of endoleak on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34X09				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	33	<b>Response:</b>	0.7 %
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	2.00	5.00	10.00	40.00
<b>Survey RVW:</b>	4.00	6.50	8.50	10.00	15.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	20.00	60.00	60.00	60.00	180.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34X09	<b>Recommended Physician Work RVU: 6.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	60.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
37237	ZZZ	4.25	RUC Time

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
37235	ZZZ	7.80	RUC Time

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	RUC Time	6,947

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	ZZZ	0.00	RUC Time	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 8      % of respondents: 24.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 15.1 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>34X09</u>	Top Key Reference CPT Code: <u>37237</u>	2nd Key Reference CPT Code: <u>37235</u>
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	60.00	45.00	80.00
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>60.00</b>	<b>47.00</b>	<b>82.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.88	0.67
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34709 Placement of Extension Prosthesis at Initial Procedure:**

We recommend the 25<sup>th</sup> percentile survey value of 6.50 RVW.

Code +34709 describes the placement of proximal and/or distal extensions at the time of the initial procedure. The previous codes for extensions did not specify at what setting they were performed leading to overlap in pre and post-service work and multiple procedure reductions if they were done at the same time as the original procedure. To overcome this problem, separate codes were created to describe the work of extensions performed at the same setting as the initial procedure. Appropriate global periods for each code were assigned.

**Compelling Evidence**

As stated above, under current coding convention, there is no distinction as to the timing of proximal and/or distal endografts extensions. Furthermore, the treatment zone itself was ill defined. Current billed together and utilization data indicate that an initial extension (34825) is *typical* (53%) at the time of the initial procedure. As such, the new base codes (34X01-34X08) were created with specific extension and extension radiologic supervision & interpretation bundled. The treatment zone has been specifically defined such that clinical scenarios that were previous billed with 34825 in the proximal aorta below the lowest renal artery and in the common iliac arteries are now part of the base procedure. The residual patients who require extensions beyond the treatment zone represent a new patient population and different work than the previous codes. We feel this meets compelling evidence standards.

**Comparison with Key Reference Services**

There were two codes that were chosen most often as key reference services for +34709. They are:

- +37237, *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)*
- +37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*

The following tables incorporate our recommended RVW for +34709 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+37237 KRS	4.25	0.093	47	1	45	1
<b>+34709</b>	<b>6.50</b>	<b>0.108</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
37235 KRS	7.80	0.097	82	1	60	1

### **Comparison to MPC codes**

There are only 10 ZZZ global MPC codes for comparison, all of which are lower values than our recommendations for +34709. We offer the following code for comparison:

- MPC 57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+37237 MPC	4.88	0.108	45	0	45	0
<b>+34709</b>	<b>6.50</b>	<b>0.108</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>

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### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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### **FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 34826, 75953

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery

How often? Sometimes

Specialty general surgery

How often? Sometimes

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34826

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 34710      Tracking Number   U10

Original Specialty Recommended RVU: **17.00**Presented Recommended RVU: **17.00**

Global Period: 090

RUC Recommended RVU: **15.00**

CPT Descriptor: Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed; initial vessel treated

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with COPD and CAD who underwent endovascular repair of 6 cm diameter AAA six months ago has pre-procedural imaging demonstrating an endoleak. Due to inadequate exclusion of the aneurysm sac, revision of the original stentgraft is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 24% , Overnight stay-more than 24 hours 76%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 73%

Description of Pre-Service Work: required to determine the exact measurements of the arterial site needing repair and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery, but it must be completed several days prior to surgery to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is one of the primary determinants of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where 3D software is applied permitting iterative modelling of a virtual device within the aorta in multiplanar views and center line of flow analysis. The physician needs to manually adjust modelling for altered anatomy which is tortuous or thrombus laden. Orthogonal center-line imaging is used to determine diameter measurements of the aorta, iliac and femoral arteries for appropriate sizing of the main body endograft and limbs with extensions as needed. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence and stenosis require consideration as they may impact device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the distances between the lowest renal artery and the distal seal zone depending on the extent and involvement of the distal aorta and iliac segments. A stretched/straightened view permits manual validation of the computer-generated lengths.

Pre-service work necessarily includes review of surgical indication, physical exam findings, current medications and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the operating room after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine and ACT testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for ready viewing during the

operative procedure. The surgeon supervises appropriate patient positioning on the OR table, ensures fluoroscopy is functional and that desired imaging angles are attainable with equipment at hand. The surgeon dons radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile prep of access site(s) and subsequent draping. The surgeon leads the pre-procedural "time-out."

Description of Intra-Service Work: Deployment of this prosthesis is accomplished from one femoral or iliac access site, but intra-arterial catheterization is typically performed from both sides to allow imaging from one side while the device deployment occurs on the opposite side. Performance of extension graft requires special consideration of the previously placed endograft components. This is special and unique work associated with knowledge of the physical characteristics, lengths and diameters of the prior endograft.

Catheter placement is bundled in this procedure. Under fluoroscopic guidance, an introducer needle is used to access the vessel. A series of graded guidewires, vascular sheaths and catheters is introduced, and flush aortography is performed to confirm the location in which the extension is to be placed. In a similar manner, catheterization of the aorta from the contralateral femoral or iliac artery is performed. The patient is then systemically anticoagulated. A rigid wire is inserted through deployment side catheter to provide secure tracking of the large introducer sheaths for the main component of the endograft. The primary component is loaded onto the guidewire and advanced through the access vessel to the target site. The endograft is positioned and deployed under fluoroscopic guidance with intermittent angiographic control imaging. Additional extensions are implanted as required to obtain successful coverage of this target lesion. A large compliant balloon is placed over the wire into the endograft to perform balloon dilation at the proximal and distal seal zones of the endograft. An aortogram is performed for adequacy of the graft position, patency of adjacent branch vessels (renals and hypogastrics), presence or absence of endoleaks, and type of endoleak if present. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary. When the graft is in appropriate position and free of endoleaks on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: Hospital: Apply sterile dressings. Assist transfer of patient from operating table to gurney. Monitor patient for hemodynamic stability in transit and ensure adequate perfusion to the lower extremities. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate formal operative report and copy referring physician. Review post-operative imaging.

Post-operative in-hospital visits require interval history-taking for new complaints of pain or neurovascular compromise. Exam requires close monitoring for abdominal or lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are obtained, either during the inpatient stay or early in the post-discharge time period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, solicit an interval history for ongoing or new symptoms; examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection; examine lower extremities for adequate perfusion. Order diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for possible endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician (verbal and written). Dictate/type progress notes for medical chart.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34710				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	33	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	3.00	5.00	30.00
<b>Survey RVW:</b>	10.00	15.00	17.00	19.00	22.00
<b>Pre-Service Evaluation Time:</b>			110.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	60.00	75.00	90.00	120.00	180.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>60.00</b>	99231x 1.00 99232x 1.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>39.00</b>	99211x 0.00 12x 1.00 13x 1.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34710	<b>Recommended Physician Work RVU: 15.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	110.00	40.00	70.00	
<b>Pre-Service Positioning Time:</b>	15.00	3.00	12.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	20.00	-5.00	
<b>Intra-Service Time:</b>	90.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>60.00</u>	99231x 1.00	99232x 1.00	99233x 0.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>39.00</u>	99211x 0.00	12x 1.00	13x 1.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37218	090	15.00	RUC Time

CPT Descriptor Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37217	090	20.38	RUC Time

CPT Descriptor Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52601	090	15.26	RUC Time	46,743

CPT Descriptor 1 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	18.00	RUC Time	5,906

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 10      % of respondents: 30.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 24.2 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>34710</u>	Top Key Reference CPT Code: <u>37218</u>	2nd Key Reference CPT Code: <u>37217</u>
Median Pre-Service Time	140.00	43.00	74.00
Median Intra-Service Time	90.00	90.00	120.00
Median Immediate Post-service Time	30.00	28.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	20.00	95.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	39.0	46.00	46.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>397.00</b>	<b>265.00</b>	<b>403.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.40	0.88
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34710 Delayed Placement of Extension Prosthesis:**

We recommend the median survey value of 17.00 RVW.

34710 describes the placement of a proximal or distal infrarenal aortic or iliac artery extension in a delayed fashion at a separate setting from the original main body graft deployment. The previous codes for extensions did not specify at what setting they were performed leading to overlap in pre and post-service work and multiple procedure reductions if they were done at the same time as the original procedure. If extensions are performed in a delayed fashion, there is additional pre-procedure planning time similar to the base codes that need to be taken into consideration. To overcome this problem, separate codes were created to describe the work of extensions performed at the same setting as the initial procedure and those performed in a delayed fashion. Appropriate global periods for each code were assigned.

**Compelling Evidence**

There has been a change in the patient population for codes 34710. As stated above, under current coding convention, there is no distinction as to the timing of proximal and/or distal endograft extensions. Furthermore, the treatment zone itself was ill defined. Current billed together and utilization data indicate that an initial extension is *typical* (53%) at the time of the initial procedure. As such, the new base codes (34X01-34X08) were created with the initial extension and extension radiologic supervision & interpretation bundled. The treatment zone has been specifically defined such that clinical scenarios that were previously billed with 34825 are now part of the base procedure. The residual patients who require extensions beyond the treatment zone represent a new patient population and different work than the previous codes. The patients who have delayed proximal and/or distal extensions placed also represent a new patient population that is significantly different work from what was previously captured with 34825, +34826, and 75953. We therefore feel that compelling evidence has been met for codes 34710.

**Pre-Service Time (34710)**

When a patient needs to return to the operating room for placement of a proximal and/or distal endograft extension, there has been failure of the initial endograft requiring corrective action. This results in significant additional pre-service time and work. Multiple images (including CT angiogram, duplex, and possibly arteriogram) are reviewed to diagnose the problem, available devices are reviewed, and an operative plan is developed. This service is provided after evaluation in the office, but more than 24 hours prior to the procedure. We received approval from the Research Subcommittee to add

an additional question to the 34710 survey to capture time spent for planning. This is consistent with the code descriptor which includes the phrase "including pre-procedure sizing and device selection." The additional planning time is therefore included in the total evaluation minutes and becomes part of the pre-service work for 34710.

Pre-service package 4 is appropriate for 34710 with adjustment to the times. Surveyed planning times have been added to the pre-service evaluation time for 34710. The survey respondents also identified varying addition minutes for evaluation. We believe this to be related to the additional work the day before and the day of the procedure to ensure that all necessary supplies are available for the operation and to ensure that the radiologic equipment is operational and prepared for the procedure.

The survey respondents identified additional minutes of positioning time for these codes. This is to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. A total of 15 minutes is recommended for 34710. The survey respondents also reported 5 minutes less scrub, dress, and wait time for 34710 than exists in pre-service package 4. We recommend accepting the survey results and subtracting 5 minutes of SDW time for 34710.

### **Post-Service Time (34710)**

Post-service time package 9B would apply for these complex procedures, however, this package only allows 5 minutes for "operative note" which is not sufficient time for endovascular procedures that have radiologic supervision & interpretation bundled into the code. There is significantly more time involved to review all images and cines, annotate appropriate images, dictate radiologic findings, and document radiation exposure and contrast volumes. We therefore recommend accepting the survey values for immediate post-service time.

### **Comparison with Key Reference Services**

There were two codes that were chosen most often as key reference services for 34710. They are:

- 37218, *Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*
- 37217, *Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*

The following tables incorporates our recommended RVW for 34710 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
37218 KRS	15.00	0.106	265	33	5	5	90	28	31, 38	13x2
<b>34710</b>	<b>17.00</b>	<b>0.095</b>	<b>397</b>	<b>110</b>	<b>15</b>	<b>15</b>	<b>90</b>	<b>30</b>	<b>32, 31, 38</b>	<b>13, 12</b>
37217 KRS	20.38	0.098	403	40	14	20	120	30	33, 32, 38	13x2

### **Comparison to MPC codes**

We offer the following codes as brackets for our recommendations for 34710:

- MPC 52601, *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)*
- MPC 37215, *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
52601 MPC	15.26	0.088	355	35	10	15	75	40	32, 31x2, 38	13x2, 12
<b>34710</b>	<b>17.00</b>	<b>0.095</b>	<b>397</b>	<b>110</b>	<b>15</b>	<b>15</b>	<b>90</b>	<b>30</b>	<b>32, 31, 38</b>	<b>13, 12</b>
37215 MPC	18.00	0.121	322	40	8	15	90	30	33, 38	13x2

### Additional Rationale for Specific Codes

This represents a slight increase from the current value of 16.43 by current coding convention which is determined by adding the RVWs for 34825 and its corresponding radiologic supervision & interpretation 75953, and the work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiplying by 0.5 for the multiple procedure reduction. The following table is a graphic explanation of this comparison.

Existing Extension	Work RVU	Adjustment	Adjusted Work RVU
34825 Extension	12.80	None	12.80
36200-50 Bilateral catheter in aorta	3.02	Bilaterality & MPPR	2.27
75953 Rad S&I for extension	1.36	None	1.36
<b>Total existing coding sequence</b>			<b>16.43</b>
<b>New Code</b>			
34710 Delayed Extension	17.00	None	<b>17.00</b>
<b>Change Existing to New</b>			<b>3.5%</b>

Compelling evidence as detailed above justifies this slight increase in value for this new code compared to existing as it represents significantly different work from the existing codes. Comparison to KRS, MPC and family further support our recommendation.

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

34825

75953

36200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery

How often? Sometimes

Specialty general surgery

How often? Sometimes

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34825

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34711      Tracking Number   U11

Original Specialty Recommended RVU: **6.00**  
Presented Recommended RVU: **6.00**  
RUC Recommended RVU: **6.00**

Global Period: ZZZ

CPT Descriptor: Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed; each additional vessel treated (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with COPD and CAD who underwent endovascular repair of 6 cm diameter AAA six months ago has pre-procedural imaging demonstrating a second endoleak. Placement of an extension prosthesis for endovascular repair of the infrarenal abdominal aorta is performed. [Note: This add-on code only includes the additional work of nonselective catheterization and placing an additional extension endoprosthesis.]

Percentage of Survey Respondents who found Vignette to be Typical: 100%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: A rigid wire is inserted through the imaging catheter to provide secure tracking of the large introducer sheath necessary for the extension. The extension is loaded onto the guidewire and advanced through the access vessel. It is then positioned carefully and deployed under fluoroscopic guidance. A large compliant balloon is placed over the wire into the extension to perform balloon dilation at the proximal and/or distal seal zones. An aortogram is performed for adequacy of position, presence or absence of endoleaks, type of endoleak if present, dissection, or false aneurysm. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary. When the graft is in appropriate position and free of endoleak on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34711				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	33	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	2.00	5.00	30.00
<b>Survey RVW:</b>	3.00	6.00	9.00	12.00	15.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	45.00	60.00	60.00	210.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34711	<b>Recommended Physician Work RVU: 6.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	60.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
37235	<u>ZZZ</u>	7.80	<u>RUC Time</u>

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
37237	<u>ZZZ</u>	4.25	<u>RUC Time</u>

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	<u>ZZZ</u>	4.88	<u>RUC Time</u>	6,947

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	<u>ZZZ</u>	0.00	<u>RUC Time</u>	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 9      % of respondents: 0.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 0.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>34711</u>	Top Key Reference CPT Code: <u>37235</u>	2nd Key Reference CPT Code: <u>37237</u>
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	60.00	80.00	45.00
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>60.00</b>	<b>82.00</b>	<b>47.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.44	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34711 Delayed Placement of Additional Extension Prosthesis:**

We recommend the 25<sup>th</sup> percentile survey value of 6.00 RVW.

Code +34711 describes the placement of proximal and/or distal extensions in a delayed fashion. The previous codes for extensions did not specify at what setting they were performed leading to overlap in pre and post-service work and multiple procedure reductions if they were done at the same time as the original procedure. Appropriate global periods for each code were assigned.

**Additional Rationale**

As stated above, under current coding convention, there is no distinction as to the timing of proximal and/or distal endografts extensions. Furthermore, the treatment zone itself was ill defined. Current billed together and utilization data indicate that an initial extension is *typical* (53%) at the time of the initial procedure. As such, the new base codes (34X01-34X08) were created with the initial extension and extension radiologic supervision & interpretation bundled. The treatment zone has been specifically defined such that clinical scenarios that were previous billed with 34825 in the proximal aorta below the lowest renal artery and in the common iliac arteries are now part of the base procedure. The residual patients who require extensions beyond the treatment zone represent a new patient population and different work than the previous codes. The patients who have these distal extensions placed represent a new patient population that is significantly different work from what was previously captured with 34825, +34826, and 75953. 34X09 represents a blend of 34825 and 34826 with the corresponding radiology S&I 75953

**Comparison with Key Reference Services**

There were two codes that were chosen most often as key reference services for +34711. They are:

- +37237, *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)*
- +37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*

The following tables incorporate our recommended RVW for +34711 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+37237 KRS	4.25	0.093	47	1	45	1
<b>+34711</b>	<b>6.00</b>	<b>0.100</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
+37235 KRS	7.80	0.097	82	1	60	1

### Comparison to MPC codes

There are only 10 ZZZ global MPC codes for comparison, all of which are lower values than our recommendations for +34711. We offer the following code for comparison:

- MPC 57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+57267 MPC	4.88	0.108	45	0	45	0
<b>+34711</b>	<b>6.00</b>	<b>0.100</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>

### Additional Rationale for Specific Codes

This represents an increase from current value of 5.48 RVWs by current coding convention. This value is lower than the value for +34X09 which is a very similar service; however, clinically speaking, the additional endograft extension placed in a delayed fashion could be within the previous treatment zone of the initial endograft placement and is therefore less intense than an extension placed at the time of initial endografts deployment. For example, a patient who has had a previous EVAR for aneurysm repair is found to have bilateral type 1B endoleaks at the distal limbs in the common iliac arteries bilaterally. There is enough landing zone within the common iliac arteries to seal the leaks with bilateral extensions to the common iliac bifurcation without extending into the external iliac arteries. This scenario would be reported with 34X10 and +34711 in the delayed setting but if these extensions were performed at the time of the original procedure, these extensions are within the treatment zone and bundled into the base code.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 34826, 75953

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34826

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34712      Tracking Number   U12

Original Specialty Recommended RVU: **14.00**Presented Recommended RVU: **12.00**

Global Period: 090

RUC Recommended RVU: **12.00**

CPT Descriptor: Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with COPD and CAD who previously underwent endovascular repair of 6 cm diameter AAA now presents with a proximal endoleak. Transcatheter delivery of anchors/screws to seal the endo-leak is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 24% , Overnight stay-more than 24 hours 76%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 73%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact fixation device, and the deployment location of the individual anchors required to stabilize the endograft. This work is unique in that it must be performed several days prior to surgery in order to ensure that all required devices are ordered and have arrived on site before surgery begins. Cross-sectional imaging of the involved arterial segment and endograft with fine cuts are reviewed and uploaded to a workstation, where 3D software is applied permitting iterative modelling of anchor placement. The physician needs to manually adjust modelling for altered anatomy which is tortuous or thrombus laden. Orthogonal center-line imaging is used to determine diameter measurements of the aorta, iliac and femoral arteries for appropriate sizing of the anchors. The iliac and femoral diameters also determine the success of the device delivery. Tortuosity, calcification, thrombus presence and stenosis require consideration as they may impact device delivery. Cross section, longitudinal and center line of flow measurements, with manual adjustments where needed, are utilized to map the required anchor locations.

Pre-service work necessarily includes review of surgical indication, physical exam findings, current medications and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The fixation device and introducer sheaths are brought into the operating room after verification of appropriate sizes. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine and ACT testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for ready viewing during the operative procedure. The surgeon supervises appropriate patient positioning on the OR table, ensures fluoroscopy is functional and that desired imaging angles are attainable with equipment at hand. The surgeon dons radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile prep of access site(s) and subsequent draping. The surgeon leads the pre-procedural "time-out."

Description of Intra-Service Work: Under fluoroscopic guidance, an introducer needle is used to access the vessel. A guidewire is introduced and the needle is exchanged for a vascular sheath. A multi-sidehole catheter is placed and flush aortogram is performed. The patient is systemically anticoagulated. The endovascular fixation anchor delivery guide is

placed in the aortic endograft over stiff wire access. Contrast imaging confirms appropriate delivery guide position within aortic endograft. The endovascular fixation anchor delivery system is then constrained, loaded with an endovascular fixation anchor and placed within the delivery guide into the aortic endograft. Under contrast injection and fluoroscopy, the endovascular fixation anchor position is confirmed and then deployed. Additional endovascular fixation anchors are placed as needed in the proximal extent of the aortic graft and aortic wall. Contrast injection to confirm endovascular fixation anchor placement and treatment of endoleak is performed. Additional wires, sheaths and catheters are removed.

Description of Post-Service Work: Hospital: Apply sterile dressings. Assist transfer of patient from operating table to gurney. Monitor patient for hemodynamic stability in transit and ensure adequate perfusion to the lower extremities. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate formal operative report and copy referring physician. Review post-operative imaging.

Post-operative in-hospital visits require interval history-taking for new complaints of pain or neurovascular compromise. Exam requires close monitoring for abdominal or lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are necessary. Lower extremities are checked for emboli. Hemoglobin and coagulation labs are monitored daily. The need for routine or advanced imaging is assessed daily. Post-op CT scans are obtained, either during the inpatient stay or early in the post-discharge time period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily.

Discharge day management includes communicating with all support services such as visiting nurses, referring physicians, review interval chart notes, answer patient and family questions, evaluate all pre-discharge labs, evaluate and redress the incisions, assess pain score, and perform medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, solicit an interval history for ongoing or new symptoms; examine the abdomen for tenderness, examine arterial access sites and surgical incisions for inflammation, drainage, wound infection; examine lower extremities for adequate perfusion. Order diagnostic blood tests and/or imaging studies based on findings. Review post-op CT scans and ultrasounds for possible endoleak. Make clinical decisions regarding need for repeat surgical intervention. Provide wound care as needed. Remove staples and sutures as indicated. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician (verbal and written). Dictate/type progress notes for medical chart.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34712				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	33	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	3.00	15.00
<b>Survey RVW:</b>	6.00	12.00	14.00	15.00	22.00
<b>Pre-Service Evaluation Time:</b>			60.00		
<b>Pre-Service Positioning Time:</b>			20.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			20.00		
<b>Intra-Service Time:</b>	20.00	60.00	60.00	90.00	150.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>60.00</b>	99231x 1.00 99232x 1.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>39.00</b>	99211x 0.00 12x 1.00 13x 1.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	34712	<b>Recommended Physician Work RVU: 12.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	20.00	3.00	17.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	60.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>60.00</u></b>	99231x <b>1.00</b>	99232x <b>1.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>38.00</u></b>	99238x <b>1.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>39.00</u></b>	99211x <b>0.00</b>	12x <b>1.00</b>	13x <b>1.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37218	090	15.00	RUC Time

CPT Descriptor Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37217	090	20.38	RUC Time

CPT Descriptor Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
54437	090	11.50	RUC Time	0
<u>CPT Descriptor 1</u> Repair of traumatic corporeal tear(s)				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57288	090	12.13	RUC Time	23,596

CPT Descriptor 2 Sling operation for stress incontinence (eg, fascia or synthetic)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 8      % of respondents: 24.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 4      % of respondents: 12.1 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>34712</u>	Top Key Reference CPT Code: <u>37218</u>	2nd Key Reference CPT Code: <u>37217</u>
Median Pre-Service Time	80.00	43.00	74.00
Median Intra-Service Time	60.00	90.00	120.00
Median Immediate Post-service Time	30.00	28.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	20.00	95.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	39.0	46.00	46.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>307.00</b>	<b>265.00</b>	<b>403.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.75	1.25
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**34712 Enhanced Fixation Device:**

We recommend the 25<sup>th</sup> percentile survey value of 12.00 RVW.

34712 describes the transcatheter delivery of enhanced fixation device(s) to the endograft (e.g., anchor, screw, tack) and all associated radiological supervision and interpretation. Code 34712 represents new technology and new work that was not present previously. This new code describes the work of transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation. The work of this procedure was previously coded with unlisted vascular or unlisted cardiac codes depending on the location of the endograft. This will be a low volume code estimated to be used in less than 2% of EVARs.

**Pre-Service Time (34712)**

When a patient needs to return to the operating room for delivery of an enhanced fixation device, there has been failure of the initial endograft requiring corrective action. This results in significant additional pre-service time and work. Multiple images (including CT angiogram, duplex, and possibly arteriogram) are reviewed to diagnose the problem, available devices are reviewed, and an operative plan is developed.

Pre-service package 4 is appropriate for 34712 with adjustment to the times. The survey respondents also identified varying addition minutes for evaluation. We believe this to be related to the additional work the day before and the day of the procedure to ensure that all necessary supplies are available for the operation and to ensure that the radiologic equipment is operational and prepared for the procedure.

The survey respondents identified additional minutes of positioning time for these codes. This is to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. Pre-service time is a total of 20 minutes for 34712.

**Post-Service Time (34712)**

Post-service time package 9B would apply for these complex procedures, however, this package only allows 5 minutes for “operative note” which is not sufficient time for endovascular procedures that have radiologic supervision & interpretation bundled into the code. There is significantly more time involved to review all images and cines, annotate appropriate images, dictate radiologic findings, and document radiation exposure and contrast volumes. We therefore recommend accepting the survey values for immediate post-service time.

### Comparison with Key Reference Services

There were two codes that were chosen most often as key reference services for 34X10 and 34712. They are:

- 37218, *Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*
- 37217, *Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*

The following tables incorporate our recommended RVW for 34712 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
<b>34712</b>	<b>12.00</b>	<b>0.082</b>	<b>307</b>	<b>40</b>	<b>20</b>	<b>20</b>	<b>60</b>	<b>30</b>	<b>32, 31, 38</b>	<b>13, 12</b>
37218 KRS	15.00	0.106	265	33	5	5	90	28	31, 38	13x2
37217 KRS	20.38	0.098	403	40	14	20	120	30	33, 32, 38	13x2

### Comparison to MPC codes

We offer the following codes as brackets for our recommendations for 34712:

- MPC 54437, *Repair of traumatic corporeal tear(s)*
- MPC 57288, *Sling operation for stress incontinence (eg, fascia or synthetic)*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
MPC 54437	11.50	0.087	264	33	3	15	60	30	38	13x3,12
<b>34712</b>	<b>12.00</b>	<b>0.082</b>	<b>307</b>	<b>40</b>	<b>20</b>	<b>20</b>	<b>60</b>	<b>30</b>	<b>32, 31, 38</b>	<b>13, 12</b>
MPC 57288	12.13	0.108	246	33	7	15	60	27	38	13x3,12

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New work not previously reported or reported with 33999 or 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
---------------------------	-----------	------------	---

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34826

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34713      Tracking Number   U13

Original Specialty Recommended RVU: **2.50**  
Presented Recommended RVU: **2.50**  
RUC Recommended RVU: **2.50**

Global Period: ZZZ

CPT Descriptor: Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 french or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm and undergoes endovascular repair by percutaneous access (reported separately). Prior to placement of a large sheath in the artery, two closure devices are inserted in pre-close fashion to secure access site hemostasis at the termination of the procedure. [Note: This add-on code only includes the additional work of ultrasound guidance to establish vascular access and placing two closure devices.]

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Percutaneous access and initial catheter based vascular assessment is performed. Next, a guidewire is placed through the catheter and the catheter is removed. A vascular closure device is placed into the femoral artery over the guidewire. Placement within the artery is checked and the guidewire is removed. The device is pre-deployed and secured at the skin surface with hemostats. The guidewire is reinserted into the first device. The first closure device is removed. A second vascular closure device is inserted over the guidewire which is then removed. The second closure device is pre-deployed in a different orientation and secured at the skin surface with hemostats. A guidewire is then placed into the closure device prior to removal to assure continued access for subsequent endovascular procedure. Once the endograft has been deployed, the skin and subcutaneous tissue are dissected with a hemostat. The delivery system, wire, and sheath are removed. The first closure device sutures are tied using the remote knot mobilizer to initially close the arteriotomy. The second closure device sutures are tied using the remote knot mobilizer to ultimately secure the arteriotomy and all excess sutures are cut. The site is inspected for hemostasis and secure closure of the artery.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34713				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	33	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	8.00	15.00	30.00	100.00
<b>Survey RVW:</b>	2.25	3.73	4.00	5.00	8.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	20.00	20.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34713	<b>Recommended Physician Work RVU: 2.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	20.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
37222	ZZZ	3.73	RUC Time

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
36476	ZZZ	2.65	RUC Time

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	ZZZ	2.09	RUC Time	9,909

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	RUC Time	134,208

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 9      % of respondents: 27.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 24.2 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>34713</u></b>	<b>Top Key Reference CPT Code: <u>37222</u></b>	<b>2nd Key Reference CPT Code: <u>36476</u></b>
Median Pre-Service Time	0.00	1.00	0.00
Median Intra-Service Time	20.00	40.00	30.00
Median Immediate Post-service Time	0.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>42.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
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Physical effort required		
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.44	0.25
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34713 Percutaneous Access and Closure:**

We recommend using a crosswalk to CPT code +15152 for a value of 2.50 RVW.

Percutaneous access and closure for EVAR requires significant work to close the access artery as the sheath size for delivery of the EVAR devices are quite large. Percutaneous repair is achieved with a “pre-closure” technique of placing suture mediated closure devices under ultrasound guidance (included). These closure devices are designed for smaller sized sheaths. The arteriotomy is then dilated to the necessary size for placement of the delivery sheath which can be as large as 24 French. At the completion of the procedure, the large sheaths are removed slowly over a dilator and the sutures are tied to close the large arteriotomy. Manual pressure is then held for hemostasis. Failure to achieve hemostasis requires surgical cutdown and repair of the vessel.

Our expert panel agreed that the 25<sup>th</sup> percentile and median survey value for +34713 was too high and not consistent with the work. We agree that the work and intensity for +34713 is similar to CPT code +15152, *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)*, and therefore recommend an RVW of 2.50.

	<b>RVW</b>	<b>IWP/UT</b>	<b>Total Time</b>	<b>Pre</b>	<b>INTRA</b>	<b>Post</b>
+15152	2.50	0.124	20	0	20	0
<b>+34713</b>	<b>2.50</b>	<b>0.124</b>	<b>20</b>	<b>0</b>	<b>20</b>	<b>0</b>

**Comparison with Key Reference Services**

The reference services selected by the survey respondents most commonly for +34713 are:

- +37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*

- +36476, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the key reference services identified for this code arranged in ascending order of RVW.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
<b>+34713</b>	<b>2.50</b>	<b>0.125</b>	<b>20</b>	<b>0</b>	<b>20</b>	<b>0</b>
+36476 KRS	2.65	0.088	30	0	30	0
+37222 KRS	3.73	0.092	42	1	40	1

### Comparison to MPC codes

There are a limited number of ZZZ global MPC codes for comparison, most of which are lower values than our recommendations for this group of codes. We offer the following codes for comparison:

- MPC +99292, *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)*
- MPC +63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equine and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the MPC services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+36227 MPC	2.09	0.139	15	0	15	0
<b>+34713</b>	<b>2.50</b>	<b>0.124</b>	<b>20</b>	<b>0</b>	<b>20</b>	<b>0</b>
+63048 MPC	3.47	0.077	45	0	45	0

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New work not previously reported or reported with 33999 or 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
----------------------------	-----------	------------	---

Specialty general surgery	Frequency	Percentage	%
---------------------------	-----------	------------	---

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Procedures

BETOS Sub-classification:  
Major procedure

BETOS Sub-classification Level II:

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34826

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34812      Tracking Number   U14

Original Specialty Recommended RVU: **4.13**  
Presented Recommended RVU: **4.13**  
RUC Recommended RVU: **4.13**

Global Period: ZZZ

CPT Descriptor: Open femoral artery exposure for delivery of endovascular prosthesis by groin incision, unilateral (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm. Open femoral artery exposure for the delivery of the endovascular prosthesis by groin incision is performed. [Note: This add-on code only includes the additional work of open femoral artery exposure by groin incision and closure of the wound.]

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: A groin incision is made with respect to anatomic landmarks. The subcutaneous tissue is dissected until the common femoral artery is located. The femoral sheath and inguinal ligament are identified. Care is taken to avoid injury to the femoral nerve and femoral vein which lie in close proximity. The common, superficial, and deep femoral arteries, in addition to the distal external iliac artery are sharply dissected and encircled with vessel loops. Retraction and/or division of the inguinal ligament is performed, if required. The vessels are assessed for caliber and suitability for introduction of the guidewires, sheaths and endograft. Once the endograft has been deployed and the wires and sheaths have been removed (reported separately), hemostatic clamps are applied to the proximal and distal vessels. The arteriotomy is closed with fine monofilament suture. The vascular clamps are removed and vessel patency is assessed. After achieving hemostasis, the wound is irrigated and closed in several layers. The skin is closed with staples or suture, as appropriate.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34812				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	34	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	8.00	20.00	66.00
<b>Survey RVW:</b>	3.50	4.13	5.60	6.00	8.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	15.00	30.00	40.00	45.00	75.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34812	<b>Recommended Physician Work RVU: 4.13</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	40.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35600	<u>ZZZ</u>	4.94	<u>RUC Time</u>

CPT Descriptor Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
37222	<u>ZZZ</u>	3.73	<u>RUC Time</u>

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	<u>ZZZ</u>	3.47	<u>RUC Time</u>	134,208

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	<u>ZZZ</u>	4.88	<u>RUC Time</u>	6,947

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 8      % of respondents: 23.5 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 14.7 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>34812</u>	Top Key Reference CPT Code: <u>35600</u>	2nd Key Reference CPT Code: <u>37222</u>
Median Pre-Service Time	0.00	0.00	1.00
Median Intra-Service Time	40.00	40.00	40.00
Median Immediate Post-service Time	0.00	0.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>40.00</b>	<b>40.00</b>	<b>42.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.38	0.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34812 Open Femoral Exposure:**

We recommend the 25<sup>th</sup> percentile survey value of 4.13 RVW.

This is an existing code for femoral artery exposure for the purpose of delivery of endografts. The existing code is a 000-day global and was captured in the RAW screen for pre-service time in excess of standard packages. The global period was changed to ZZZ as this procedure is never performed as a stand-alone service. The current value of 34812 can be converted into a ZZZ valued by multiplying the existing intra-service time by the IWP/UT which predicts a value of 4.39 RVW for 34812 if it were an add-on code. This compares favorably with our recommendation for the 25<sup>th</sup> percentile at 4.13 RVW for +34812.

**Comparison with Key Reference Services**

The key reference services selected by the survey respondents most commonly when making their recommendations for +34812 are:

- +37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*
- +35600, *Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the key reference services identified for this code arranged in ascending order of RVW.

	<b>RVW</b>	<b>IWP/UT</b>	<b>Total Time</b>	<b>Pre</b>	<b>INTRA</b>	<b>Post</b>
+37222 KRS	3.73	0.092	42	1	40	1
<b>+34812</b>	<b>4.13</b>	<b>0.103</b>	<b>40</b>	<b>0</b>	<b>40</b>	<b>0</b>
+35600 KRS	4.94	0.124	40	0	40	0

## Comparison to MPC codes

There are a limited number of ZZZ global MPC codes for comparison, most of which are lower values than our recommendations for this group of codes. We offer the following codes for comparison:

- MPC +63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equine and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*
- MPC +57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the MPC services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+63048 MPC	3.47	0.077	45	0	45	0
<b>+34812</b>	<b>4.13</b>	<b>0.103</b>	<b>40</b>	<b>0</b>	<b>40</b>	<b>0</b>
+57267 MPC	4.88	0.108	45	0	45	0

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 34812

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery

How often? Sometimes

Specialty general surgery

How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 34812

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34714      Tracking Number   U15

Original Specialty Recommended RVU: **6.13**  
Presented Recommended RVU: **5.25**  
RUC Recommended RVU: **5.25**

Global Period: ZZZ

CPT Descriptor: Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm. His femoral artery is too small in diameter and calcified to accommodate passage of an endovascular device. Open femoral artery exposure with placement of a femoral conduit is performed to enable endovascular aortic aneurysm repair. [Note: This add-on code only includes the additional work of open femoral artery exposure and placement of a prosthetic conduit by groin incision and closure of the wound.]

Percentage of Survey Respondents who found Vignette to be Typical: 90%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: A groin incision is made with respect to anatomic landmarks. The subcutaneous tissue is dissected until the common femoral artery is located. The femoral sheath and inguinal ligament are identified. Care is taken to avoid injury to the femoral nerve and femoral vein which lie in close proximity. The common, superficial, and deep femoral arteries, in addition to the distal external iliac artery are sharply dissected and encircled with vessel loops. Retraction and/or division of the inguinal ligament is performed, if required. The vessels are assessed for caliber and suitability for introduction of the guidewires, sheaths and endograft. The patient is systemically anticoagulated and an appropriate sized prosthetic graft is selected. Hemostatic clamps are placed on the vessels, and an end-to-side anastomosis between the graft and the artery is created with monofilament suture. The prosthetic conduit is then used to provide catheter, sheath and endograft access. Once the endograft has been deployed and the wires and sheaths have been removed (reported separately), hemostatic clamps are applied to the proximal and distal vessels. The prosthetic graft is then divided and oversewn with fine monofilament suture. The vascular clamps are removed and vessel patency is assessed. After achieving hemostasis, the wound is irrigated and closed in several layers. The skin is closed with staples or suture, as appropriate

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD; James Levett, MD; Stephen Lahey, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology, cardiothoracic surgery				
<b>CPT Code:</b>	34714				
<b>Sample Size:</b>	5584	<b>Resp N:</b>	49	<b>Response:</b> 0.8 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	0.00	1.00	4.00	60.00
<b>Survey RVW:</b>	2.65	5.25	7.00	8.00	10.90
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	20.00	40.00	60.00	60.00	90.00
<b>Immediate Post Service-Time:</b>	<u>0.00</u>				
<b>Post Operative Visits</b>	<u>Total Min**</u>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34714	<b>Recommended Physician Work RVU: 5.25</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	52.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35682	ZZZ	7.19	RUC Time

CPT Descriptor Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35600	ZZZ	4.94	RUC Time

CPT Descriptor Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57267	ZZZ	4.88	RUC Time	6,947

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
	ZZZ	0.00	RUC Time	

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**



Number of respondents who choose Top Key Reference Code: 14      % of respondents: 28.5 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 16.3 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34714</u>	Top Key Reference CPT Code: <u>35682</u>	2nd Key Reference CPT Code: <u>35600</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	52.00	78.00	40.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>52.00</b>	<b>78.00</b>	<b>40.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.43	0.38
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34714 Open Femoral Exposure with Conduit:**

We recommend the 25<sup>th</sup> percentile survey value of 5.25 RVW.

The survey respondents identified 20 more intra-service minutes for the additional work of sewing an artificial conduit onto the femoral artery for this new code compared to the work of exposure of the femoral artery (+34812). Our expert panel reviewed this data and agree that 1.12 RVW is accurate for this incremental work of sewing a conduit to the femoral artery. We reviewed CPT +33987, *Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)*, which describes the same work for a different indication. Code +33987 has an intra-service time of 45 minutes and RVW of 4.04. This equates to a value of 0.09 RVW per minute. Therefore the increase of 1.12 RVW equates to a 12 minute incremental increase in work. We therefore reduced the intra-service time for +34714 by 8 minutes to 52 minutes from survey median of 60 minutes to reflect this increment. We attempted to maintain this increment of 1.12 RVW and 12 minutes intra-service time for the subsequent conduit pairs of iliac exposure (+34820) to iliac with conduit (+34833) and axillary/subclavian exposure (+34X19) to axillary/subclavian with conduit (+34X20).

**Comparison with Key Reference Services**

The key reference services selected by the survey respondents most commonly when making their recommendations for +34714 are:

- +35600, *Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)*
- +35682, *Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the key reference services identified for this code arranged in ascending order of RVW.

	<b>RVW</b>	<b>IWP/UT</b>	<b>Total Time</b>	<b>Pre</b>	<b>INTRA</b>	<b>Post</b>
+35600	4.94	0.124	40	0	40	0

	RVW	IWPUT	Total Time	Pre	INTRA	Post
KRS						
<b>+34714</b>	<b>5.25</b>	<b>0.101</b>	<b>52</b>	<b>0</b>	<b>52</b>	<b>0</b>
+35682 KRS	7.19	0.092	78	0	78	0

### Comparison to MPC codes

There are a limited number of ZZZ global MPC codes for comparison, most of which are lower values than our recommendations for this group of codes. We offer the following code for comparison:

- MPC +57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the MPC service identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+57267 MPC	4.88	0.108	45	0	45	0
<b>+34714</b>	<b>5.25</b>	<b>0.101</b>	<b>52</b>	<b>0</b>	<b>52</b>	<b>0</b>

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New work not previously reported or reported with 33999 or 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34826

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34820      Tracking Number   U16

Original Specialty Recommended RVU: **7.00**Presented Recommended RVU: **7.00**

Global Period: ZZZ

RUC Recommended RVU: **7.00**

CPT Descriptor: Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm. His bilateral distal external iliac and common femoral arteries are too small in diameter to accommodate passage of an endovascular device. Open iliac artery exposure by abdominal or retroperitoneal incision is performed to provide a suitable entry site for placement of an endoprosthesis. [Note: This add-on code only includes the additional work of open iliac artery exposure by abdominal or retroperitoneal incision and closure of the wound.]

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: NA/

Description of Intra-Service Work: A skin incision is made in the lower abdomen or retroperitoneum. The tissue is dissected deep into the pelvis until the iliac artery is located. A retracting system is inserted to ensure adequate exposure. The adjacent ureter, veins and nerves are identified and protected. The iliac artery is isolated free of surrounding tissue, and circumferential vascular loops are applied. Following endograft deployment, and after the wires and sheaths have been removed (reported separately), hemostatic clamps are applied to the proximal and distal vessels. The arteriotomy is closed with fine monofilament suture. The vascular clamps are removed and vessel patency is assessed. After achieving hemostasis, the wound is irrigated and closed in several layers. The skin is closed with skin staples or absorbable suture.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34820				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	34	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	2.00	20.00
<b>Survey RVW:</b>	4.94	7.00	8.00	10.00	12.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	20.00	41.00	60.00	79.00	120.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34820	<b>Recommended Physician Work RVU: 7.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	60.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35682	ZZZ	7.19	RUC Time

CPT Descriptor Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35572	ZZZ	6.81	RUC Time

CPT Descriptor Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	RUC Time	6,947

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	ZZZ	0.00	RUC Time	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11      % of respondents: 32.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 17.6 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34820</u>	Top Key Reference CPT Code: <u>35682</u>	2nd Key Reference CPT Code: <u>35572</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	78.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>60.00</b>	<b>78.00</b>	<b>60.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.27	0.67
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34820 Open Iliac Exposure:**

We recommend the 25<sup>th</sup> percentile survey value of 7.00 RVW.

This is an existing code for iliac artery exposure for the purpose of delivery of endografts. The global period was changed to ZZZ as this procedure is never performed as a stand-alone service. The current value of 34820 can be converted into a ZZZ valued by multiplying the existing intra-service time by the IWP/UT which predicts a value of 7.05 RVW for 34820 if it were an add-on code. This compares favorably with our recommendation for the 25<sup>th</sup> percentile at 7.00 RVW for +34820.

**Comparison with Key Reference Services**

The key reference services selected by the survey respondents most commonly when making their recommendations for +34820 are:

- +35682, *Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)*
- +35572, *Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the key reference services identified for this code arranged in ascending order of RVW.

	<b>RVW</b>	<b>IWP/UT</b>	<b>Total Time</b>	<b>Pre</b>	<b>INTRA</b>	<b>Post</b>
+35572 KRS	6.81	0.114	60	0	60	0
<b>+34820</b>	<b>7.00</b>	<b>0.117</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>
+35682 KRS	7.19	0.092	78	0	78	0

### Comparison to MPC codes

There are a limited number of ZZZ global MPC codes for comparison, most of which are lower values than our recommendations for this group of codes. We offer the following code for comparison:

- MPC +57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the MPC services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+57267 MPC	4.88	0.108	45	0	45	0
<b>+34820</b>	<b>7.00</b>	<b>0.117</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 34820

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery

How often? Sometimes

Specialty general surgery

How often? Sometimes

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
Specialty general surgery	Frequency	Percentage	%
Specialty	Frequency 0	Percentage 0.00	%

Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 34820

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34833      Tracking Number   U17

Original Specialty Recommended RVU: **9.00**  
Presented Recommended RVU: **8.16**  
RUC Recommended RVU: **8.16**

Global Period: ZZZ

CPT Descriptor: Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm. His bilateral iliac arteries are too small in diameter and calcified to accommodate passage of an endovascular device. Open iliac artery exposure with placement of an iliac conduit by abdominal or retroperitoneal incision is performed to provide a suitable entry site for placement of an endoprosthesis. [Note: This add-on code only includes the additional work of open iliac artery exposure by abdominal or retroperitoneal incision and closure of the wound.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: A skin incision is made in the lower abdomen or retroperitoneum. The tissue is dissected deep into the pelvis until the iliac artery is located. A retracting system is inserted to ensure adequate exposure. The adjacent ureter, veins and nerves are identified and protected. The common, external and internal iliac arteries are dissected and encircled with vessel loops. The iliac artery is found to be diseased and not suitable for endograft access. The patient is systemically anticoagulated and an appropriate sized prosthetic graft is selected. Hemostatic clamps are placed on the iliac vessels and an end to side anastomosis between the graft and the iliac artery is created with monofilament suture. The prosthetic conduit is then used to obtain catheter, sheath and endograft access. Once the endograft has been deployed and the wires and sheaths have been removed (reported separately), hemostatic clamps are applied to the proximal and distal iliac vessels. The prosthetic conduit is then divided and oversewn with fine monofilament suture. The vascular clamps are removed and vessel patency is assessed. After achieving hemostasis, the wound is irrigated and closed in several layers. The skin is closed with skin staples or absorbable suture.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD; James Levett, MD; Stephen Lahey, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology, cardiothoracic surgery				
<b>CPT Code:</b>	34833				
<b>Sample Size:</b>	5584	<b>Resp N:</b>	47	<b>Response:</b> 0.8 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	0.00	1.00	5.00	20.00
<b>Survey RVW:</b>	4.00	8.00	9.00	12.00	15.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	35.00	58.00	60.00	90.00	120.00
<b>Immediate Post Service-Time:</b>	<u>0.00</u>				
<b>Post Operative Visits</b>	<u>Total Min**</u>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34833	<b>Recommended Physician Work RVU: 8.16</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	72.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22845	ZZZ	11.94	RUC Time

CPT Descriptor Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35572	ZZZ	6.81	RUC Time

CPT Descriptor Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57267	ZZZ	4.88	RUC Time	6,947

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
	ZZZ	0.00	RUC Time	

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11      % of respondents: 23.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 14.8 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34833</u>	Top Key Reference CPT Code: <u>22845</u>	2nd Key Reference CPT Code: <u>35572</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	72.00	90.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>72.00</b>	<b>90.00</b>	<b>60.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.91	0.57
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34833 Open Iliac Exposure with Conduit:**

We recommend a crosswalk to CPT code +22634 (*Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)*) with a value of 8.16 RVW.

The survey respondents did not report any additional intra-service time for the additional work of placing an iliac conduit compared to +34820. The expert panel agreed that this is physically impossible and would create an anomaly for this pair of codes. The existing values for 34820 and 34833 have a differential of 2.24 RVW and a differential intra-service time of 25 minutes. This is consistent with our previous value of 0.09 RVW per minute of intra-service time. With the goal of preserving this incremental difference of 1.12 RVW and 12 minutes of intra-service time for the incremental work of adding a conduit, we recommend crosswalking code +22634 and adding 12 minutes of intra-service time to +34833 for a total time of 72 minutes.

**Comparison with Key Reference Services**

The key reference services selected by the survey respondents most commonly when making their recommendations for +34833 are:

- +35572, *Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)*
- +22845, *Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the key reference services identified for this code arranged in ascending order of RVW.

	RVW	IWP/UT	Total Time	Pre	INTRA	Post
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	RVW	IWPUT	Total Time	Pre	INTRA	Post
+35572 KRS	6.81	0.114	60	0	60	0
<b>+34833</b>	<b>8.16</b>	<b>0.113</b>	<b>72</b>	<b>0</b>	<b>72</b>	<b>0</b>
+22845 KRS	11.94	0.133	90	0	90	0

### Comparison to MPC codes

There are a limited number of ZZZ global MPC codes for comparison, most of which are lower values than our recommendations for this group of codes. We offer the following code for comparison:

- MPC +57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the MPC services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+57267 MPC	4.88	0.108	45	0	45	0
<b>+34833</b>	<b>8.16</b>	<b>0.113</b>	<b>72</b>	<b>0</b>	<b>72</b>	<b>0</b>

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 34833

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 34833

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34834      Tracking Number   U18

Original Specialty Recommended RVU: **2.65**  
Presented Recommended RVU: **2.65**  
RUC Recommended RVU: **2.65**

Global Period: ZZZ

CPT Descriptor: Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm and tortuous iliac arteries. Open brachial artery exposure is performed to enable endovascular repair. [Note: This add-on code only includes the additional work of open brachial artery exposure and closure of the wound.]

Percentage of Survey Respondents who found Vignette to be Typical: 85%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: An incision is made in the arm. The subcutaneous tissue and fascia are divided. The brachial artery is identified and dissected free of surrounding tissue. The median nerve and brachial vein are identified and protected. sharply dissected and encircled with vessel loops. Once the endograft has been deployed and the wires and sheaths have been removed (reported separately), hemostatic clamps are applied to the proximal and distal brachial artery. The arteriotomy is closed with fine monofilament suture. The vascular clamps are removed and vessel patency is assessed. After achieving hemostasis, the wound is irrigated and closed in several layers. The skin is closed with skin staples or absorbable suture.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34834				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	34	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	2.00	4.00	25.00
<b>Survey RVW:</b>	2.50	4.00	4.38	5.50	9.50
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	20.00	30.00	45.00	90.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34834	<b>Recommended Physician Work RVU: 2.65</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	30.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37237	ZZZ	4.25	RUC Time

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36476	ZZZ	2.65	RUC Time

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99292	ZZZ	2.25	RUC Time	474,712

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
63048	ZZZ	3.47	RUC Time	134,208

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 6      % of respondents: 17.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 14.7 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>34834</u></b>	<b>Top Key Reference CPT Code: <u>37237</u></b>	<b>2nd Key Reference CPT Code: <u>36476</u></b>
Median Pre-Service Time	0.00	1.00	0.00
Median Intra-Service Time	30.00	45.00	30.00
Median Immediate Post-service Time	0.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>30.00</b>	<b>47.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
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Physical effort required		
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.67	0.20
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34834 Open Brachial Exposure:**

We recommend using a crosswalk to CPT +36476 for value of 2.65 RVW.

This is an existing code for brachial artery exposure for the purpose of delivery of endografts. The existing code is a 000-day global. The global period was changed to ZZZ as this procedure is never performed as a stand-alone service. The current value of 34834 can be converted into a ZZZ valued by multiplying the existing intra-service time by the IWPUT which predicts a value of 2.35 RVW for 34833 if it were an add-on code. This existing ZZZ-based value is below the minimum response from our survey respondents and we therefore cannot accept it as valid. An alternative consideration for the existing value of 34834 would be to apply the multiple procedure payment reduction model which produces a "real world" value of 2.67 RVW. This calculation strongly supports our proposed crosswalk to CPT +36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)* for a value of 2.65 RVW for +34834.

**Comparison with Key Reference Services**

The key reference services selected by the survey respondents most commonly when making their recommendations for +34834 are:

- +36476, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*
- +37237, *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the key reference services identified for this code arranged in ascending order of RVW.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+36476 KRS	2.65	0.088	30	0	30	0
<b>+34834</b>	<b>2.65</b>	<b>0.088</b>	<b>30</b>	<b>0</b>	<b>30</b>	<b>0</b>
+37237 KRS	4.25	0.093	47	1	45	1

### Comparison to MPC codes

There are a limited number of ZZZ global MPC codes for comparison, most of which are lower values than our recommendations for this group of codes. We offer the following codes for comparison:

- MPC +99292, *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)*
- MPC +63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equine and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the MPC services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+99292 MPC	2.25	0.075	30	0	30	0
<b>+34834</b>	<b>2.65</b>	<b>0.088</b>	<b>30</b>	<b>0</b>	<b>30</b>	<b>0</b>
+63048 MPC	3.47	0.077	45	0	45	0

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
-



**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 34834

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Procedures

BETOS Sub-classification:  
Major procedure

BETOS Sub-classification Level II:

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 34834

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:34715      Tracking Number   U19

Original Specialty Recommended RVU: **6.00**Presented Recommended RVU: **6.00**

Global Period: ZZZ

RUC Recommended RVU: **6.00**

CPT Descriptor: Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm. His iliac arteries are tortuous and too small in diameter to accommodate passage of an endovascular device. Open axillary exposure through an infraclavicular incision is performed to enable endovascular repair. [Note: This add-on code only includes the additional work of open axillary artery exposure by infraclavicular incision and closure of the wound.]

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: An incision is made below the clavicle. The subcutaneous tissue and fascia are divided. The axillary artery is identified, sharply dissected, and encircled with vessel loops. The large adjacent nerves and axial vein are identified and protected. Once the endograft has been deployed and the wires and sheaths have been removed (reported separately), hemostatic clamps are applied to the proximal and distal axillary artery. The arteriotomy is closed with fine monofilament suture. The vascular clamps are removed and vessel patency is assessed. After achieving hemostasis, the wound is irrigated and closed in several layers. The skin is closed with skin staples or absorbable suture.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology				
<b>CPT Code:</b>	34715				
<b>Sample Size:</b>	4400	<b>Resp N:</b>	34	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	2.00	10.00
<b>Survey RVW:</b>	4.00	6.00	8.00	8.98	11.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	20.00	36.00	60.00	60.00	90.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34715	<b>Recommended Physician Work RVU: 6.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	60.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35683	ZZZ	8.49	RUC Time

CPT Descriptor Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35572	ZZZ	6.81	RUC Time

CPT Descriptor Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	RUC Time	6,947

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	ZZZ	0.00	RUC Time	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8      % of respondents: 23.5 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 17.6 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34715</u>	Top Key Reference CPT Code: <u>35683</u>	2nd Key Reference CPT Code: <u>35572</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	90.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>60.00</b>	<b>90.00</b>	<b>60.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.38	0.50
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34715 Open Axillary/Subclavian Exposure:**

We recommend the 25<sup>th</sup> percentile survey value of 6.00 RVW.

This is a new code to describe the work of exposing the axillary/subclavian artery for delivery of endografts. The survey respondents identified 60 minutes of intra-service time for the performance of this service which is comparable to the time identified for the performance of iliac artery exposure (+34820). Our expert panel agree that this is appropriate as the axillary/subclavian artery can be difficult to expose. In addition, the subclavian artery is one of the most friable arteries in the body and requires additional care in its dissection to prevent injury. We therefore agree that the 25<sup>th</sup> percentile survey value of 6.00 RVW is appropriate for +34715.

**Comparison with Key Reference Services**

The key reference services selected by the survey respondents most commonly when making their recommendations for +34715 are:

- +35572, *Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)*
- +35683, *Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the key reference services identified for this code arranged in ascending order of RVW.

	RVW	IWP/UT	Total Time	Pre	INTRA	Post
<b>+34715</b>	<b>6.00</b>	<b>0.100</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+35572 KRS	6.81	0.114	60	0	60	0
+35683 KRS	8.49	0.094	90	0	90	0

### Comparison to MPC codes

There are a limited number of ZZZ global MPC codes for comparison, most of which are lower values than our recommendations for this group of codes. We offer the following code for comparison:

- MPC +57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for the code along with the MPC services identified for the code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+57267 MPC	4.88	0.108	45	0	45	0
<b>+34715</b>	<b>6.00</b>	<b>0.100</b>	<b>60</b>	<b>0</b>	<b>60</b>	<b>0</b>

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New work not previously reported or reported with 33999 or 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.



Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34826

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 34716      Tracking Number   U20

Original Specialty Recommended RVU: **8.00**  
Presented Recommended RVU: **7.19**  
RUC Recommended RVU: **7.19**

Global Period: ZZZ

CPT Descriptor: Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with CAD and COPD presents with asymptomatic infrarenal abdominal aortic aneurysm. His iliac arteries are tortuous and too small in diameter and calcified to accommodate passage of an endovascular device. Open axillary exposure through an infraclavicular incision with placement of a prosthetic conduit is performed to enable endovascular repair. [Note: This add-on code only includes the additional work of open axillary artery exposure by infraclavicular incision, placement of a prosthetic conduit and closure of the wound.]

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: An incision is made below the clavicle. The subcutaneous tissue and fascia are divided. The axillary artery is sharply dissected and encircled with vessel loops. The adjacent veins and nerves are identified and protected. The axillary artery is very soft and friable, not suitable for endograft access. The patient is systemically anticoagulated and an appropriate sized prosthetic graft is selected. Hemostatic clamps are placed on the artery and an end-to-side anastomosis between the graft and the axillary artery is created with monofilament suture. The prosthetic conduit is then used to obtain catheter, sheath and endograft access. Once the endograft has been deployed and the wires and sheaths have been removed (reported separately), hemostatic clamps are applied to the proximal and distal axillary artery. The prosthetic conduit is then divided and oversewn with fine monofilament suture. The vascular clamps are removed and vessel patency is assessed. After achieving hemostasis, the wound is irrigated and closed in several layers. The skin is closed with skin staples or absorbable suture.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS; Michael Hall, MD; Curtis Anderson, MD				
<b>Specialty(s):</b>	vascular surgery, general surgery, interventional radiology, cardiothoracic surgery				
<b>CPT Code:</b>	34716				
<b>Sample Size:</b>	5584	<b>Resp N:</b>	49	<b>Response:</b>	0.8 %
<b>Description of Sample:</b>	Random from society membership roster				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	2.00	22.00
<b>Survey RVW:</b>	3.00	7.00	8.00	10.00	14.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	30.00	45.00	60.00	70.00	120.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	34716	<b>Recommended Physician Work RVU: 7.19</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	72.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35683	ZZZ	8.49	RUC Time

CPT Descriptor Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
35306	ZZZ	9.25	RUC Time

CPT Descriptor Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	RUC Time	6,947

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	ZZZ	0.00	RUC Time	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11      % of respondents: 22.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 20.4 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>34716</u>	Top Key Reference CPT Code: <u>35683</u>	2nd Key Reference CPT Code: <u>35306</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	72.00	90.00	90.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>72.00</b>	<b>90.00</b>	<b>90.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.55	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**+34716 Open Axillary/Subclavian Exposure, with Conduit:**

We recommend a crosswalk to CPT code +35682 (*Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)*) with a value of 7.19 RVW for +34716.

This is a new code to describe the work of exposing the axillary/subclavian artery with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass. The survey respondents did not report any additional intra-service time for the additional work of placing an axillary/subclavian conduit compared to +34X19. The expert panel agree this is physically impossible and would create an anomaly for this code pair. With the goal of maintaining our increment of 1.12 RVW and 12 minutes intra-service time for the additional work of adding a conduit, we chose code +35682 as a crosswalk codes and then added an additional 12 intra-service minutes for a total of 72 intra-service minutes for +34716.

**Comparison with Key Reference Services**

The key reference services selected by the survey respondents most commonly when making their recommendations for +34716 are:

- +35683, *Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)*
- +35306, *Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the key reference services identified for this code arranged in ascending order of RVW.

	RVW	IWP/UT	Total Time	Pre	INTRA	Post
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	RVW	IWPUT	Total Time	Pre	INTRA	Post
<b>+34716</b>	<b>7.19</b>	<b>0.100</b>	<b>72</b>	<b>0</b>	<b>72</b>	<b>0</b>
+35683 KRS	8.49	0.094	90	0	90	0
+35306 KRS	9.25	0.103	90	0	90	0

### Comparison to MPC codes

There are a limited number of ZZZ global MPC codes for comparison, most of which are lower values than our recommendations for this group of codes. We offer the following code for comparison:

- MPC +57267, *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for this code along with the MPC services identified for this code arranged in ascending order of values.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+57267 MPC	4.88	0.108	45	0	45	0
<b>+34716</b>	<b>7.19</b>	<b>0.100</b>	<b>72</b>	<b>0</b>	<b>72</b>	<b>0</b>

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New work not previously reported or reported with 33999 or 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery                      How often? Sometimes

Specialty general surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See budget neutrality Excel file.

Specialty vascular surgery	Frequency	Percentage	%
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Specialty general surgery	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 34826



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	34X01	<b># of Respondents:</b>	55
<b>Survey Code Descriptor:</b>	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		

<b>Top Ref Code:</b>	35081	<b># of Respondents:</b>	16	<b>% of Respondents:</b>	29%
<b>Top Ref Code Descriptor:</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	19%	69%	6%	6%

<b>Survey Code:</b>	34X02	<b># of Respondents:</b>	49
<b>Survey Code Descriptor:</b>	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) for rupture, including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)		

<b>Top Ref Code:</b>	35082	<b># of Respondents:</b>	13	<b>% of Respondents:</b>	27%
<b>Top Ref Code Descriptor:</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	23%	54%	15%	8%

<b>Survey Code:</b>	34X03	<b># of Respondents:</b>	54
<b>Survey Code Descriptor:</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniliac/unifemoral endograft and all associated radiological supervision and interpretation, including treatment zone angioplasty, when performed; without rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, atherosclerotic disease)		

<b>Top Ref Code:</b>	35081	<b># of Respondents:</b>	10	<b>% of Respondents:</b>	19%
<b>Top Ref Code Descriptor:</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	10%	60%	20%	10%

<b>Survey Code:</b>	34X04	<b># of Respondents:</b>	53
<b>Survey Code Descriptor:</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniliac/unifemoral endograft and all associated radiological supervision and interpretation, including treatment zone angioplasty, when performed; without rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, atherosclerotic disease) for rupture, including aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, traumatic disruption)		

<b>Top Ref Code:</b>	35103	<b># of Respondents:</b>	15	<b>% of Respondents:</b>	28%
<b>Top Ref Code Descriptor:</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	0%	47%	27%	27%

<b>Survey Code:</b>	34X05	<b># of Respondents:</b>	54
<b>Survey Code Descriptor:</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft and all associated radiological supervision and interpretation, including treatment zone angioplasty when performed; without rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, atherosclerotic disease)		

<b>Top Ref Code:</b>	35081	<b># of Respondents:</b>	13	<b>% of Respondents:</b>	24%
<b>Top Ref Code Descriptor:</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta				

Survey Code <b>Compared to</b> Top Ref Code					
Overall Intensity and Complexity:	Survey Code is:				
	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	15%	69%	8%	8%

<b>Survey Code:</b>	34X06	<b># of Respondents:</b>	54
<b>Survey Code Descriptor:</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft and all associated radiological supervision and interpretation, including treatment zone angioplasty when performed; without rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, atherosclerotic disease) for rupture, including aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, traumatic disruption)		

<b>Top Ref Code:</b>	35103	<b># of Respondents:</b>	18	<b>% of Respondents:</b>	33%
<b>Top Ref Code Descriptor:</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)				

Survey Code <b>Compared to</b> Top Ref Code					
Overall Intensity and Complexity:	Survey Code is:				
	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	6%	56%	22%	17%

<b>Survey Code:</b>	34X07	<b># of Respondents:</b>	54
<b>Survey Code Descriptor:</b>	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft stentgraft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)		

<b>Top Ref Code:</b>	35131	<b># of Respondents:</b>	9	<b>% of Respondents:</b>	17%
<b>Top Ref Code Descriptor:</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	22%	56%	22%	0%

<b>Survey Code:</b>	34X08	<b># of Respondents:</b>	54
<b>Survey Code Descriptor:</b>	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft stentgraft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)		

<b>Top Ref Code:</b>	35131	<b># of Respondents:</b>	10	<b>% of Respondents:</b>	19%
<b>Top Ref Code Descriptor:</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	0%	40%	40%	20%

<b>Survey Code:</b>	+34X09	<b># of Respondents:</b>	33
<b>Survey Code Descriptor:</b>	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, intramural hematoma, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, per vessel treated (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+37237	<b># of Respondents:</b>	8	<b>% of Respondents:</b>	24%
<b>Top Ref Code Descriptor:</b>	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Survey Code is:</b>					
<b>Overall Intensity and Complexity:</b>	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	13%	13%	50%	25%

<b>Survey Code:</b>	34X10	<b># of Respondents:</b>	33
<b>Survey Code Descriptor:</b>	Delayed placement of delayed distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed; initial vessel treated		

<b>Top Ref Code:</b>	37218	<b># of Respondents:</b>	10	<b>% of Respondents:</b>	30%
<b>Top Ref Code Descriptor:</b>	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Survey Code is:</b>					
<b>Overall Intensity and Complexity:</b>	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	10%	40%	50%	0%

<b>Survey Code:</b>	+34X11	<b># of Respondents:</b>	33
<b>Survey Code Descriptor:</b>	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed; each additional vessel treated (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+37235	<b># of Respondents:</b>	9	<b>% of Respondents:</b>	27%
<b>Top Ref Code Descriptor:</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	11%	44%	33%	11%

<b>Survey Code:</b>	34X12	<b># of Respondents:</b>	33
<b>Survey Code Descriptor:</b>	Transcatheter delivery of enhanced fixation device(s) to the endograft endoprosthesis (eg, anchor, screw, tack) and all associated radiological supervision and interpretation		

<b>Top Ref Code:</b>	37218	<b># of Respondents:</b>	8	<b>% of Respondents:</b>	24%
<b>Top Ref Code Descriptor:</b>	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	0%	38%	50%	13%

<b>Survey Code:</b>	+34X13	<b># of Respondents:</b>	33
<b>Survey Code Descriptor:</b>	Percutaneous access and closure of femoral artery for after delivery of endograft endoprosthesis through a large sheath (12 french or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+37222	<b># of Respondents:</b>	9	<b>% of Respondents:</b>	27%
<b>Top Ref Code Descriptor:</b>	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	0%	56%	44%	0%

<b>Survey Code:</b>	+34812	<b># of Respondents:</b>	34
<b>Survey Code Descriptor:</b>	Open femoral artery exposure for delivery of endovascular prosthesis by groin incision, unilateral (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+35600	<b># of Respondents:</b>	8	<b>% of Respondents:</b>	24%
<b>Top Ref Code Descriptor:</b>	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	0%	63%	38%	0%

<b>Survey Code:</b>	+34X15	<b># of Respondents:</b>	49
<b>Survey Code Descriptor:</b>	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+35682	<b># of Respondents:</b>	14	<b>% of Respondents:</b>	29%
<b>Top Ref Code Descriptor:</b>	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	7%	50%	36%	7%

<b>Survey Code:</b>	+34820	<b># of Respondents:</b>	34
<b>Survey Code Descriptor:</b>	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+35682	<b># of Respondents:</b>	11	<b>% of Respondents:</b>	32%
<b>Top Ref Code Descriptor:</b>	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	18%	45%	27%	9%



<b>Survey Code:</b>	+34833	<b># of Respondents:</b>	47
<b>Survey Code Descriptor:</b>	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+22845	<b># of Respondents:</b>	11	<b>% of Respondents:</b>	23%
<b>Top Ref Code Descriptor:</b>	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	0%	27%	55%	18%

<b>Survey Code:</b>	+34834	<b># of Respondents:</b>	34
<b>Survey Code Descriptor:</b>	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+37237	<b># of Respondents:</b>	6	<b>% of Respondents:</b>	18%
<b>Top Ref Code Descriptor:</b>	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	0%	33%	67%	0%

<b>Survey Code:</b>	+34X19	<b># of Respondents:</b>	34
<b>Survey Code Descriptor:</b>	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+35683	<b># of Respondents:</b>	8	<b>% of Respondents:</b>	24%
<b>Top Ref Code Descriptor:</b>	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	13%	63%	0%	25%

<b>Survey Code:</b>	+34X20	<b># of Respondents:</b>	49
<b>Survey Code Descriptor:</b>	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	+35683	<b># of Respondents:</b>	11	<b>% of Respondents:</b>	22%
<b>Top Ref Code Descriptor:</b>	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	9%	36%	45%	9%



Issue: EVAR (REVISED AT MEETING)

Tab: 10

SOURCE	Q	CPY	DESC	Rate	UNIT	MIN	25th	50th	75th	MAX	Total	PRE	MIN	25th	50th	75th	MAX	INTRA	POST-FACILITY	POST-OP/ICU	SURVEY EXPERIENCE												
1st Ref		32081	Direct repair of aneurysm	10	0.073		33.53		677	60	15	210						30	1	0	2	1											
2nd Ref		32082	Direct repair of aneurysm	8	0.068		29.09		568	60	15	180						30	2	0	1	1											
CURRENT		34800	Endovascular repair of infrarenal	0.507	21.54		427	130	120	40								120	40	2	1	1											
CURRENT		72992	Endovascular repair of infrarenal	0.062	4.49		85	20	60	15								40	15														
CURRENT		34825	Placement of proximal or distal extension	0.001	12.80		307	85	60	30								60	15	1	1	1											
CURRENT		72993	Placement of proximal or distal extension	0.005	1.36		95	20	45	30								30	20														
CURRENT		36200	Introduction of catheter, aorta	0.009	3.02		91	33	3	5	30							30	20														
BYT	U1	34791	Endovascular repair of infrarenal	55	0.166	18.00	25.00	30.00	35.00	47.00	482	110	20	20	60	90	120	150	340	40	3	1	1	1	2	1	0	0	1	2	10		
REC	U1	34791	Aortic Ao-Ao Tube		0.114						482	110	20	20				40	3	1	1	2	1	1									
Crossover to 32254																																	
1st Ref		32083	Direct repair of aneurysm	10	0.068		29.09		792	60		180						60	2	1	0	3	1										
2nd Ref		32103	Direct repair of aneurysm	8	0.117		33.52		740	60		180						60	2	0	4	1	1										
CURRENT		34800	Endovascular repair of infrarenal	0.507	21.54		427	130	120	40								120	40		1	1											
CURRENT		72992	Endovascular repair of infrarenal	0.062	4.49		85	20	60	15								40	15														
CURRENT		34825	Placement of proximal or distal extension	0.001	12.80		307	85	60	30								60	15	1	1	1											
CURRENT		72993	Placement of proximal or distal extension	0.005	1.36		95	20	45	30								30	20														
CURRENT		36200	Introduction of catheter, aorta	0.009	3.02		91	33	3	5	30							30	20														
BYT	U2	34792	Endovascular repair of infrarenal	49	0.115	22.00	27.00	31.00	44.00	55.00	597	60	20	20	60	90	120	150	450	60	7	2	2	1	1	3	1	1	0	0	1	14	
REC	U2	34792	AorticAo-Ao Tube - Replaced		0.137						597	60	20	20				60	7	1	2	3	1	1	1	3	1	1	1				
No experience																																	
With experience																																	
Moved 1 x 99201 to 1 x 99202																																	
Moved 1 x 99201 to 1 x 99202																																	
1st Ref		32081	Direct repair of aneurysm	10	0.073		33.53		677	60	15	210						30	1	0	2	1											
2nd Ref		32103	Direct repair of aneurysm	8	0.117		33.52		740	60		180						60	2	1	0	4	1										
CURRENT		34800	Endovascular repair of infrarenal	0.507	21.54		427	130	120	40								120	30		1	1											
CURRENT		72992	Endovascular repair of infrarenal	0.062	4.49		85	20	60	15								40	15														
CURRENT		34825	Placement of proximal or distal extension	0.001	12.80		307	85	60	30								60	15	1	1	1											
CURRENT		72993	Placement of proximal or distal extension	0.005	1.36		95	20	45	30								30	20														
CURRENT		36200	Introduction of catheter, aorta	0.009	3.02		91	33	3	5	30							30	20														
BYT	U3	34793	Endovascular repair of infrarenal	54	0.161	18.00	20.25	24.00	27.75	50.00	552	110	15	20	60	120	150	340	35	3	1	1	1	2	1	1	0	1	2	4	20		
REC	U3	34793	AorticAo-Ao-Iliaortic		0.110						552	110	20	20				35	3	1	1	1	2	1	1								
Crossover to 34151																																	
1st Ref		32103	Direct repair of aneurysm	10	0.117		33.52		740	60		180						60	2	0	4	1											
2nd Ref		32082	Direct repair of aneurysm	8	0.068		29.09		792	60		180						60	2	1	0	3	1										
CURRENT		34800	Endovascular repair of infrarenal	0.507	21.54		427	130	120	40								120	40		1	1											
CURRENT		72992	Endovascular repair of infrarenal	0.062	4.49		85	20	60	15								40	15														
CURRENT		34825	Placement of proximal or distal extension	0.001	12.80		307	85	60	30								60	15	1	1	1											
CURRENT		72993	Placement of proximal or distal extension	0.005	1.36		95	20	45	30								30	20														
CURRENT		36200	Introduction of catheter, aorta	0.009	3.02		91	33	3	5	30							30	20														
BYT	U4	34794	Endovascular repair of infrarenal	53	0.123	25.00	28.00	31.00	47.00	55.00	777	70	20	20	60	120	150	450	60	7	2	2	1	1	3	1	1	1	0	0	1	2	15
REC	U4	34794	AorticAo-Ao-Iliaortic - Replaced		0.141						777	60	20	20				60	7	1	2	3	1	1	1	3	1	1	1				
Moved 1 x 99201 to 1 x 99202																																	
1st Ref		32081	Direct repair of aneurysm	10	0.073		33.53		677	60	15	210						30	1	0	2	1											
2nd Ref		32111	Direct repair of aneurysm	8	0.109		29.79		720	60		180						60	2	1	0	3	1										
CURRENT		34800	Endovascular repair of infrarenal	0.507	21.54		427	130	120	40								120	40		1	1											
CURRENT		72992	Endovascular repair of infrarenal	0.062	4.49		85	20	60	15								40	15														
CURRENT		34825	Placement of proximal or distal extension	0.001	12.80		307	85	60	30								60	15	1	1	1											
CURRENT		72993	Placement of proximal or dist																														

**Tab Number: 10**

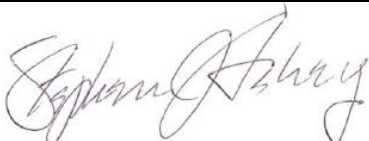
**Issue: EVAR**

**Code(s): 34X01-34X20**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Stephen Lahey, MD
<b>Specialty Society:</b>	AATS
<b>Date:</b>	December 13, 2016

**Tab Number: 10**


**Issue: EVAR**

**Code(s): 34X01-34X20**

**Attestation Statement**

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<b>Signature:</b>	
<b>Print Name:</b>	Charles Mabry, MD, FACS
<b>Specialty Society:</b>	ACS
<b>Date:</b>	December 13, 2016

**Tab Number: 10**


**Issue: EVAR**

**Code(s): 34X01-34X20**

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<b>Signature:</b>	
<b>Print Name:</b>	James Levett, MD
<b>Specialty Society:</b>	STS
<b>Date:</b>	December 13, 2016



**Tab Number: 10**


**Issue: EVAR**

**Code(s): 34X01-34X20**

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<b>Signature:</b>	
<b>Print Name:</b>	Matthew Sideman, MD, FACS
<b>Specialty Society:</b>	SVS
<b>Date:</b>	December 13, 2016

#8

#10

#11

Tab Number

Cryoablation of Pulmonary Tumors

EVAR

Treatment of Incompetent Veins

Issue

32998 & 32X99

34X01-13, 34812, 34X15, 34820, 34833, 34834, 34X19-20


36470-1, 36475, 364X3-X6

Code Range

### Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

**Michael Hall, MD**

Printed Signature

**The American Society of Interventional Radiology (SIR)**

Specialty Society

**December 10, 2016**

Date



**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Facility Direct Inputs**

**January 2017 RUC Meeting**

**Global Period:** 090

**34701** Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

**34702** Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

**34703** Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

**34704** Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

**34705** Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

**34X06** Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

**34X07** Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)

**34X08** Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed,

**CPT Code:** 34701-34716, 34812, 34820, 34833, 34834  
**Specialty Society(‘s):** SVS, SIR, ACS, STS, AATS, ACC, and SCAI

unilateral; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)

**34710** Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed; initial vessel treated

**34712** Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation

**34713** Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)

---

**Global Period:** ZZZ

**34709** Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, per vessel treated

**34711** each additional vessel treated

**34812** Open femoral artery exposure for delivery of endovascular prosthesis by groin incision, unilateral

**34714** Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral

**34820** Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion by abdominal or retroperitoneal incision, unilateral

**34833** Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral

**34834** Open brachial artery exposure for delivery of endovascular prosthesis unilateral

**34715** Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral

**34716** Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral

---

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

SVS, SIR, ACS, STS, AATS, ACC, and SCAI convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this family of EVAR codes. The specialties are not making direct practice expense input recommendations for CPT Codes 34709, 34X11, 34712, 34713, 34812, 34714, 34820, 34833, 34834, 34715 or 34716..

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

The specialties included CPT Code 35081 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta* as the reference code for the standard 090 day services.

The specialties also included CPT Code 35082 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta* as the reference code for the emergent 090 day services. (Note: CMS file still has the standard 090 day inputs. RUC to f/u with CMS.)

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

N/A

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

N/A

**5. Please describe in detail the clinical activities of your staff:**

**Pre-Service Clinical Labor Activities:**

CPT Codes 34701, 34703, 34705, 34707, 34710 and 34712

The standard inputs for 090-day codes have been recommended for these procedures.

CPT Codes 34702, 34704, 34706 and 34708

These four procedures are 'rupture' codes. The specialties are recommending 20 minutes of clinical time consistent with the 'emergent procedure' inputs.

**Intra-Service Clinical Labor Activities:**

The standard time for discharge day management has been recommended for this procedure.

**Post-Service Clinical Labor Activities:**

CPT Codes 34701, 34703, 34705, 34707, 34710 and 34712 AND 34702, 34704, 34706 and 34708 are 090 day procedures. The post service clinical labor time recommendations relate to the post-operative evaluation and management visits.

[illegible]

[illegible]

[illegible]

RECOMMENDED	RECOMMENDED	REFERENCE CODE	RECOMMENDED	RECOMMENDED	RECOMMENDED	RECOMMENDED	RECOMMENDED
710	34712	35082	34702	34704	34706	34708	
extension	Enhance fixation device	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft, for ruptured	Aorta Ao-Ao Tube - Rupture	Aorta/iliac Ao-Uniiliac - Rupture	Aorta/iliac Ao-Biiliac - Rupture	Iliac Ilio-iliac - Rupture	
Facility 090	Non Fac 090	Facility 090	Non Fac 090	Facility 090	Non Fac 090	Facility 090	
63.0		63.0		116.0		116.0	

## AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2017

### Treatment of Incompetent Veins

In September 2016, the CPT Editorial Panel created four new Category I codes, revised codes 36468, 36470, and 36471, and revised the guidelines and instructions for reporting treatment for incompetent veins, including deletion of parenthetical notes and guidelines.

#### **36468 *Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk***

CPT code 36468 was revised at the September 2016 CPT Editorial Panel meeting. The specialty societies indicated that this service contractor priced and restricted by Medicare and they did not conduct a survey. **The RUC does not have a recommendation for CPT code 36468.**

#### **36470 *Injection of sclerosant; single incompetent vein (other than telangiectasia)***

The RUC reviewed the survey results from 57 physicians and determined that the survey 25<sup>th</sup> percentile work RVU of 0.75 appropriately accounts for the work required to perform this service. The RUC recommends 9 minutes pre-service evaluation time, 1 pre-service minute scrub/dress/wait time, 15 minutes pre-service intra-service time and 5 minutes immediate post service time. The RUC indicated that 2 minutes were added to pre-evaluation time for preparation of sclerosant and to mark the site for injection and 1 minute subtracted from scrub/dress/wait time because there is no local anesthesia but added 1 minute back to scrub hands and put on sterile gloves.

The RUC noted that this service was changed from a 010-day global period to a 000-day global period to provide consistency within the family of treatment for venous insufficiency. During pre-facilitation the RUC noted that the survey respondents indicated that the physician intra-service time is the same, however, the work of the post-operative 99212 office visit is no longer included. Therefore, the specialty societies indicated that the survey 25<sup>th</sup> percentile work RVU of 0.75 appropriately decreases the work RVU for the post-operative visit that is no longer included in the global period for this service. The RUC compared the surveyed code to the second top key reference service 20612 *Aspiration and/or injection of ganglion cyst(s) any location* (work RVU = 0.70 and 5 minutes intra-service time) and determined that the surveyed service required more physician time and work and was indicated as more intense and complex on all measures examined. For additional support, the RUC referenced MPC codes 23350 *Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography* (work RVU = 1.00 and 15 minutes intra-service time) and 12013 *Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography* (work RVU = 1.22 and 15 minutes intra-service time) and noted that the MPC codes require the same intra-service time but are more intense. **The RUC recommends a work RVU of 0.75 for CPT code 36470.**



**36471 Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg**

The RUC reviewed the survey results from 57 physicians and determined that the survey 25<sup>th</sup> percentile work RVU of 1.50 appropriately accounts for the work required to perform this service. The RUC recommends 12 minutes pre-service evaluation time, 1 pre-service minute scrub/dress/wait time, 30 minutes intra-service time and 10 minutes immediate post service time. The RUC indicated that 5 minutes were added to pre-evaluation time for preparation of sclerosant and to mark all sites for injection and 1 minute subtracted from scrub/dress/wait time because there is no local anesthesia but added 1 minute back to scrub hands and put on sterile gloves.

The RUC noted that this service was changed from a 010-day global period to a 000-day global period to provide consistency within the family of treatment for venous insufficiency. During pre-facilitation the RUC noted that the survey respondents indicated that the physician intra-service time is the same, however, the work of the post-operative 99212 office visit is no longer included. Therefore, the specialty societies indicated that the survey 25<sup>th</sup> percentile work RVU of 1.50 appropriately decreases the work RVU for the post-operative visit that is no longer included in the global period for this service. The RUC compared the surveyed code to the second top key reference service 49185 *Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed* (work RVU = 2.35 and 30 minutes intra-service time) and determined that this service required more total time (67 minutes versus 53) and work to perform. For additional support the RUC referenced MPC code 32405 *Biopsy, lung or mediastinum, percutaneous needle* (work RVU = 1.68 and 30 minutes intra-service time) and noted that this code requires more total time (75 minutes versus 53) and work. **The RUC recommends a work RVU of 1.50 for CPT code 36471.**

**36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)**

The RUC reviewed the survey results from 53 physicians and determined that the survey 25<sup>th</sup> percentile work RVU of 2.35 appropriately accounts for the work required to perform this service. The RUC recommends 17 minutes pre-service evaluation time, 4 minutes pre-service positioning, 10 minutes pre-service scrub/dress/wait time, 25 minutes intra-service time and 10 minutes immediate post service time. The RUC indicated that 3 minutes were added to positioning time to adequately adjust the patient's extremity for access to the saphenous vein and 5 minutes added to the scrub/dress/wait time as a sterile operating room technique is maintained for this procedure when performed in an office procedure/surgery suite, which requires scrubbing and sterile gown, mask and gloves for the physician and clinical staff. The RUC noted that these same pre-time adjustments were recommended for 36473 (MOCA) in January 2015 and were accepted by the RUC and CMS.

The RUC pre-facilitation reviewers commented that the specialty societies proposed the same work RVU as code 36482 however 36465 requires 10 minutes less intra-service time. Therefore, the specialty society amended its recommendation to the survey 25<sup>th</sup> percentile work RVU of 2.35. The RUC compared the surveyed code to the top key reference service 49185 *Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed* (work RVU = 2.35 and 30 minutes intra-service time) and these service require the

same physician work and total time (66 versus 67 minutes) to perform. For additional support the RUC referenced MPC codes 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU = 2.78 and 30 minutes intra-service time) and 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU = 1.90 and 15 minutes intra-service time) and noted these services appropriately bracket the surveyed service and demonstrate the appropriate relativity across the payment schedule. **The RUC recommends a work RVU of 2.35 for CPT code 36465.**

***36466 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg***

The RUC reviewed the survey results from 49 physicians and determined that the survey 25<sup>th</sup> percentile work RVU of 3.00 appropriately accounts for the work required to perform this service. The RUC recommends 17 minutes pre-service evaluation time, 4 minutes pre-service positioning, 10 minutes pre-service scrub/dress/wait time, 35 minutes intra-service time and 10 minutes immediate post service time. The RUC indicated that 3 minutes were added to positioning time to adequately adjust the patient for access to the saphenous vein and 5 minutes added to the scrub/dress/wait time as a sterile operating room technique is maintained for this procedure when performed in an office procedure/surgery suite, which requires scrubbing and sterile gown, mask and gloves for the physician and clinical staff. The RUC noted that these same pre-time adjustments were recommended for 36473 (MOCA) in January 2015 and were accepted by the RUC and CMS.

The RUC pre-facilitation reviewers commented that original specialty societies proposed recommendation of median work RVU of 4.00 resulted in a higher intensity and the initial proposed increment between 36465 and 36466 was not adequate, therefore the specialty adjusted the recommendation to the survey 25<sup>th</sup> percentile work RVU of 3.00. The RUC noted that although 36466 and 36482 require similar physician time to complete, 36466 is slightly less intense than 36482 because 36482 typically requires manipulation of a long catheter from the puncture site to the termination of the vein to be treated, while 364C6 does not include this more intense and complex step. In addition, the total time of 36482 is 5 minutes longer than 36466. The RUC compared the surveyed code to the top key reference service 49185 *Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed* (work RVU = 2.35 and 30 minutes intra-service time) noted that the surveyed code requires 5 more minutes of intra-service time and is more intense and complex on all but one of the measures surveyed. For additional support the RUC referenced MPC codes 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU = 2.78 and 30 minutes intra-service time) and 52441 *Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant* (work RVU = 4.50 and 30 minutes intra-service time) and noted these services appropriately bracket the surveyed code and demonstrate the appropriate relativity across the payment schedule. **The RUC recommends a work RVU of 3.00 for CPT code 36466.**

**36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated**

The RUC reviewed the survey results from 35 physicians and determined that the survey 25<sup>th</sup> percentile work RVU of 3.50 appropriately accounts for the work required to perform this service. The RUC recommends 17 minutes pre-service evaluation time, 4 minutes pre-service positioning, 10 minutes pre-service scrub/dress/wait time, 35 minutes intra-service time and 15 minutes immediate post service time. The RUC indicated that 3 minutes were added to positioning time to adequately adjust the patient's extremity for access to the saphenous vein and 5 minutes added to the scrub/dress/wait time as a sterile operating room technique is maintained for this procedure when performed in an office procedure/surgery suite, which requires scrubbing and sterile gown, mask and gloves for the physician and clinical staff. The RUC noted that these same pre-time adjustments were recommended for 36473 (MOCA) in January 2015 and were accepted by the RUC and CMS.

The RUC noted that although 36466 and 36482 require similar physician time to complete, 36466 is slightly less intense than 36482 because 36482 typically requires manipulation of a long catheter from the puncture site to the termination of the vein to be treated, while 36466 does not include this more intense and complex step. In addition, the total time of 36482 is 5 minutes longer than 36466. The RUC compared the surveyed code to a similar service that was recently reviewed, code 36473 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated* (work RVU = 3.50 and 30 minutes intra-service time) and noted that these service require the same physician work. For additional support the RUC referenced MPC code 52441 *Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant* (work RVU = 4.50 and 30 minutes intra-service time) and noted that this service demonstrates the appropriate cross specialty relativity. **The RUC recommends a work RVU of 3.50 for CPT code 36482.**

**36483 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 30 physicians and surgeons and determined that the survey 25<sup>th</sup> percentile work RVU of 2.14 was too high and instead recommends a work RVU of 1.75. The specialty societies indicated and the RUC agreed that the work of this add-on is half of that of the base code 36482 (recommended work RVU = 3.50). The RUC recommends 20 minutes of intra-service time for 36483. The RUC notes when CMS finalized the values for MOCA codes 36473 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated* (work RVU = 3.50) and 36474 (work RVU = 1.75) *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*, CMS did not accept the RUC recommended work RVU for 36474 but instead applied a 50 percent reduction to the work RVU for 36473. The RUC recommends the same value for 36483 as the MOCA add-on 36474.

The RUC compared the surveyed add-on code to MPC codes 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU = 1.20 and 15 minutes intra-service time) and 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25 and 30 minutes intra-service time) and noted these services appropriately bracket the surveyed service and demonstrate the appropriate relativity across the payment schedule. **The RUC recommends a work RVU of 1.75 for CPT code 36483.**

### **Affirmation of RUC Recommendations**

The RUC affirmed the recent RUC recommendations for CPT codes 36473, 36475, 36476, 36478 and 36479 previously submitted after review in this coding cycle. The relativity within the family remains correct.

### **Practice Expense**

The Practice Expense Subcommittee made minor modifications to the direct practice expense inputs removing 2 minutes of clinical staff time to *Set-up scope* for CPT codes 36470 and 36471. The Subcommittee maintained 2 minutes to *Set-up scope* for CPT codes 36482, 36465, 36466, which is a proxy to set-up the ultrasound equipment. The PE Subcommittee discussed the number of clinical staff needed to assist the physician with this service and agreed with the specialty societies that the standard for an additional circulator used in interventional radiology services apply to these codes. The standard includes one staff to assist the physician and a separate staff represented by two clinical staff types to act as a circulator. For these services it is an RN/LPN (L042A), “hip to hip” with the physician to assist during the procedure and a vascular technologist, L054A (75%) and a RN/LPN/MTA, L037D (25%) to circulate. The RUC noted that the specialty is requesting new high priced supply items and noted 0.33 of a vial of the new foam supply item is used for the procedure for CPT codes 36465 and 36466. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

### **Work Neutrality**

The RUC’s recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

### **New Technology**

CPT codes 36482, 36483, 36465 and 36466 will be placed on the New Technology list to be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><b>Surgery</b>  <b>Cardiovascular System</b>  <b>Arteries and Veins</b>  <b>Vascular Injection Procedures</b>  <b>Venous</b></p> <p><i>Venipuncture, needle or...</i></p> <p>36460              <i>Transfusion, intrauterine, fetal</i>  <i>(Do not report modifier 63 in conjunction with 36460)</i>  <i>(For radiological supervision and interpretation, use 76941)</i></p> <p><del>Codes 36468, 36470, 36471 describe sclerotherapy of telangiectasia and/or incompetent veins. Ultrasound guidance, when performed, is not included and may be reported separately. When performed in the office setting, all required supplies and equipment are inherent to the procedure and not separately reportable.</del></p> <p><u>Codes 36468, 36470, 36471 describe injection(s) of a sclerosant for sclerotherapy of telangiectasia and/or incompetent vein(s). Code 36468 may only be reported once per extremity per session, regardless of the number of needle injections performed. Codes 36471, 36466 may only be reported once per extremity, regardless of the number of veins treated. Ultrasound guidance (76942), when performed, is not included in 36468, 36470, 36471 and may be reported separately.</u></p> <p><u>Codes 36465, 36466 describe injection(s) of a non-compounded foam sclerosant into an extremity truncal vein (eg, great saphenous vein, accessory saphenous vein) using ultrasound-guided compression of the junction of the central vein (saphenofemoral junction or saphenopopliteal junction) to limit the dispersion of injectate. Do not report 36465, 36466 for injection of compounded foam sclerosant(s).</u></p> <p><u>Compounding is a practice in which a qualified healthcare professional (eg, pharmacist, physician) combines, mixes, or alters ingredients of a drug to create a medication tailored to the needs of an individual patient.</u></p>				

When performed in the office setting, all required supplies and equipment are included in 36468, 36470, 36471, 36465, 36466 and may not be separately reported. In addition, application of compression dressing(s) (eg, compression bandages/stockings) is included of 36468, 36470, 36471, 36465, 36466, when performed, and may not be reported separately.

▲36468	V1	<p><del>Single or multiple injection(s) of sclerosing solutions, sclerosant for spider veins (telangiectasia), limb or trunk</del></p> <p><u>(For ultrasound imaging guidance performed in conjunction with 36468, use 76942)</u></p> <p><u>(Do not report 36468 in conjunction with 29581)</u></p> <p><u>(Do not report 36468 more than once per extremity)</u></p> <p><i>(Do not report 36468 in conjunction with 37241 in the same surgical field)</i></p> <p><i>(36469 has been deleted)</i></p>	000	Non-Covered Medicare Service No Recommendation
▲36470	V2	<p>Injection of <del>sclerosant sclerosing solution</del>; single <u>incompetent</u> vein <u>(other than telangiectasia)</u></p>	<del>010</del> 000	0.75
▲36471	V3	<p>multiple <u>incompetent</u> veins <u>(other than telangiectasia)</u>, same leg</p> <p><u>(For ultrasound imaging guidance performed in conjunction with 36470, 36471, use 76942)</u></p> <p><u>(Do not report 36470, 36471 in conjunction with 29581)</u></p> <p><u>(Do not report 36471 more than once per extremity)</u></p>	<del>010</del> 000	1.50

		<p><u>(If the targeted vein is an extremity truncal vein and injection of non-compounded foam sclerosant with ultrasound guided compression maneuvers to guide dispersion of the injectate is performed, see 36465, 36466)</u></p> <p><del>(For vascular embolization and occlusion procedures, see 37241, 37242, 37243, 37244)</del></p> <p><i>(Do not report 36470, 36471 in conjunction with 37241 in the same surgical field)</i></p>		
●36465	V4	<p>Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)</p>	000	2.35
●36466	V5	<p>multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg</p> <p><u>(For extremity truncal vein injection of compounded foam sclerosant[s], see 36470, 36471)</u></p> <p><u>(Do not report 36465, 36466 in conjunction with 29581)</u></p> <p><u>(For injection of a sclerosant into an incompetent vein without compression maneuvers to guide dispersion of the injectate, see 36470, 36471)</u></p> <p><u>(For endovenous ablation therapy of incompetent vein[s] by transcatheter delivery of a chemical adhesive, see 36482, 36483)</u></p>	000	3.00

		<p><u>(For vascular embolization and occlusion procedures, see 37241, 37242, 37243, 37244)</u></p> <p>(Do not report 36470, 36471, <u>36465, 36466</u> in conjunction with 37241 in the same surgical field)</p>		
<p><del>Codes 36473, 36474, 36475, 36476, 36478, 36479 describe endovascular ablation therapy of incompetent extremity vein(s). Codes 36473, 36474 (mechanochemical ablation) are performed under local anesthesia and involve concomitant use of an intraluminal device that mechanically disrupts/abrades the venous intima and infusion of a physician-specified medication in the target vein(s). Sclerosant injection by either needle or catheter followed by a compression technique is not mechanochemical vein ablation. Codes 36475, 36476 (radiofrequency ablation) and 36478, 36479 (laser ablation) are performed under tumescent anesthesia. All imaging guidance and monitoring is inherent to all six endovascular ablation therapy codes. In addition, when performed in the office setting, all required supplies and equipment are inherent to the procedure and not separately reportable. The add-on codes for subsequent vein(s) treated in the same extremity may only be reported once per extremity, regardless of the number of additional vein(s) treated.</del></p> <p><u>Codes 36473, 36474, 36482, 36483, 36475, 36476, 36478, 36479 describe endovascular ablation therapy of incompetent extremity vein(s), including all necessary imaging guidance and monitoring. Sclerosant injection(s) of vein(s) by needle or mini-catheter (36468, 36470, 36471) followed by a compression technique is not endovascular ablation therapy. Codes 36473, 36474, 36482, 36483 can be performed under local anesthesia without the need for tumescent (peri-saphenous) anesthesia. Codes 36475, 36476, 36478, 36479 are performed using adjunctive tumescent anesthesia.</u></p> <p><u>Codes 36473, 36474 involve concomitant use of an intraluminal device that mechanically disrupts/abrades the venous intima and infusion of a physician-specified medication in the target vein(s).</u></p> <p><u>Codes 36482, 36483 involve positioning an intravenous catheter the length of an incompetent vein, remote from the percutaneous access site, with subsequent delivery of a chemical adhesive to ablate the incompetent vein. This often includes ultrasound compression of the outflow vein to limit the dispersion of the injected solution.</u></p> <p><u>Codes 36475, 36476 involve advancing a radiofrequency device the length of an incompetent vein, with subsequent delivery of radiofrequency energy to ablate the incompetent vein.</u></p> <p><u>Codes 36478, 36479 involve advancing a laser device the length of an incompetent vein, with subsequent delivery of thermal energy to ablate the incompetent vein.</u></p>				



Codes 36474, 36483, 36476, 36479 for subsequent vein(s) treated in the same extremity may only be reported once per extremity, regardless of the number of additional vein(s) treated.

When performed in the office setting, all required supplies and equipment are included in 36473, 36474, 36482, 36483, 36475, 36476, 36478, 36479 and may not be separately reported. In addition, application of compression dressing(s) (eg, compression bandages/stockings) is included in the work of 36473, 36474, 36482, 36483, 36475, 36476, 36478, 36479, when performed, and may not be reported separately.

(f) 36473	V6	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	000	3.50  (Affirm January 2016 RUC recommendation)
(f) +36474	V7	<p>subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</p> <p>(Use 36474 in conjunction with 36473)</p> <p>(Do not report 36474 more than once per extremity)</p> <p>(Do not report 36473, 36474 in conjunction with 29581, <del>29582</del>, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 36478, 36479, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)</p> <p><del>(For catheter injection of sclerosant without concomitant endovascular mechanical disruption of the vein intima, use 37799)</del></p> <p><del>(For catheter injection of an adhesive, use 37799)</del></p>	ZZZ	1.75  (CMS 2017 Final Value)

●36482	V8	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	000	3.50
●+36483	V9	<p>subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</p> <p><u>(Use 36483 in conjunction with 36482)</u></p> <p><u>(Do not report 36483 more than once per extremity)</u></p> <p><u>(Do not report 36482, 36483 in conjunction with 29581, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 36478, 36479, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)</u></p>	ZZZ	1.75
(f) 36475	V10	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	000	5.30 (Affirm April 2014 Recommendation)
(f)+36476	V11	<p>subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</p> <p>(Use 36476 in conjunction with 36475)</p> <p>(Do not report 36476 more than once per extremity)</p>	ZZZ	2.65 (Affirm April 2014 Recommendation)

		(Do not report 36475, 36476 in conjunction with 29581, <del>29582</del> , 36000, 36002, 36005, 36410, 36425, <u>36482</u> , <u>36483</u> , 36478, 36479, 37241-37244, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)		
<b>(f)</b> 36478	V12	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	000	5.30 (Affirm April 2014 Recommendation)
<b>(f)+</b> 36479	V13	<p>subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</p> <p>(Use 36479 in conjunction with 36478)</p> <p>(Do not report 36479 more than once per extremity)</p> <p>(Do not report 36478, 36479 in conjunction with 29581, <del>29582</del>, 36000, 36002, 36005, 36410, 36425, <u>36482</u>, <u>36483</u>, 36475, 36476, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)</p>	ZZZ	2.65 (Affirm April 2014 Recommendation)

December 12, 2016

Peter Smith, MD  
Chair, RVS Update Committee (RUC)  
The American Medical Association (AMA)  
330 North Wabash Ave.  
Chicago, IL 60611-5885

Re: Tab 11 Treatment of Incompetent Veins (36470-71, 36475, 364X3-X6)

Dear Dr. Smith,

The CPT Editorial panel created four new Category I codes, revised CPT Codes 36468, 36470, and 36471, and revised the guidelines and instructions for reporting treatment for incompetent veins, including deletion of parenthetical notes and guidelines approved by the CPT Editorial Panel for the 2017 code set. Attached are the multispecialty consensus panel (ACPh, ACS, SCAI, SIR and SVS) RUC recommendations for CPT Code 36470-1, 364X5-X6 and 364X3-X4.

**Reaffirm Values**

The consensus panel requests that the RUC reaffirm values for the recently reviewed procedures in this vein family:

- 364X1 (36473) 364X2 (36474) MOCA – RUC reviewed January 2016. Values will go into effect January 2018.
- 36475 & 36476 RFA Veins – RUC reviewed April 2014
- 36478 & 36479 Laser Veins – RUC reviewed April 2014

**NonCoverage**

Treatment of telangiectases (CPT code 36468) is a non-covered service for Medicare. As such, the specialty societies did not conduct a RUC survey for this procedure.

We look forward to presenting our recommendations at the upcoming RUC meeting in January.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew Sideman', with a large, sweeping flourish at the end.

Matthew Sideman, MD  
SVS RUC Advisor

cc: Sherry Smith  
Mike Morrow  
Mark Forrestal, MD – ACPh  
Michael Hall, MD - SIR  
Clifford Kavinsky, MD - SCAI  
Kurt Schoppee, MD - ACR  
Richard Wright, MD - ACC

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 36470      Tracking Number    V2

Original Specialty Recommended RVU: **1.10**Presented Recommended RVU: **0.75**

Global Period: 000

RUC Recommended RVU: **0.75**

CPT Descriptor: Single or multiple iInjection(s) of sclerosing solutions, sclerosant for spider veins (telangiectasia), limb or trunk (For ultrasound imaging guidance performed in conjunction with 36468, use 76942) (Do not report 36468 in conjunction with 29581) (Do not report 36468 more than once per extremity) (Do not report 36468 in conjunction with 37241 in the same surgical field) (36469 has been deleted)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 35-year-old woman presents with a single symptomatic varicose vein on her left lower extremity. She complains of burning and aching with standing. The left greater saphenous vein has previously been surgically ablated. A trial of compression stockings has failed to provide relief. Compressive injection sclerotherapy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and informed consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine and the leg is positioned to allow access to the vein to be treated. Local anesthesia is instilled at the access site prior to treatment needle insertion, and additional doses of local anesthesia are injected as needed throughout procedure.

Description of Intra-Service Work: Under loupe magnification, the feeder vein is identified. The feeder vein is accessed with a 30-G needle attached to a syringe that contains sclerosant. The sclerosant is injected into the feeder vein at multiple sites to sufficiently purge the blood from the vessel. The needle is removed while pressure is held over the treated area. Pressure is maintained at the site until hemostasis is assured.

Description of Post-Service Work: The extremity is elevated and a compression wrap or pressure dressing is applied from the toes up to a point above the level of injection. Desired outcome of primary treated vessel and any thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate compression stocking is applied to the extremity. Permanent reports are created for the medical record and copies are sent to the patient's referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Fran Aiello, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Richard Wright, MD, Clifford Kavinsky, MD, Charles Mabry, MD and Neil Khilnani, MD				
<b>Specialty(s):</b>	SVS, SIR, ACC, SCAI, ACS and ACPH				
<b>CPT Code:</b>	36470				
<b>Sample Size:</b>	4011	<b>Resp N:</b>	57	<b>Response:</b> 1.4 %	
<b>Description of Sample:</b>	SVS - 1077 randomly selected US, MD/DO, active members SIR - 1000 randomly selected US, MD/DO, active members ACC/SCAI - 1334 randomly selected US, MD/DO, active members ACPh - 600 randomly selected US, MD/DO, active members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	20.00	50.00	500.00
<b>Survey RVW:</b>	0.50	0.75	1.10	2.40	5.00
<b>Pre-Service Evaluation Time:</b>			25.00		
<b>Pre-Service Positioning Time:</b>			5.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			5.00		
<b>Intra-Service Time:</b>	1.00	10.00	15.00	20.00	30.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

<b>CPT Code:</b>	36470	<b>Recommended Physician Work RVU: 0.75</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	9.00	7.00	2.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	1.00	1.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
N/A Survey Code is Non-Facility				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	

Immediate Post Service-Time:	5.00	0.00	5.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
49185	000	2.35	RUC Time

CPT Descriptor Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
20612	000	0.70	RUC Time

CPT Descriptor Aspiration and/or injection of ganglion cyst(s) any location

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent
				Medicare Utilization
23350	000	1.00	RUC Time	36,628
<u>CPT Descriptor 1</u> Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography				
MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent
				Medicare Utilization
12013	000	1.22	RUC Time	52,083

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 12      **% of respondents:** 21.0 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 11      **% of respondents:** 19.2 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>36470</u>	<b>Top Key Reference CPT Code:</b> <u>49185</u>	<b>2nd Key Reference CPT Code:</b> <u>20612</u>
Median Pre-Service Time	10.00	22.00	10.00
Median Intra-Service Time	15.00	30.00	5.00
Median Immediate Post-service Time	5.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>30.00</b>	<b>67.00</b>	<b>20.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.08	0.09
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.25	0.64
Urgency of medical decision making	-0.67	0.09
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.50	0.73



Physical effort required	0.25	0.27
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.08	0.82
Outcome depends on the skill and judgment of physician	0.67	1.00
Estimated risk of malpractice suit with poor outcome	0.17	0.36

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.17	0.45
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Four new CPT codes were created to describe the work of endovenous ablation of incompetent veins by transcatheter delivery of a chemical adhesive and injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate. Editorial changes were also made to existing sclerotherapy codes, 36470 & 36471. The new CPT codes and changes to the existing codes were approved at the CPT Panel meeting in September 2016.

**Survey Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, SIR, and the American College of Phlebology (ACP). The survey results were reviewed by the multispecialty group and felt to be valid reflection of the physician work for these services.

**Work RVU Recommendation**

We recommend the median survey value of 1.10 RVW for 36470 which happens to also be the current value.

There has been ongoing flawed methodology in the creation of the current values for 36470. This code was originally valued by a Harvard with a survey of only 6 general surgeons. No post-op visits were included in this original evaluation. Several years later, some of the post-service time was arbitrarily converted by CMS into a piece of an office visit, 0.5 of a 99211. This code was reviewed as part of the 4<sup>th</sup> 5-year review, which resulted in surveys that had substantially higher values, but the specialty societies chose not to provide compelling evidence at that time, and the current RVW was retained. The survey times and visit were accepted into the database thereby serving to codify the inappropriate conversion of Harvard time into visits and inappropriately lowering the intensity of the procedure to 0.019. As part of the current effort, a global period change has been made from 10-day to 000 day for codes 36470 and 36471 in order to provide

consistency within the family of treatment for venous insufficiency. We therefore believe that compelling evidence is present, based on flawed methodology used to convert Harvard post-service time to one-half of a 99211 visit, and then to one full 99212 visit.

### **Pre-service Package**

Pre-time package 5 (Procedure with minimal anesthesia care) is appropriate with additional time as outlined below.

Evaluation – An additional 2 minutes for preparation of sclerosant and to mark the site for injection.

Scrub, Dress, and Wait – Subtraction of 1 minute as there is no local anesthesia but addition of 1 minute to don sterile gloves.

### **Comparison to key reference codes**

The key reference codes chosen by the majority of the survey respondents were 49185 *Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed* (21%) and 20612 *Aspiration and/or injection of ganglion cyst(s) any location* (19%). The table below shows how 36470 correlates with the KRS:

<b>CPT</b>	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>IM-post</b>
<b>20612 Key Ref</b>	0.70	0.073	20	10			5	5
<b>36470</b>	1.10	0.052	30	9		1	15	5
<b>49185 Key Ref</b>	2.35	0.054	67	13	3	6	30	15

### **Comparison to MPC codes**

MPC 23350 (*Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography*) and MPC 12013 (*Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm*) are both 000-day global MPC services with similar times and intensity to 36470. The table below compares the MPC codes and our recommended value for 36470.

<b>CPT</b>	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>IM-post</b>
<b>23350 MPC</b>	1.00	0.049	28	5	1	2	15	5
<b>36470</b>	1.10	0.052	30	9		1	15	5
<b>12013 MPC</b>	1.22	0.064	27	5	1	1	15	5

### **Additional Rationale**

The table below looks at the whole family of treatment of incompetent veins ranging from sclerotherapy to ablation including codes surveyed for this RUC meeting as well as the codes that have been surveyed and valued over the past 3 years.

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
36468	Sclero; spider veins	0.00		0			
<b>36470</b>	<b>Sclero; single vein</b>	<b>1.10</b>	<b>0.052</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
+36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>2.49</b>	<b>0.066</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
+36476	Radiofrequency ablation; second and subsequent veins	2.65	0.088	30		30	
+36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>3.50</b>	<b>0.109</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>4.00</b>	<b>0.092</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>
36475	Radiofrequency ablation; first vein treated	5.30	0.097	94	35	45	15
36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15

### Conclusion

CPT code 36470 describes the work of sclerotherapy of a single incompetent vein. We recommend the median survey value of 1.10 RVW for 36470. Comparison with the selected key reference services, two MPC codes, and the family as a whole further supports our recommendation for 36470.

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is

involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36470

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery                      How often? Commonly

Specialty General Surgery                      How often? Commonly

Specialty Cardiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

13,029 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. Current 2015 Medicare data in the RUC database.

Specialty Vascular Surgery	Frequency 3775	Percentage 28.97 %
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Specialty General Surgery	Frequency 1805	Percentage 13.85 %
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Specialty Cardiology	Frequency 1289	Percentage 9.89 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36470

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 36471      Tracking Number   V3

Original Specialty Recommended RVU: **2.49**Presented Recommended RVU: **1.50**

Global Period: 000

RUC Recommended RVU: **1.50**

CPT Descriptor: Injection of sclerosant: multiple incompetent veins (other than telangiectasia), same leg

(For ultrasound imaging guidance performed in conjunction with 36470, 36471, use 76942) (Do not report 36470, 36471 in conjunction with 29581) (Do not report 36471 more than once per extremity) (If the targeted vein is an extremity truncal vein and injection of non-compounded foam sclerosant with ultrasound guided compression maneuvers to guide dispersion of the injectate is performed, see 36465, 36466) (For vascular embolization and occlusion procedures, see 37241, 37242, 37243, 37244) (Do not report 36470, 36471 in conjunction with 37241 in the same surgical field)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 35-year-old female presents with multiple symptomatic varicosities on her left lower extremity. She complains of burning and aching when standing. The left greater saphenous vein has been surgically ablated previously. A trial of compression stockings has failed to bring relief. Compressive injection sclerotherapy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and informed consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine and the leg is positioned to allow access to the vein to be treated. Local anesthesia is instilled at the access site prior to treatment needle insertion, and additional doses of local anesthesia are injected as needed throughout procedure.

Description of Intra-Service Work: Under loupe magnification, the feeder vein is identified. The feeder vein is accessed with a 30-G needle attached to a syringe that contains sclerosant. The sclerosant is injected into the feeder vein at multiple sites to sufficiently purge the blood from the vessel. The needle is removed while pressure is held over the treated area. Pressure is maintained at the site until hemostasis is assured. This process is repeated for all symptomatic veins.

Description of Post-Service Work: The extremity is elevated and a compression wrap or pressure dressing is applied from the toes up to a point above the level of injection. Desired outcome of primary treated vessel and any thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate compression stocking is applied to the extremity. Permanent reports are created for the medical record and copies are sent to the patient's referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Fran Aiello, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Richard Wright, MD, Clifford Kavinsky, MD, Charles Mabry, MD and Neil Khilnani, MD				
<b>Specialty(s):</b>	SVS, SIR, ACC, SCAI, ACS and ACPH				
<b>CPT Code:</b>	36471				
<b>Sample Size:</b>	4011	<b>Resp N:</b>	57	<b>Response:</b> 1.4 %	
<b>Description of Sample:</b>	SVS - 1077 randomly selected US, MD/DO, active members SIR - 1000 randomly selected US, MD/DO, active members ACC/SCAI - 1334 randomly selected US, MD/DO, active members ACPh - 600 randomly selected US, MD/DO, active members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	15.00	50.00	199.00	1200.00
<b>Survey RVW:</b>	0.70	1.50	2.49	3.20	6.00
<b>Pre-Service Evaluation Time:</b>			25.00		
<b>Pre-Service Positioning Time:</b>			5.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			5.00		
<b>Intra-Service Time:</b>	5.00	20.00	30.00	40.00	60.00
<b>Immediate Post Service-Time:</b>	10.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

<b>CPT Code:</b>	36471	<b>Recommended Physician Work RVU: 1.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	12.00	7.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	1.00	1.00	0.00	
<b>Intra-Service Time:</b>	30.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
N/A Survey Code is Non-Facility				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	

Immediate Post Service-Time:	10.00	0.00	10.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	RUC Time

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
49185	000	2.35	RUC Time

CPT Descriptor Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52005	000	2.37	RUC Time	41,740

CPT Descriptor 1 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	RUC Time	65,213

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor



**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 12      **% of respondents:** 21.0 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 11      **% of respondents:** 19.2 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>36471</u>	<b>Top Key Reference CPT Code:</b> <u>32555</u>	<b>2nd Key Reference CPT Code:</b> <u>49185</u>
Median Pre-Service Time	13.00	22.00	22.00
Median Intra-Service Time	30.00	20.00	30.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>53.00</b>	<b>57.00</b>	<b>67.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.08	0.18
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.17	0.27
Urgency of medical decision making	-0.50	-0.55

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.17	0.45
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Physical effort required	0.17	0.27
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.08	0.45
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Outcome depends on the skill and judgment of physician	0.42	0.64
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Estimated risk of malpractice suit with poor outcome	0.25	0.36
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.08	0.36
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Four new CPT codes were created to describe the work of endovenous ablation of incompetent veins by transcatheter delivery of a chemical adhesive and injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate. Editorial changes were also made to existing sclerotherapy codes, 36470 & 36471. The new CPT codes and changes to the existing codes were approved at the CPT Panel meeting in September 2016.

**Survey Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, SIR, and the American College of Phlebology (ACP). The survey results were reviewed by the multispecialty group and felt to be valid reflection of the physician work for these services.

**Work RVU Recommendation**

We recommending the median survey value of 2.49 RVW for 36471.

**Compelling Evidence**

There has been ongoing flawed methodology in the creation of the current value for 36471. This code was originally valued by a Harvard survey of only 8 general surgeons. No post-op visits were included in this original evaluation. Several years later, some of the post-service time was converted by CMS to 1.5 x 99212 visits. This code was reviewed as part of the 4<sup>th</sup> 5-year review, which resulted in surveys that had higher median work values, but the specialty societies chose not to provide compelling evidence at that time. The

survey times and visits were accepted into the database thereby serving to codify the inappropriate conversion of Harvard time into visits and inappropriately lowering the intensity of the procedure to 0.019. As part of the current effort, a global period change has been made from 10-day to 000 day global for 36470 & 36471 for consistency within the family of treatment for venous insufficiency. We therefore believe that compelling evidence is present, based on flawed methodology that converted Harvard post-service time to 1.5 99212 office visits and then to one full 99212 visit.

### **Pre-service Package**

Pre-time package 5 (Procedure with minimal anesthesia care) is appropriate with additional time as outlined below.

**Evaluation** – An additional 5 minutes for preparation of sclerosant and to mark all sites for injection.

**Scrub, Dress, and Wait** – Subtraction of 1 minute as there is no local anesthesia but addition of 1 minute to don sterile gloves.

### **Comparison to key reference codes**

The key reference codes chosen by the majority of the survey respondents were 32555 *Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance* (21%) and 49185 *Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed* (19%). The table below shows how 36471 correlates with the KRS:

<b>CPT</b>	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>IM-post</b>
<b>32555 Key Ref</b>	2.27	0.076	57	13	3	6	20	15
<b>49185 Key Ref</b>	2.35	0.054	67	13	3	6	30	15
<b>36471</b>	2.49	0.066	53	12		1	30	10

### **Comparison to MPC codes**

MPC 52005 (*Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*) and MPC 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)*) are both 000-day global MPC services with similar times and intensity to 36471. The table below compares the MPC codes and our recommended value for 36471.

<b>CPT</b>	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>IM-post</b>
<b>52005 MPC</b>	2.37	0.045	79	19	5	5	30	20
<b>36471</b>	2.49	0.066	53	12		1	30	10
<b>31622 MPC</b>	2.78	0.068	66	13	3	5	30	15

**Additional Rationale**

The table below looks at the whole family of treatment of incompetent veins ranging from sclerotherapy to ablation including codes surveyed for this RUC meeting as well as the codes that have been surveyed and valued over the past 3 years.

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
36468	Sclero; spider veins	0.00		0			
<b>36470</b>	<b>Sclero; single vein</b>	<b>1.10</b>	<b>0.052</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>2.49</b>	<b>0.066</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
36476	Radiofrequency ablation; second and subsequent veins	2.65	0.088	30		30	
36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>3.50</b>	<b>0.109</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>4.00</b>	<b>0.092</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>
36475	Radiofrequency ablation; first vein treated	5.30	0.097	94	35	45	15
36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15

**Conclusion**

CPT code 36471 describes the work of sclerotherapy of multiple incompetent veins. We recommend the median survey value of 2.49 RVW for 36471. Comparison with the selected key reference services, two MPC codes, and the family as a whole further supports our recommendation for 36471.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.



BETOS Sub-classification Level II:  
Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36471

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36465      Tracking Number   V4

Original Specialty Recommended RVU: **3.50**Presented Recommended RVU: **2.35**

Global Period: 000

RUC Recommended RVU: **2.35**

CPT Descriptor: Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. She chooses to undergo foam chemical ablation of the great saphenous vein under local anesthesia.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and informed consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine and the leg is positioned to allow access to the vein to be treated. Local anesthesia is instilled at the access site prior to treatment needle insertion, and additional doses of local anesthesia are injected as needed throughout procedure.

Description of Intra-Service Work: Ultrasound guidance is utilized to localize the primary target truncal vein (eg, great saphenous vein) as well as map and mark entire length of this target vein. The target vein is accessed under ultrasound guidance (not separately reportable). A guidewire is introduced using Seldinger technique. A dilator is advanced over the guidewire, and the dilator is exchanged for a sheath. Guidewire is removed, and sheath is flushed. With the leg elevated, non-compounded foam sclerosant is injected through the sheath with ultrasound monitoring to identify arrival at the saphenofemoral junction. Manual compression is performed to prevent flow of foam sclerosant into the common femoral vein. Chemical agent administration is stopped. The treated vein is observed with ultrasound to ensure appropriate localization of non-compounded foam sclerosant. Repeat ultrasound is performed to confirm successful vein ablation. After a period of continued compression, the catheter and sheath are removed. The injected volume of non-compounded foam is recorded.

Description of Post-Service Work: Desired outcome of primary treated vessel and any thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate compression stocking is applied to the extremity. Permanent reports are created for the medical record and copies are sent to the patient's referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Fran Aiello, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Richard Wright, MD, Clifford Kavinsky, MD, Charles Mabry, MD and Neil Khilnani, MD				
<b>Specialty(s):</b>	SVS, SIR, ACC, SCAI, ACS and ACPH				
<b>CPT Code:</b>	36465				
<b>Sample Size:</b>	4011	<b>Resp N:</b>	53	<b>Response:</b> 1.3 %	
<b>Description of Sample:</b>	SVS - 1077 randomly selected US, MD/DO, active members SIR - 1000 randomly selected US, MD/DO, active members ACC/SCAI - 1334 randomly selected US, MD/DO, active members ACPh - 600 randomly selected US, MD/DO, active members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	3.00	<b>15.00</b>	40.00	2000.00
<b>Survey RVW:</b>	1.10	2.35	<b>3.50</b>	4.71	6.25
<b>Pre-Service Evaluation Time:</b>			<b>35.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>10.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>10.00</b>		
<b>Intra-Service Time:</b>	5.00	15.00	<b>25.00</b>	30.00	60.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	36465	<b>Recommended Physician Work RVU: 2.35</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>17.00</b>	<b>17.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>4.00</b>	<b>1.00</b>	<b>3.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>10.00</b>	<b>5.00</b>	<b>5.00</b>	
<b>Intra-Service Time:</b>	<b>25.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
N/A Survey Code is Non-Facility				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	



Immediate Post Service-Time:	10.00	0.00	10.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
49185	000	2.35	RUC Time

CPT Descriptor Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
37191	000	4.46	RUC Time

CPT Descriptor Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	RUC Time	991,128
<u>CPT Descriptor 1</u> Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level				

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.53	RUC Time	65,213

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 13      % of respondents: 24.5 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 15.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>36465</u>	<b>Top Key Reference CPT Code:</b> <u>49185</u>	<b>2nd Key Reference CPT Code:</b> <u>37191</u>
Median Pre-Service Time	31.00	22.00	38.00
Median Intra-Service Time	25.00	30.00	30.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>66.00</b>	<b>67.00</b>	<b>83.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.08	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.46	0.25
Urgency of medical decision making	-0.23	-0.88

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.46	0.38
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Physical effort required	0.15	0.38
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.31	0.13
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Outcome depends on the skill and judgment of physician	0.54	0.38
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Estimated risk of malpractice suit with poor outcome	0.38	0.00
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.46	0.13
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Four new CPT codes were created at the September 2016 CPT Panel meeting to describe the work of endovenous ablation therapy by transcatheter delivery of a chemical adhesive (2 new codes) and by injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate (2 new codes). This SOR reports our recommendation for 36465, Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

**Survey Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, SIR, and the American College of Phlebology (ACP). The survey results were reviewed by the multispecialty group and felt to be valid reflection of the physician work for these services.

**Pre-service Package**

Pre-time package 6 (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with additional time as outlined below.

1. **Positioning:** The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably

in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.

2. Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

These same pre-time adjustments were recommended for 36473 (MOCA) in January 2015 and were accepted by the RUC and CMS.

### Comparison to key reference codes

The key reference codes chosen by the majority of the survey respondents were 49185 *Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed* (25%) and 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (15%). The table below shows how 36465 correlates with the KRS:

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>49185 KRS Sclerotherapy Lymphocele</b>	2.35	0.054	67	13	3	6	30	15
<b>36465 Inject Non-compnded foam sclerosant</b>	2.35	0.063	66	17	4	10	25	10
<b>37191 KRS Insert Vena Cava Filter</b>	4.71	0.120	83	30	3	5	30	15

### Comparison to MPC codes

MPC 31622 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)*) and MPC 52441 (*Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant*) are both 000-day global MPC services with similar times and intensity to 36465. The table below compares the MPC codes and our recommended value for 36465.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>36465 Inject Non-compounded foam sclerosant</b>	2.35	0.063	66	17	4	10	25	10
<b>31622 MPC Cysto with Fulguration</b>	2.78	0.069	65	10	5	5	30	15
<b>52441 MPC Cysto w/ Implant</b>	4.50	0.113	93	17	5	20	30	21

**Additional Rationale**

The tables below look at the family of ‘treatment of incompetent veins’ surveyed for this meeting as well as the vein codes surveyed over the past 3 years.

**Sorted by Intensity:**

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
<b>36470</b>	<b>Sclero; single vein</b>	<b>0.62</b>	<b>0.020</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>1.30</b>	<b>0.027</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>2.35</b>	<b>0.063</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>3.00</b>	<b>0.064</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
36476	Radiofrequency ablation; second and subsequent veins	2.65	0.088	30		30	
36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
36475	Radiofrequency ablation; first vein treated	5.30	0.097	94	35	45	15
36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15
36468	Sclero; spider veins	C					

**Sorted in CPT Order:**

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
36468	Sclero; spider veins	C					
<b>36470</b>	<b>Sclero; single vein</b>	<b>0.62</b>	<b>0.020</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>1.30</b>	<b>0.027</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
36475	Radiofrequency ablation; first vein treated	5.30	0.097	94	35	45	15
36476	Radiofrequency ablation; second and subsequent veins	2.65	0.088	30		30	
36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15
36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>2.35</b>	<b>0.063</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>3.00</b>	<b>0.064</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>

**Conclusion**

The multispecialty panel recommends the 25<sup>th</sup> percentile of 2.35 for CPT Code 364X5.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery                      How often? Sometimes

Specialty Interventional Radiology                      How often? Sometimes

Specialty Cardiology                      How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,500

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. A one year Medicare national estimate is challenging

Specialty Vascular Surgery	Frequency 1000	Percentage 40.00 %
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Specialty Interventional Radiology                      Frequency 1000                      Percentage 40.00 %

Specialty Cardiology                      Frequency 250                      Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36475

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 36466      Tracking Number   V5

Original Specialty Recommended RVU: **4.00**Presented Recommended RVU: **3.00**

Global Period: 000

RUC Recommended RVU: **3.00**

CPT Descriptor: Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein and small saphenous vein insufficiency with resultant superficial varicosities. She chooses to undergo foam chemical ablation of the great saphenous and anterior accessory saphenous veins under local anesthesia.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and informed consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine and the leg is positioned to allow access to the vein to be treated. Local anesthesia is instilled at the access site prior to treatment needle insertion, and additional doses of local anesthesia are injected as needed throughout procedure.

Description of Intra-Service Work: Ultrasound guidance is utilized to localize the primary target truncal vein (eg, great saphenous vein) as well as map and mark entire length of target vein. The target vein is accessed under ultrasound guidance (not separately reportable). A guidewire is introduced using Seldinger technique. A dilator is advanced over the guidewire, and the dilator is exchanged for a sheath. The guidewire is removed, and the sheath is flushed. With the leg elevated, non-compounded foam sclerosant is injected through the sheath with ultrasound monitoring to identify arrival at the saphenofemoral junction. Manual compression is performed to prevent the flow of foam sclerosant into the common femoral vein. Chemical agent administration is stopped. The treated vein is observed with ultrasound to ensure successful ablation. After a period of continued compression of the outflow vein, the catheter and sheath are removed. The injected volume of non-compounded foam sclerosant is recorded. This process is repeated entirely for a second truncal vein (eg anterior accessory saphenous vein).

Description of Post-Service Work: Desired outcome of primary treated vessel and any thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate compression stocking is applied to the extremity. Permanent reports are created for the medical record and copies are sent to the patient's referring physician.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Fran Aiello, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Richard Wright, MD, Clifford Kavinsky, MD, Charles Mabry, MD and Neil Khilnani, MD				
<b>Specialty(s):</b>	SVS, SIR, ACC, SCAI, ACS and ACPH				
<b>CPT Code:</b>	36466				
<b>Sample Size:</b>	4011	<b>Resp N:</b>	49	<b>Response:</b> 1.2 %	
<b>Description of Sample:</b>	SVS - 1077 randomly selected US, MD/DO, active members SIR - 1000 randomly selected US, MD/DO, active members ACC/SCAI - 1334 randomly selected US, MD/DO, active members ACPh - 600 randomly selected US, MD/DO, active members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	3.00	10.00	40.00	1200.00
<b>Survey RVW:</b>	1.50	3.00	4.00	5.30	6.15
<b>Pre-Service Evaluation Time:</b>			30.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	9.00	30.00	35.00	45.00	60.00
<b>Immediate Post Service-Time:</b>	10.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	36466	<b>Recommended Physician Work RVU: 3.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	17.00	17.00	0.00	
<b>Pre-Service Positioning Time:</b>	4.00	1.00	3.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	10.00	5.00	5.00	
<b>Intra-Service Time:</b>	35.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
N/A Survey Code is Non-Facility				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	

Immediate Post Service-Time:	10.00	0.00	10.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
49185	000	2.35	RUC Time

CPT Descriptor Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
36246	000	5.02	RUC Time

CPT Descriptor Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.53	RUC Time	65,213

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	4.50	RUC Time	1,420

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 10      **% of respondents:** 20.4 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 9      **% of respondents:** 18.3 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>36466</u>	<b>Top Key Reference CPT Code:</b> <u>49185</u>	<b>2nd Key Reference CPT Code:</b> <u>36246</u>
Median Pre-Service Time	31.00	22.00	41.00
Median Intra-Service Time	35.00	30.00	45.00
Median Immediate Post-service Time	10.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>76.00</b>	<b>67.00</b>	<b>106.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.20	0.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.60	0.11
Urgency of medical decision making	-0.40	-0.33

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.40	0.22
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Physical effort required	0.22	0.33
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.10	0.00
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Outcome depends on the skill and judgment of physician	0.50	0.33
--	------	------

Estimated risk of malpractice suit with poor outcome	0.60	0.33
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.00	0.44
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Four new CPT codes were created at the September 2016 CPT Panel meeting to describe the work of endovenous ablation therapy by transcatheter delivery of a chemical adhesive (2 codes) and by injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate (2 codes). This SOR reports our recommendation for new 0-day global code 36466, Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg

**Survey Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, SIR, and the American College of Phlebology (ACP). The survey results were reviewed by the multispecialty group and felt to be valid reflection of the physician work for these services.

**Pre-service Package**

Pre-time package 6 (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with additional time as outlined below.

1. **Positioning:** The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably

in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.

2. Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

These same pre-time adjustments were recommended for 36473 (MOCA) in January 2015 and were accepted by the RUC and CMS.

### Comparison to key reference codes

The key reference codes chosen by the majority of the survey respondents were 49185 *Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed* (20%) and 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family* (18%). The table below shows how 36466 correlates with the KRS:

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>49185 KRS Sclerotherapy Lymphocele</b>	2.35	0.088	67	13	3	6	30	15
<b>36466 Inject Non-compnded Foam sclerosant multiple sites</b>	3.00	0.064	76	17	4	10	35	10
<b>36246 KRS Selective arterial cath Placement 2<sup>nd</sup> order</b>	5.27	0.088	106	33	3	5	45	20

### Comparison to MPC codes

MPC 31622 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)*) and MPC 52441 (*Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant*) are both 000-day global MPC services with similar times and intensity to 36466. The table below compares the MPC codes and our recommended value for 36466.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>31622 MPC Cysto with Fulguration</b>	2.78	0.069	65	10	5	5	30	15
<b>36466 Inject Non-compounded Foam sclerosant Multiple sites</b>	3.00	0.064	76	17	4	10	35	10
<b>52441 MPC Cysto w/ Implant</b>	4.50	0.113	93	17	5	20	30	21

**Additional Rationale**

The tables below look at the family of ‘treatment of incompetent veins’ surveyed for this meeting as well as the vein codes surveyed over the past 3 years.

**Sorted by Intensity:**

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
<b>36470</b>	<b>Sclero; single vein</b>	<b>0.62</b>	<b>0.020</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>1.30</b>	<b>0.027</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>2.35</b>	<b>0.063</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>3.00</b>	<b>0.064</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
36476	Radiofrequency ablation; second and subsequent veins	2.65	0.088	30		30	
36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
36475	Radiofrequency ablation; first vein treated	5.30	0.097	94	35	45	15
36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15
36468	Sclero; spider veins	C					

**Sorted in CPT order:**

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
36468	Sclero; spider veins	C					
<b>36470</b>	<b>Sclero; single vein</b>	<b>0.62</b>	<b>0.020</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>1.30</b>	<b>0.027</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
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36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15
36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>2.35</b>	<b>0.063</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>3.00</b>	<b>0.064</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>

**Conclusion**

The multispecialty group recommends the 25<sup>th</sup> percentile of 3.00 for CPT Code 36466.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery

How often? Sometimes

Specialty Interventional Radiology

How often? Sometimes

Specialty Cardiology

How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,500

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimating a national one year Medicare number is challenging

Specialty Vascular Surgery	Frequency 600	Percentage 40.00 %
Specialty Intervetional Radiology	Frequency 600	Percentage 40.00 %
Specialty Cardiology	Frequency 150	Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36475



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 36482      Tracking Number   V8

Original Specialty Recommended RVU: **3.50**Presented Recommended RVU: **3.50**

Global Period: 000

RUC Recommended RVU: **3.50**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. She chooses to undergo chemical adhesive endovenous ablation therapy of the great saphenous vein under local anesthesia.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and informed consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine and the leg is positioned to allow access to the vein to be treated. Local anesthesia is instilled at the access site prior to treatment needle insertion, and additional doses of local anesthesia are injected as needed throughout procedure.

Description of Intra-Service Work: A confirmatory ultrasound is performed to identify the target vein and note tributary branches. An access point is identified, and the overlying skin is injected with local anesthetic. Using ultrasound guidance and the Seldinger technique, intravascular access is obtained in the target vein. A catheter is then introduced and guided along the vein. The ultrasound probe is used for manual pressure to compress the outflow of the vein, confirming apposition of the walls. The chemical adhesive is injected under ultrasound visualization. After a period of continued compression of the outflow vein, the catheter and sheath are removed.

Description of Post-Service Work: Desired outcome of primary treated vessel and any thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate compression stocking is applied to the extremity. Permanent reports are created for the medical record and copies are sent to the patient's referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Fran Aiello, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Richard Wright, MD, Clifford Kavinsky, MD, Charles Mabry, MD and Neil Khilnani, MD				
<b>Specialty(s):</b>	SVS, SIR, ACC, SCAI, ACS and ACPH				
<b>CPT Code:</b>	36482				
<b>Sample Size:</b>	4011	<b>Resp N:</b>	35	<b>Response:</b> 0.8 %	
<b>Description of Sample:</b>	SVS - 1077 randomly selected US, MD/DO, active members SIR - 1000 randomly selected US, MD/DO, active members ACC/SCAI - 1334 randomly selected US, MD/DO, active members ACPh - 600 randomly selected US, MD/DO, active members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>2.00</b>	10.00	300.00
<b>Survey RVW:</b>	2.50	3.50	<b>4.71</b>	5.48	6.29
<b>Pre-Service Evaluation Time:</b>			<b>40.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>10.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>10.00</b>		
<b>Intra-Service Time:</b>	10.00	30.00	<b>35.00</b>	45.00	90.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	36482	<b>Recommended Physician Work RVU: 3.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>17.00</b>	<b>17.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>4.00</b>	<b>1.00</b>	<b>3.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>10.00</b>	<b>5.00</b>	<b>5.00</b>	
<b>Intra-Service Time:</b>	<b>35.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
N/A Survey Code is Non-Facility				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	

Immediate Post Service-Time:	15.00	0.00	15.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
37191	000	4.46	RUC Time

CPT Descriptor Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
36246	000	5.02	RUC Time

CPT Descriptor Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.53	RUC Time	65,213

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	4.50	RUC Time	1,420

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 11      **% of respondents:** 31.4 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 8      **% of respondents:** 22.8 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>36482</u>	<b>Top Key Reference CPT Code:</b> <u>37191</u>	<b>2nd Key Reference CPT Code:</b> <u>36246</u>
Median Pre-Service Time	31.00	38.00	41.00
Median Intra-Service Time	35.00	30.00	45.00
Median Immediate Post-service Time	15.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>81.00</b>	<b>83.00</b>	<b>106.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.18	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.09	-0.25
Urgency of medical decision making	-0.73	-0.25

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.73	0.00
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Physical effort required	0.64	-0.13
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.09	-0.38
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Outcome depends on the skill and judgment of physician	0.91	0.13
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Estimated risk of malpractice suit with poor outcome	0.18	-0.13
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.09	0.13
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Four new CPT codes were created at the September 2016 CPT Panel meeting to describe the work of endovenous ablation therapy by transcatheter delivery of a chemical adhesive (2 new codes) and by injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate (2 new codes). This SOR reports our recommendation for 36482, Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated

**Survey Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, SIR, and the American College of Phlebology (ACP). The survey results were reviewed by the multispecialty group and felt to be valid reflection of the physician work for these services.

**Work RVU Recommendation**

We are recommending the 25<sup>th</sup> percentile survey results of 3.50 RVW for 36482.

**Pre-service Package**

Pre-time package 6 (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with additional time as outlined below.

1. **Positioning:** The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.
2. **Scrub, dress, and wait:** An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

These same pre-time adjustments were recommended for 36473 (MOCA) in January 2015 and were accepted by the RUC and CMS.

### **Comparison to key reference codes**

The key reference codes chosen by the majority of the survey respondents were 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (31%) and 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family* (23%). The table below shows how the correlation of the KRS and 36482.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>36246 KRS 2<sup>nd</sup> order arterial cath</b>	5.27	0.088	106	33	3	5	45	20
<b>37191 KRS Insert IVC Filter</b>	4.71	0.120	83	30	3	5	30	15
<b>36482 transcath chemical adhesive</b>	3.50	0.075	81	17	4	10	35	15

### **Comparison to MPC codes**

MPC 31622 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)*) and MPC 52441 (*Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant*) are both 000-day global MPC services with similar times and intensity to 36482. The table below compares the MPC codes and our recommended value for 36482.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>31622 MPC Cysto w/ fulgurate</b>	2.78	0.069	65	10	5	5	30	15
<b>36482 Transcath chemical Adhesive</b>	3.50	0.075	81	17	4	10	35	15

<b>52441 MPC Cysto w/ implant</b>	4.50	0.113	93	17	5	20	30	21
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### Additional Rationale

The tables below looks at the family of ‘treatment of incompetent veins’ surveyed for this meeting as well as the vein codes surveyed over the past 3 years.

#### Sorted by Intensity:

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
<b>36470</b>	<b>Sclero; single vein</b>	<b>0.62</b>	<b>0.020</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>1.30</b>	<b>0.027</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>2.35</b>	<b>0.063</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>3.00</b>	<b>0.064</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
36476	Radiofrequency ablation; second and subsequent veins	2.65	0.088	30		30	
36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
36475	Radiofrequency ablation; first vein treated	5.30	0.097	94	35	45	15
36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15
36468	Sclero; spider veins	C					

#### Sorted in CPT order:

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
36468	Sclero; spider veins	C					
<b>36470</b>	<b>Sclero; single vein</b>	<b>0.62</b>	<b>0.020</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>1.30</b>	<b>0.027</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
36475	Radiofrequency ablation; first vein treated	5.30	0.097	94	35	45	15
36476	Radiofrequency ablation; second and subsequent veins	2.65	0.088	30		30	
36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15
36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>2.35</b>	<b>0.063</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>3.00</b>	<b>0.064</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>

**Conclusion**

The multispecialty panel agree that the physician work for code 36482 is the same as the new MOCA vein ablation code, 36473, which supports our recommendation of the 25<sup>th</sup> percentile value. Comparison with the selected key reference services, two MPC codes, and the family as a whole further supports our recommendation for 36482.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery                      How often? Sometimes

Specialty Interventional Radiology                      How often? Sometimes

Specialty Cardiology                      How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%



Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimating the Medicare utilization for this new procedure is challenging.

Specialty Vascular Surgery	Frequency 400	Percentage 40.00 %
Specialty Interventional Radiology	Frequency 400	Percentage 40.00 %
Specialty Cardiology	Frequency 100	Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36475

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36483      Tracking Number   V9

Original Specialty Recommended RVU: **1.75**Presented Recommended RVU: **1.75**

Global Period: ZZZ

RUC Recommended RVU: **1.75**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great and small saphenous vein insufficiency with resultant superficial varicosities. She chooses to undergo chemical adhesive endovenous ablation therapy of the great and small saphenous vein under local anesthesia.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and informed consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine and the leg is positioned to allow access to the vein to be treated. Local anesthesia is instilled at the access site prior to treatment needle insertion, and additional doses of local anesthesia are injected as needed throughout procedure.

Description of Intra-Service Work: After performing endovascular ablative therapy of a first vein with chemical adhesive (separately reported), a second target vein is identified using ultrasound, noting tributary branches. An access point is identified, and the overlying skin is injected with local anesthetic. Using ultrasound guidance and the Seldinger technique, intravascular access is obtained in the target vein. A catheter is then introduced and guided along the vein. The ultrasound probe is used for manual pressure to compress the outflow of the vein, confirming apposition of the walls. The chemical adhesive is injected under ultrasound visualization. After a period of continued compression of the outflow vein, the catheter and sheath are removed.

Description of Post-Service Work: Desired outcome of primary treated vessel and any thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate compression stocking is applied to the extremity. Permanent reports are created for the medical record and copies are sent to the patient's referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Fran Aiello, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Richard Wright, MD, Clifford Kavinsky, MD, Charles Mabry, MD and Neil Khilnani, MD				
<b>Specialty(s):</b>	SVS, SIR, ACC, SCAI, ACS and ACPH				
<b>CPT Code:</b>	36483				
<b>Sample Size:</b>	4011	<b>Resp N:</b>	30	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	SVS - 1077 randomly selected US, MD/DO, active members SIR - 1000 randomly selected US, MD/DO, active members ACC/SCAI - 1334 randomly selected US, MD/DO, active members ACPh - 600 randomly selected US, MD/DO, active members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	5.00	300.00
<b>Survey RVW:</b>	1.50	2.14	2.97	3.67	6.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	15.00	20.00	30.00	120.00
<b>Immediate Post Service-Time:</b>	<u>0.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	36483	<b>Recommended Physician Work RVU: 1.75</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	20.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	

Immediate Post Service-Time:	0.00	0.00	0.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
37239	ZZZ	2.97	RUC Time

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
36227	ZZZ	2.09	RUC Time

CPT Descriptor Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	RUC Time	24,514

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	RUC Time	474,712

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 9      % of respondents: 30.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 26.6 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>36483</u>	<b>Top Key Reference CPT Code:</b> <u>37239</u>	<b>2nd Key Reference CPT Code:</b> <u>36227</u>
Median Pre-Service Time	0.00	1.00	0.00
Median Intra-Service Time	20.00	30.00	15.00
Median Immediate Post-service Time	0.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>32.00</b>	<b>15.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.00	0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.22	0.38
Urgency of medical decision making	-0.89	0.00

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.33	0.25
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Physical effort required	-0.11	0.25
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.33	-0.13
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Outcome depends on the skill and judgment of physician	0.22	0.50
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Estimated risk of malpractice suit with poor outcome	-0.67	0.13
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.00	0.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Four new CPT codes were created at the September 2016 CPT Panel meeting to describe the work of endovenous ablation therapy by transcatheter delivery of a chemical adhesive (2 codes) and by injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate (2 codes). This SOR reports our recommendation for ZZZ Add-on code 36483, Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

**Survey Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, SIR, and the American College of Phlebology (ACP). The survey results were reviewed by the multispecialty group and felt to be valid reflection of the physician work for these services.

**Work RVU Recommendation**

We are recommending that the value for the ZZZ add-on additional vein ablation by delivery of a chemical adhesive, CPT 36483, be set at one half the value of 36382. This results in a value of 1.75 RVW for 36483. This value is below our 25<sup>th</sup> percentile survey value and directly correlates to the value that CMS finalized for CPT 36474 (MOCA, additional vein) in the Final Medicare Physicians Fee Schedule Rule for 2017.

**Comparison to key reference codes**

The key reference codes chosen by the majority of the survey respondents were 37239 *Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)* (30%) and 36227 *Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)* (27%). The table below shows the correlation of the KRS and 36483.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>37239 KRSSStent in additional vein</b>	2.97	0.098	32	1			30	1
<b>36227 KRS Selective Cath External Carotid</b>	2.09	0.139	15				15	
<b>36483 Additional Vein Transcath Chemical Adhesive</b>	1.75	0.088	20				20	

**Comparison to MPC codes**

MPC 64480 (*Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)*) and MPC 99292 (*Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)*) are both ZZZ global MPC services with similar times and intensity to 36483. The table below compares the MPC codes and our recommended value for 36483.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>64480 MPC Additional Anesth Injection</b>	1.20	0.080	15				15	
<b>36483 Additional Vein Transcath Chemical Adhesive</b>	1.75	0.088	20				20	
<b>99292 MPC Critical Care Additional 30 min</b>	2.25	0.075	30				30	

**Additional Rationale**

The tables below look at the family of ‘treatment of incompetent veins’ surveyed for this meeting as well as the vein codes surveyed over the past 3 years.

Sorted by Intensity:

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
<b>36470</b>	<b>Sclero; single vein</b>	<b>0.62</b>	<b>0.020</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>1.30</b>	<b>0.027</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>2.35</b>	<b>0.063</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>3.00</b>	<b>0.064</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
36476	Radiofrequency ablation; second and subsequent veins	2.65	0.088	30		30	
36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
36475	Radiofrequency ablation; first vein treated	5.30	0.097	94	35	45	15
36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15
36468	Sclero; spider veins	C					

Sorted in CPT order:

CPT	Short Descriptor	RVW	IWPUT	Total Time	Pre	INTRA	Post
36468	Sclero; spider veins	C					
<b>36470</b>	<b>Sclero; single vein</b>	<b>0.62</b>	<b>0.020</b>	<b>30</b>	<b>10</b>	<b>15</b>	<b>5</b>
<b>36471</b>	<b>Sclero; multiple veins</b>	<b>1.30</b>	<b>0.027</b>	<b>53</b>	<b>13</b>	<b>30</b>	<b>10</b>
36473	Mechanochemical ablation (MOCA); first vein	3.50	0.087	76	31	30	15
36474	Mechanochemical ablation (MOCA) subsequent veins	1.75	0.058	30		30	
36475	Radiofrequency ablation; first vein treated	5.30	0.097	94	35	45	15
36476	Radiofrequency ablation; second and subsequent veins	2.65	0.088	30		30	
36478	Laser ablation; first vein treated	5.30	0.097	94	35	45	15
36479	Laser ablation; second and subsequent veins	2.65	0.088	30		30	
<b>+36483</b>	<b>Chemical adhesive ablation; subsequent veins</b>	<b>1.75</b>	<b>0.088</b>	<b>20</b>		<b>20</b>	
<b>36482</b>	<b>Chemical adhesive ablation; first vein</b>	<b>3.50</b>	<b>0.075</b>	<b>81</b>	<b>31</b>	<b>35</b>	<b>15</b>
<b>36465</b>	<b>Foam sclerosant; single truncal vein</b>	<b>2.35</b>	<b>0.063</b>	<b>66</b>	<b>31</b>	<b>25</b>	<b>10</b>
<b>36466</b>	<b>Foam sclerosant; multiple truncal veins</b>	<b>3.00</b>	<b>0.064</b>	<b>76</b>	<b>31</b>	<b>35</b>	<b>10</b>

Conclusion

We recommend valuing the ZZZ add-on code, CPT 36483, at one half the value of the base code, 36482. This recommendation will mirror the values for the recently valued MOCA codes which we feel have identical



work to these new codes. Comparison with the selected key reference services, two MPC codes, and the family as a whole further supports our recommendation of 1.75 RVW for 36483.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery                      How often? Sometimes

Specialty Interventional Radiology                      How often? Sometimes

Specialty Cardiology                      How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500  
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimating a one year Medicare number is challenging.

Specialty Vascular Surgery	Frequency 200	Percentage 40.00 %
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Specialty Interventional Radiology

Frequency 200

Percentage 40.00 %

Specialty Cardiology

Frequency 50

Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36475

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS	
13	ISSUE: Treatment of Incompetent Veins																														
14	TAB: 11																														
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	Office					SURVEY EXPERIENCE					
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	15	14	13	12	11	MIN	25th	MED	75th	MAX	
17	1st REF	49185	Sclerotherapy of a fluid collection	12	0.054			2.35			67	13	3	6			30			15											
18	2nd REF	20612	Aspiration and/or injection of gas	11	0.073			0.70			20	10					5			5											
19	HARVARD	36470	Injection of sclerosing solution; single vein		0.064			1.10			25	4					13			4				0.5							
20	CURRENT	36470	Injection of sclerosing solution; single vein		0.019			1.10			46	10					15			5				1							
21	SVY	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	57	0.011	0.50	0.75	1.10	2.40	5.00	60	25	5	5	1	10	15	20	30	10						0	10	20	50	500	
22	REVISED Rec	36470			0.029	0.75					30	9		1			15			5											
23																															
24																															
25	1st REF	32555	Thoracentesis, needle or catheter	12	0.076			2.27			57	13	3	6			20			15											
26	2nd REF	49185	Sclerotherapy of a fluid collection	11	0.054			2.35			67	13	3	6			30			15											
27	HARVARD	36471	Injection of sclerosing solution; multiple veins, same leg		0.031			1.65			56	4					24			4				1.5							
28	CURRENT	36471	Injection of sclerosing solution; multiple veins, same leg		0.020			1.65			72	16					30			10				1							
29	SVY	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	57	0.052	0.70	1.50	2.49	3.20	6.00	75	25	5	5	5	20	30	40	60	10						0	15	50	199	1200	
30	REVISED Rec	36471			0.033	1.50					53	12		1			30			10											
31																															
32																															
33	1st REF	49185	Sclerotherapy of a fluid collection	13	0.054			2.35			67	13	3	6			30			15											
34	2nd REF	37191	Insertion of intravascular venous catheter	8	0.111			4.46			83	30	3	5			30			15											
35	CURRENT	37799	Unlisted procedure, vascular surgery		N/A						0																				
36	SVY	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	53	0.087	1.10	2.35	3.50	4.71	6.25	90	35	10	10	5	15	25	30	60	10						0	3	15	40	2000	
37	REVISED Rec	36465			0.063	2.35					66	17	4	10			25			10											
38																															
39																															
40	1st REF	49185	Sclerotherapy of a fluid collection	10	0.054			2.35			67	13	3	6			30			15											
41	2nd REF	36246	Selective catheter placement, arterial	9	0.083			5.02			106	33	3	5			45			20											
42	CURRENT	37799	Unlisted procedure, vascular surgery		N/A						0																				
43	SVY	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	49	0.080	1.50	3.00	4.00	5.30	6.15	95	30	10	10	9	30	35	45	60	10						0	3	10	40	1200	

## SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS				
15	Source	CPT	DESC	Resp	IWP	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	Office					SURVEY EXPERIENCE								
16						MIN	25th	MED	75th	MAX		Time	EVAL	POSIT	SDW	MIN	25th	MED	75th		MAX	POST	15	14	13	12	11	MIN	25th	MED	75th	MAX		
44	REVISED Rec	36466			0.064	3.00					76	17	4	10			35				10													
45																																		
46																																		
47	1st REF	37191	Insertion of intravascular vena catheter	11	0.111			4.46			83	30	3	5			30			15														
48	2nd REF	36246	Selective catheter placement, arterial	8	0.083			5.02			106	33	3	5			45			20														
49	CURRENT	37799	Unlisted procedure, vascular surgery	N/A							0																							
50	SVY	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	35	0.091	2.50	3.50	4.71	5.48	6.29	110	40	10	10	10	30	35	45	90	15						0	0	2	10	300				
51	REC	36482			0.075	3.50					81	17	4	10			35				15													
52																																		
53																																		
54	1st REF	37239	Transcatheter placement of an inferior vena cava filter	9	0.098			2.97			32	1						30			1													
55	2nd REF	36227	Selective catheter placement, external iliac	8	0.139			2.09			15						15																	
56	CURRENT	37799	Unlisted procedure, vascular surgery	N/A							0																							
57	SVY	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List	30	0.149	1.50	2.14	2.97	3.67	6.00	20				5	15	20	30	120							0	0	1	5	300				
58	REC	36483			0.088	1.75					20						20																	
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72																																		

11  
Tab Number

Treatment of Incompetent Veins  
Issue

\_\_\_\_\_  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
\_\_\_\_\_  
Signature

Mark Forrestal, MD, FACPh  
Printed Signature

American College of Phlebology  
Specialty Society

December 21, 2016  
Date

#8

#10

#11

Tab Number

Cryoablation of Pulmonary Tumors

EVAR

Treatment of Incompetent Veins

Issue

32998 & 32X99

34X01-13, 34812, 34X15, 34820, 34833, 34834, 34X19-20


36470-1, 36475, 364X3-X6

Code Range

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Signature

**Michael Hall, MD**

Printed Signature

**The American Society of Interventional Radiology (SIR)**

Specialty Society

**December 10, 2016**

Date

11  
Tab Number

Treatment of Incompetent Veins  
Issue

36470-71, 36475, 364X3-X6  
Code Range

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\_\_\_\_\_  
Signature

Clifford J. Kavinsky, MD, PhD, FSCAI

\_\_\_\_\_  
Printed Signature

Society for Cardiovascular Angiography and Interventions

\_\_\_\_\_  
Specialty Society

12/14/16

\_\_\_\_\_  
Date

**Treatment of Incompetent Veins**  
Issue

**36470-1, 36475, 364X3-X6**  
Code Range

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\_\_\_\_\_  
Signature

**Matthew Sideman, MD**  
\_\_\_\_\_  
Printed Signature

**The American Society for Vascular Surgery (SVS)**  
\_\_\_\_\_  
Specialty Society

**December 10, 2016**  
\_\_\_\_\_  
Date



**Tab Number: 11**


**Issue: Veins**

**Code(s):** (36470-71, 36475, 364X3-X6)

**Attestation Statement**

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<b>Signature:</b>	
<b>Print Name:</b>	Charles Mabry, MD, FACS
<b>Specialty Society:</b>	American College of Surgeons
<b>Date:</b>	December 14, 2016

11, 19, 23, 24  
Tab Number

Incompetent Vein, INR Monitoring, EP Device Monitoring, 3D Mapping  
Issue

36470-71, 36475, 36482, 36483, 36465, 36466; 993X1-X2; 93293-95, 93297-98; 93613  
Code Range

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\_\_\_\_\_  
Signature

Richard Wright, MD  
Printed Signature

ACC  
Specialty Society

12/12/16  
Date

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

**Meeting Date:** January 2017

**Global Period:** 000

36470 Injection of sclerosant; single incompetent vein (other than telangiectasia)

36471 Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

(For ultrasound imaging guidance performed in conjunction with 36470, 36471, use 76942)

(Do not report 36470, 36471 in conjunction with 29581)

(Do not report 36471 more than once per extremity)

(If the targeted vein is an extremity truncal vein and injection of non-compounded foam sclerosant with ultrasound guided compression maneuvers to guide dispersion of the injectate is performed, see 36465, 36466)

(Do not report 36470, 36471 in conjunction with 37241 in the same surgical field)

36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

36466 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg

(For extremity truncal vein injection of compounded foam sclerosant[s], see 36470, 36471)

(Do not report 36465, 36466 in conjunction with 29581)

(For injection of a sclerosant into an incompetent vein without compression maneuvers to guide dispersion of the injectate, see 36470, 36471)

(For endovenous ablation therapy of incompetent vein[s] by transcatheter delivery of a chemical adhesive, see 36482, 36483)

(For vascular embolization and occlusion procedures, see 37241, 37242, 37243, 37244)

(Do not report 36470, 36471, 36465, 36466 in conjunction with 37241 in the same surgical field)

36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous;

**Meeting Date:** January 2017

**Global Period:** ZZZ

36483 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

(Use 36483 in conjunction with 36482)

(Do not report 36483 more than once per extremity)

(Do not report 36482, 36483 in conjunction with 29581, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 36478, 36479, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)

---

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

SVS, SIR, ACC, SCAI, ACS and ACPH convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this family of incompetent vein codes.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.**  
**Reference Code Rationale:**

The multispecialty group included the direct practice expense inputs from the recently reviewed and MOCA vein codes (going into effect 1/1/2017). The spreadsheet also includes the current direct PE inputs for 36470 and 36471.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

The societies are requesting 12 minutes of pre time for their clinical staff to (1) complete diagnostic and referral forms, (2) coordinate pre-surgery services, (3) complete pre-procedure education/consent and (4) complete pre-procedure phone calls and prescriptions. The recommendation of 12 minutes lines up with the recently approved MOCA codes (also in the vein family).

The society is also requesting 2 minutes to set up the U/S equipment. We have included it in the "Set Up Scope" line, as this is where the PE Subcommittee put this task for the recently approved MOCA tab (also in the vein family).

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

**CPT Code:** 36470-71, 36482-83, 36465-66

**Specialty Society('s):** SVS, SIR, ACC, SCAI, ACS and ACPH

The societies are requesting 3 minutes in the post op period to conduct patient communication for CPT Codes 36470 & 36471. Those codes don't currently have a phone call included but it is post procedure patient communication is standard practice with all of these vein procedures.

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic & referral forms  
Coordinate pre-surgery services  
Provide pre-service education/obtain consent  
Availability of prior images confirmed and reviewed  
Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist

Intra-Service Clinical Labor Activities:

Prepare room, equipment, supplies  
Patient is greeted, gowned and escorted into procedure room  
Vital signs obtained  
Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient  
Sterile prep performed and draping of target site  
Assist physician in performing procedure  
Monitor pt. following service/check tubes, monitors, drains (*not related to moderate sedation*)  
Clean room/equipment by physician staff  
Technologist archives and QC's images to/in PACS, checking for all images and dose page  
Review examination with interpreting MD  
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

## **SUPPLIES**

- pack, minimum multi-specialty visit (36470-71, 364x3, x5, x6)
  - exam paper, gloves NS(2), patient gown, pillow case, and thermometer cover

### **Supplies needed for staff/MD (non-sterile):**

- cap, surgical
  - Needed for each staff member in the room
    - (1) for MD (36470-71, 364x3, x5, x6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)
    - (1) for nurse blend (364x3, x5, x6)
- mask, surgical with face shield
  - Needed for each staff member in the room
    - (1) for MD (36470-71, 364x3-6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)
    - (1) for nurse blend (364x3, x5, x6)
- shoe covers, surgical
  - Needed for each staff member in the room
    - (1) for MD (36470-71, 364x3-6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)
    - (1) for nurse blend (364x3, x5, x6)
- gloves, non-sterile (364x3, x5, x6)
  - Needed for staff to clean room post-procedure.
- gown, staff, impervious (36470-71)
  - This procedure is performed in a “clean” environment, MD performing will wear non-sterile gown during procedure.

### **Supplies needed for staff/MD (sterile):**

- gloves, sterile
  - needed for each person scrubbed in to the procedure
    - (1) for MD (364x3, x5, x6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)
- gown, surgical, sterile
  - needed for each person scrubbed in to the procedure
    - (1) for MD (364x3, x5, x6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)

### **Supplies needed for sterile patient prep/surgical field:**

- drape, sterile, barrier 16inx29in (36470-71, 364x3, x5, x6)
  - drape to create sterile field
- drape, sterile, femoral (364x3, x5, x6)
  - drape to create sterile field surrounding entire leg, abdomen
- drape, towel-sterile 18inx26in (364x3, x5, x6)
  - (4) to act as absorbent towel in sterile field. Placed to secure a sterile border at target site.
- scalpel with blade, surgical (364x3, x5, x6)
  - to make skin nick prior to insert thermal probe(s)
- Providone soin (Betadine) (36470-71, 364x3, x5, x6)
  - (60 ml) For sterile, circumferential skin prep of the entire lower extremity

**CPT Code: 36470-71, 36482-83, 36465-66**  
**Specialty Society('s): SVS, SIR, ACC, SCAI, ACS and ACPH**

- Swab-pad, alcohol (36470-71, 364x3, x5, x6)
  - (2) Used for wiping multi-use vials

**Ancillary supplies need for the procedure:**

- sheath-cover, sterile (transducer) (364x3, x5, x6)
  - ablation procedures are performed under sterile technique and ultrasound guidance, this is the sterile cover to cover the US probe so it may be used on the sterile field.
- syringe-needle, 3ml 22-26g (36470-71, 364x3, x5, x6)
  - Used for administration of lidocaine
- kit, guidewire introducer (micro-stick) (364x3, x5, x6)
  - Needed to gain access into the veins for the procedure. This is a kit with an ultrasonic needle tip, microintroducer catheter and microwire. All used for initial access before sheath placement
- vascular sheath (364x3-364x6)
  - after access is gained in to the vein, a vascular sheath is put in place to maintain access into the vein. This allows for wire and treatment catheter exchange
    - (1) (364x3, x5, x4) *These codes are all treatment of a single vein, therefore only one sheath is needed*
    - (2) (364x6) *This code is treatment of multiple vines, therefore more than one sheath is needed*
- guidewire, hydrophilic (364x3, x5, x6)
  - hydrophilic coated guidewire used to navigate tortious varicosities and gain access into veins for ablation treatment, wire access across must be achieved before ablation catheter is advanced
- guidewire bowl w-lid, sterile (364x3, x5, x6)
  - placed on the surgical prep tray, saline placed in bowl and used to wipe wires, sheaths and catheters down
- guaze, sterile 4in x 4in (36470-71, 364x3, x5, x6)
  - used through out the procedure to dab access sites and used to dress access sites post procedure
- ultrasound transmission gel (364x3, x5, x6)
  - multiple packets of sterile gel are needed throughout the procedure, on the sterile field, as continuous US guidance and monitoring are performed
- Site marking pen (364x3, x5, x6)
  - During ultrasound evaluation, site marking is performed so that treatment zones are visualized

**Supplies specific to treatment:**

- lidocaine 1%-2% inj
  - (20ml) (36470) *this code is a single vein treated, but multiple access sites are made into this single vein for treatment, therefore additional lidocaine is administered for local anesthesia*
  - (40ml) (36471) *this code is for multiple veins treated in one session, and multiple access sites are made into these multiple veins for treatment, therefore additional lidocaine is administered at each access site for local anesthesia*
  - (10ml) (364x3, x5) *these codes both have a single access site, therefore only one site will be locally anesthetized*



**CPT Code: 36470-71, 36482-83, 36465-66**  
**Specialty Society(s): SVS, SIR, ACC, SCAI, ACS and ACPH**

- (15ml) (364x6) this code includes treatment of multiple veins, but each vein is only accessed once, therefore incremental additional lidocaine is needed to be administered for local anesthesia at two sites
- (5ml) (364x4) this code is an add-on code for an additional vein treated, therefore only a small amount of additional lidocaine is needed for local anesthesia
- sodium bicarbonate 8.4% inj w-needle (364x3, x5, x6)
  - (2) used to buffer with lidocaine for local anesthetic
- Sclerosing solution inj
  - (10ml) (36470) sclerosing agent is used to obliterate the incompetent vein, this code is a single vein treated
  - (20ml) (36471) sclerosing agent is used to obliterate the incompetent vein, this code multiple veins are treated
- Varithena (foam) (364x5, x6)
  - The typical foam canister has 3 'doses' and a shelf life of 1 month. We are recommending 33% of one canister for X5 and X6.
- Varithena (admin pack) (364x5, x6)
  - One admin pack for each patient. If you are doing multiple veins you would only need one admin kit. The admin pack contains the following items:
    - 1 x Varithena Transfer Unit
    - 3 x Low-Silicone Syringes
    - 2 x Compression Pads
    - 1 x Manometer Tubing
- VenaSeal Device (364x3)
  - We are recommending one venaseal (bottle of glue) for X4. The amount of glue needed for the add on procedure will vary depending on the actual size of the veins. If the add on procedure is done the physician will use the remaining portion of the glue from X4. He/she may need another bottle. However, we do not feel it is typical to use another bottle at this time – so we are not recommending another bottle for the add on code.
- VenaSeal Add-on Code (364x4)
  - 364X4 is an add-on procedure, which requires additional access. The societies are recommending additional supplies for a 2<sup>nd</sup> access site (i.e. lidocaine, sheath, etc)

**Supplies used immediately post-procedure:**

- Elastic wrap bandages, 4in & 6in
  - (1) 36470-71 : We need one of each size for these codes to wrap the patient's leg post procedure. Wrapping starts at the ankle and goes to injection site (approximately mid leg)
  - (2) 364x3, x5, x6: We need two of each size for these codes to wrap the patient's entire leg post procedure. Wrapping starts at the ankle and goes to injection site (mid to upper thigh)
- dressing, 4in x 4.75in (tegaderm)
  - to dress access site post procedure
    - (1) (364x3, x5, x4) These codes are all treatment of a single vein, therefore only one tegaderm is needed
    - (2) (364x6) This code is treatment of multiple vines, therefore more than one tegaderm are needed
    -

**Supplies used to clean equipment & room:**

- disinfectant, surface (Envirocide, Sanizide) (36470-71, 364x3, x5, x6)
  - to clean CT table and room equipment
- sanitizing cloth (patient) (36470-71, 364x3, x5, x6)

**CPT Code:** 36470-71, 36482-83, 36465-66

**Specialty Society('s):** SVS, SIR, ACC, SCAI, ACS and ACPH

- used to wipe patient leg clean following procedure (betadine, US gel, blood)
- sanitizing cloth (surface, instruments, equipment) (36470-71, 364x3, x5, x6)
  - additional sanitizing cloth used to wipe US machine

### **Equipment**

The specialty society recommendations include the equipment time calculation for 'non highly technical' equipment. As CMS did with the MOCA codes, we summed all the clinical time in the service period MINUS the assist physician time for the additional clinical staff and the recovery/post op time.

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

**Meeting Date:** January 2017

**Global Period:** 000

36470 Injection of sclerosant; single incompetent vein (other than telangiectasia)

36471 Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

(For ultrasound imaging guidance performed in conjunction with 36470, 36471, use 76942)

(Do not report 36470, 36471 in conjunction with 29581)

(Do not report 36471 more than once per extremity)

(If the targeted vein is an extremity truncal vein and injection of non-compounded foam sclerosant with ultrasound guided compression maneuvers to guide dispersion of the injectate is performed, see 36465, 36466)

(Do not report 36470, 36471 in conjunction with 37241 in the same surgical field)

36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

36466 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg

(For extremity truncal vein injection of compounded foam sclerosant[s], see 36470, 36471)

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(For vascular embolization and occlusion procedures, see 37241, 37242, 37243, 37244)

(Do not report 36470, 36471, 36465, 36466 in conjunction with 37241 in the same surgical field)

36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous;

**Meeting Date:** January 2017

**Global Period:** ZZZ

36483 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

(Use 36483 in conjunction with 36482)

(Do not report 36483 more than once per extremity)

(Do not report 36482, 36483 in conjunction with 29581, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 36478, 36479, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)

---

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Complete pre-service diagnostic & referral forms  
Coordinate pre-surgery services  
Provide pre-service education/obtain consent  
Availability of prior images confirmed and reviewed  
Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist

Intra-Service Clinical Labor Activities:

Prepare room, equipment, supplies  
Patient is greeted, gowned and escorted into procedure room  
Vital signs obtained  
Prepare, set-up and start IV, initial positioning and monitoring of patient  
Sterile prep performed and draping of target site  
Assist physician in performing procedure  
Monitor pt. following service/check tubes, monitors, drains (*not related to moderate sedation*)  
Clean room/equipment by physician staff  
Technologist archives and QC's images to/in PACS, checking for all images and dose page  
Review examination with interpreting MD  
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

## **SUPPLIES**

- pack, minimum multi-specialty visit (36470-71, 364x3, x5, x6)
  - exam paper, gloves NS(2), patient gown, pillow case, and thermometer cover

### **Supplies needed for staff/MD (non-sterile):**

- cap, surgical
  - Needed for each staff member in the room
    - (1) for MD (36470-71, 364x3, x5, x6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)
    - (1) for nurse blend (364x3, x5, x6)
- mask, surgical with face shield
  - Needed for each staff member in the room
    - (1) for MD (36470-71, 364x3-6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)
    - (1) for nurse blend (364x3, x5, x6)
- shoe covers, surgical
  - Needed for each staff member in the room
    - (1) for MD (36470-71, 364x3-6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)
    - (1) for nurse blend (364x3, x5, x6)
- gloves, non-sterile (364x3, x5, x6)
  - Needed for staff to clean room post-procedure.
- gown, staff, impervious (36470-71)
  - This procedure is performed in a “clean” environment, MD performing will wear non-sterile gown during procedure.

### **Supplies needed for staff/MD (sterile):**

- gloves, sterile
  - needed for each person scrubbed in to the procedure
    - (1) for MD (364x3, x5, x6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)
- gown, surgical, sterile
  - needed for each person scrubbed in to the procedure
    - (1) for MD (364x3, x5, x6)
    - (1) for “hip to hip” technologist (364x3, x5, x6)

### **Supplies needed for sterile patient prep/surgical field:**

- drape, sterile, barrier 16inx29in (36470-71, 364x3, x5, x6)
  - drape to create sterile field
- drape, sterile, femoral (364x3, x5, x6)
  - drape to create sterile field surrounding entire leg, abdomen
- drape, towel-sterile 18inx26in (364x3, x5, x6)
  - (4) to act as absorbent towel in sterile field. Placed to secure a sterile border at target site.
- scalpel with blade, surgical (364x3, x5, x6)
  - to make skin nick prior to insert thermal probe(s)
- Providone soin (Betadine) (36470-71, 364x3, x5, x6)
  - (60 ml) For sterile, circumferential skin prep of the entire lower extremity

- Swab-pad, alcohol (36470-71, 364x3, x5, x6)
  - (2) Used for wiping multi-use vials

**Ancillary supplies need for the procedure:**

- sheath-cover, sterile (transducer) (364x3, x5, x6)
  - ablation procedures are performed under sterile technique and ultrasound guidance, this is the sterile cover to cover the US probe so it may be used on the sterile field.
- syringe-needle, 3ml 22-26g (36470-71, 364x3, x5, x6)
  - Used for administration of lidocaine
- kit, guidewire introducer (micro-stick) (364x3, x5, x6)
  - Needed to gain access into the veins for the procedure. This is a kit with an ultrasonic needle tip, microintroducer catheter and microwire. All used for initial access before sheath placement
- vascular sheath (364x3-364x6)
  - after access is gained in to the vein, a vascular sheath is put in place to maintain access into the vein. This allows for wire and treatment catheter exchange
    - (1) (364x3, x5, x4) *These codes are all treatment of a single vein, therefore only one sheath is needed*
    - (2) (364x6) *This code is treatment of multiple vines, therefore more than one sheath is needed*
- guidewire, hydrophilic (364x3, x5, x6)
  - hydrophilic coated guidewire used to navigate tortious varicosities and gain access into veins for ablation treatment, wire access across must be achieved before ablation catheter is advanced
- guidewire bowl w-lid, sterile (364x3, x5, x6)
  - placed on the surgical prep tray, saline placed in bowl and used to wipe wires, sheaths and catheters down
- guaze, sterile 4in x 4in (36470-71, 364x3, x5, x6)
  - used through out the procedure to dab access sites and used to dress access sites post procedure
- ultrasound transmission gel (364x3, x5, x6)
  - multiple packets of sterile gel are needed throughout the procedure, on the sterile field, as continuous US guidance and monitoring are performed
- Site marking pen (364x3, x5, x6)
  - During ultrasound evaluation, site marking is performed so that treatment zones are visualized

**Supplies specific to treatment:**

- lidocaine 1%-2% inj
  - (20ml) (36470) *this code is a single vein treated, but multiple access sites are made into this single vein for treatment, therefore additional lidocaine is administered for local anesthesia*
  - (40ml) (36471) *this code is for multiple veins treated in one session, and multiple access sites are made into these multiple veins for treatment, therefore additional lidocaine is administered at each access site for local anesthesia*
  - (10ml) (364x3, x5) *these codes both have a single access site, therefore only one site will be locally anesthetized*



**CPT Code: 36470-71, 36482-83, 36465-66**  
**Specialty Society('s): SVS, SIR, ACC, SCAI, ACS and ACPH**

- (15ml) (364x6) this code includes treatment of multiple veins, but each vein is only accessed once, therefore incremental additional lidocaine is needed to be administered for local anesthesia at two sites
- (5ml) (364x4) this code is an add-on code for an additional vein treated, therefore only a small amount of additional lidocaine is needed for local anesthesia
- sodium bicarbonate 8.4% inj w-needle (364x3, x5, x6)
  - (2) used to buffer with lidocaine for local anesthetic
- Sclerosing solution inj
  - (10ml) (36470) sclerosing agent is used to obliterate the incompetent vein, this code is a single vein treated
  - (20ml) (36471) sclerosing agent is used to obliterate the incompetent vein, this code multiple veins are treated
- Varithena (foam) (364x5, x6)
  - The typical foam canister has 3 'doses' and a shelf life of 1 month. We are recommending 33% of one canister for X5 and X6.
- Varithena (admin pack) (364x5, x6)
  - One admin pack for each patient. If you are doing multiple veins you would only need one admin kit. The admin pack contains the following items:
    - 1 x Varithena Transfer Unit
    - 3 x Low-Silicone Syringes
    - 2 x Compression Pads
    - 1 x Manometer Tubing
- VenaSeal Device (364x3)
  - We are recommending one venaseal (bottle of glue) for X4. The amount of glue needed for the add on procedure will vary depending on the actual size of the veins. If the add on procedure is done the physician will use the remaining portion of the glue from X4. He/she may need another bottle. However, we do not feel it is typical to use another bottle at this time – so we are not recommending another bottle for the add on code.
- VenaSeal Add-on Code (364x4)
  - 364X4 is an add-on procedure, which requires additional access. The societies are recommending additional supplies for a 2<sup>nd</sup> access site (i.e. lidocaine, sheath, etc)

**Supplies used immediately post-procedure:**

- Elastic wrap bandages, 4in & 6in
  - (1) 36470-71 : We need one of each size for these codes to wrap the patient's leg post procedure. Wrapping starts at the ankle and goes to injection site (approximately mid leg)
  - (2) 364x3, x5, x6: We need two of each size for these codes to wrap the patient's entire leg post procedure. Wrapping starts at the ankle and goes to injection site (mid to upper thigh)
- dressing, 4in x 4.75in (tegaderm)
  - to dress access site post procedure
    - (1) (364x3, x5, x4) These codes are all treatment of a single vein, therefore only one tegaderm is needed
    - (2) (364x6) This code is treatment of multiple vines, therefore more than one tegaderm are needed
    -

**Supplies used to clean equipment & room:**

- disinfectant, surface (Envirocide, Sanizide) (36470-71, 364x3, x5, x6)
  - to clean CT table and room equipment
- sanitizing cloth (patient) (36470-71, 364x3, x5, x6)

**CPT Code:** 36470-71, 36482-83, 36465-66

**Specialty Society('s):** SVS, SIR, ACC, SCAI, ACS and ACPH

- used to wipe patient leg clean following procedure (betadine, US gel, blood)
- sanitizing cloth (surface, instruments, equipment) (36470-71, 364x3, x5, x6)
  - additional sanitizing cloth used to wipe US machine

### **Equipment**

The specialty society recommendations include the equipment time calculation for 'non highly technical' equipment. As CMS did with the MOCA codes, we summed all the clinical time in the service period MINUS the assist physician time for the additional clinical staff and the recovery/post op time.

RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
REVIS ED Mtg	Please see brief summaries or the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link				36470		36470		36471		36471		36473  New 2017		36482 ("Venaseal")		36465 ("Varithena")		36466 ("Varithena")		36474  New 2017		36483 ("Venaseal")	
RUC Collaboration Website					Injection of sclerosant; single incompetent vein (other than telangiectasia)		Injection of sclerosant; single incompetent vein (other than telangiectasia)		Injection of sclerosant; multiple incompetent veins, same leg		Injection of sclerosant; multiple incompetent veins (other than telangiectasia)		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and		Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive		Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide		Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and		Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive	
Clinical I	Meeting Date: January 2017 Tab: 11 Treatment of Incompetent Veins				Clinical Staff Type		Staff Type																	
Activit	LOCATION				Non		Facilit		Non		Facilit		Non		Facilit		Non		Facilit		Non		Facilit	
	GLOBAL PERIOD				010		010		000		000		010		000		000		000		000		000	
	TOTAL CLINICAL LABOR TIME				L037D		RN/LPN/MTA		98		33		68		0		111		33		98		0	
	TOTAL PRE-SERVICE CLINICAL				L037D		RN/LPN/MTA		20		0		12		0		20		0		12		0	
	TOTAL SERVICE PERIOD				L037D		RN/LPN/MTA		51		6		53		0		64		6		83		0	
					L037D		RN/LPN/MTA						27						30				31	
					L042A		RN/LPN						15						30				35	
					L054A		Vascular						11						23				25	
	TOTAL POST-SERVICE CLINICAL				L037D		RN/LPN/MTA		27		27		3		0		27		27		3		0	
	PRE-SERVICE PERIOD								98				68				111				98			
	Start: Following visit when decision for surgery or procedure														101				116				96	
CA001	Complete pre-service diagnostic	L037D	RN/LPN/MTA	5		2		5		2		3		2		2		2		2				
CA002	Coordinate pre-surgery services	L037D	RN/LPN/MTA	5		3		5		3		3		3		3		3		3				
CA003	Schedule space and equipment in	L037D	RN/LPN/MTA																					
CA004	Provide pre-service	L037D	RN/LPN/MTA			4				4				4		4		4		4				
CA005	Complete pre-procedure phone	L037D	RN/LPN/MTA	10		3		10		3				3		3		3		3				
CA006	Confirm availability of prior	L054A	Vascular																					
CA007	Review patient clinical extant	L054A	Vascular																					
CA008	Perform regulatory mandated	L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	End: When patient enters office/facility for surgery/procedure																							
	SERVICE PERIOD																							
	Start: When patient enters office/facility for surgery/procedure																							
	Pre-Service (of service period)																							
CA009	Greet patient, provide gowning,	L037D	RN/LPN/MTA	3		3		3		3				3		3		3		3				
CA010	Obtain vital signs	L037D	RN/LPN/MTA	3		3		3		3				3		3		3		3				
CA011	Provide education/obtain consent	L037D	RN/LPN/MTA																					
CA012	Review requisition, assess for	L037D	RN/LPN/MTA																					
CA013	Prepare room, equipment and	L037D	RN/LPN/MTA	5		2		5		2														
CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA																					
CA015	Setup scope (nonfacility setting)	L054A	Vascular											2		2		2		2				
CA016	Prepare, set-up and start IV, initial	L037D	RN/LPN/MTA	10		2		10		2				2		2		2		2				
CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Intra-service (of service period)																							
CA018	Assist physician or other qualified	L042A	RN/LPN	15		15		28		30				30		35		25		35		30		
CA019	Assist physician or other qualified	L037D	RN/LPN/MTA																			20		
CA020	Assist physician or other qualified	L054A	Vascular			11				23				23		26		19		26		23		
CA020	Assist physician or other qualified	L037D	RN/LPN/MTA			4				7				7		9		6		9		7		
CA021	Perform procedure/service---NOT	L037D	RN/LPN/MTA																			5		
		L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Post-Service (of service period)																							
CA022	Monitor patient following	L037D	RN/LPN/MTA	5		5		5		5				7.5		7.5		7.5		7.5				
CA023	Monitor patient following	L037D	RN/LPN/MTA																					
CA024	Clean room/equipment by clinical	L037D	RN/LPN/MTA	5		3		5		3				3		3		3		3				
CA025	Clean scope	L037D	RN/LPN/MTA																					
CA026	Clean surgical instrument package	L037D	RN/LPN/MTA																					
CA027	Complete post-procedure	L037D	RN/LPN/MTA																					
CA028	Review/read post-procedure x-ray,	L037D	RN/LPN/MTA																					
CA029	Check dressings, catheters,	L037D	RN/LPN/MTA	5		5		5		5				5		5		5		5				
CA030	Technologist QC's images in	L054A	Vascular													2		2		2			2	
CA031	Review examination with	L054A	Vascular													2		2		2			2	
CA032	Scan exam documents into PACS.	L054A	Vascular													1		1		1			1	
CA033	Perform regulatory mandated	L037D	RN/LPN/MTA																					
CA034	Document procedure (nonPACS)	L037D	RN/LPN/MTA																					
CA035	Review home care instructions,	L037D	RN/LPN/MTA																					
CA036	Discharge day management	L037D	RN/LPN/MTA	n/a	6	n/a		n/a	6	n/a				n/a		n/a		n/a		n/a		n/a		
		L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
		L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	Other activity: please include	L037D	RN/LPN/MTA																					
	End: Patient leaves office																							
	POST-SERVICE PERIOD																							
	Start: Patient leaves office/facility																							
CA037	Conduct patient communications	L037D	RN/LPN/MTA			3				3				3		3		3		3				
CA038	Coordinate post-procedure	L037D	RN/LPN/MTA																					

RUC Practice Expense Spreadsheet			CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
REVIS ED Mtg	Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link										36473								36474			
	RUC Collaboration Website										New 2017		36482 ("Venaseal")		36465 ("Varithena")		36466 ("Varithena")		New 2017		36483 ("Venaseal")	
Clinical	Meeting Date: January 2017	Clinical			Injection of sclerosant; single incompetent vein (other than telangiectasia)		Injection of sclerosing solution; multiple veins, same leg		Injection of sclerosant; multiple incompetent veins (other than telangiectasia)		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging		Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of ultrasound compression		Injection of non-compounded foam sclerosant with ultrasound compression		Injection of non-compounded foam sclerosant with ultrasound compression		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging		Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of ultrasound compression	
Activity	Tab: 11 Treatment of Incompetent Veins	Staff Type Code																				
LOCATION					Non		Facilit		Non		Facilit		Non		Facilit		Non		Facilit		Non	
GLOBAL PERIOD					010		010		010		010		000		000		000		000		000	
Office visits: List Number and			MINUTES		# visits		# visits		# visits		# visits		# visits		# visits		# visits		# visits		# visits	
99211 16 minutes			16		1		1		1		1											
99212 27 minutes			27						1		1											
99213 36 minutes			36																			
99214 53 minutes			53																			
99215 63 minutes			63																			
CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	27.0	27.0	0.0	0.0	27.0	27.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		L037D	RN/LPN/MTA																			
		L037D	RN/LPN/MTA																			
	Other activity: please include	L037D	RN/LPN/MTA																			
	Other activity: please include	L037D	RN/LPN/MTA																			
	Other activity: please include	L037D	RN/LPN/MTA																			
End: with last office visit before																						
Medical	MEDICAL SUPPLIES	PRICE	UNIT																			
SA048	pack, minimum multi-specialty visit	1.143	pack	2		1		2	1	1		1		1		1		1				
SA052	pack, post-op incision care (staple)	5.056	pack	1	1			1	1			1										
SA122	Claravein Kit	890	kit									1										
SB001	cap, surgical	0.209	item	1		1		1		1		3		3		3		3				
SB007	drape, sterile barrier 16in x 29in	0.494	item	1		1		1		1		1		1		1		1				
SB009	drape, sterile, femoral	15.949	item									1		1		1		1				
SB019	drape-towel, sterile 18in x 26in	0.282	item									4		4		4		4				
SB022	gloves, non-sterile	0.084	pair									1		1		1		1				
SB024	gloves, sterile	0.84	pair									2		2		2		2				
SB027	gown, staff, impervious	1.186	item	1		1		1		1		2										
SB028	gown, surgical, sterile	4.671	item									2		2		2		2				
SB034	mask, surgical, with face shield	1.199	item	1		1		1		1		3		3		3		3				
SB039	shoe covers, surgical	0.338	pair	1		1		1		1		3		3		3		3				
SB048	sheath-cover, sterile, 96in x 6in	9.583	item									1		1		1		1				
SC051	syringe 10-12ml	0.184	item			2				2		2		2		2		4		2		2
SC056	syringe 50-60ml	0.881	item									2		2		2		2				
SC058	syringe w-needle, OSHA compliant	0.435	item									1										
SC064	syringe-needle 3ml 22-26g	0.16	item	1		1		1		1		1		1		1		1				
SD089	guidewire, hydrophilic	35.5	item									1		1		1		1				
SD136	vascular sheath	20.5	item									1		1		1		2		1		1
SD171	guidewire bowl w-lid, sterile	3	item									1		1		1		1				
SF033	scalpel with blade, surgical (#10-20)	0.694	item									1		1		1		1				
SG012	bandage, elastic wrap 4in (Ace)	1.179	item			1				1		1		2		2		2				
SG013	bandage, elastic wrap 6in (Ace)	1.539	item	2		1		2		1		1		2		2		2				
SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item									1		1		1		2		1		1
SG055	gauze, sterile 4in x 4in	0.159	item			6				6		6		6		6		6				
SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item	1				1														
SG077	tape, porous-hypoallergenic 2in	0.017	inch									12		12		12		12				
SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml	20		20		20		40		10		10		10		15		5		5
SH062	sclerosing solution inj	2.029	ml	10		10		10		20		2										
SH065	sodium chloride 0.9% flush syringe	0.811	item									2										
SH090	sodium bicarbonate 8.4% inj w-	2.2	item									2		2		2		2				
SH108	Sotradecol Sclerosing Agent	110.20	vial									1						1				
SJ042	povidone surgical scrub (Betadine)	0.009	ml			100				100		100		100		100		100				
SJ053	swab-pad, alcohol	0.013	item			2				2		2		2		2		2				
SJ062	ultrasound transmission gel	0.013	ml									60										
SJ089	ultrasound transmission gel, sterile	1.71	0											2		2		2				
SK075	skin marking pen, sterile (Skin	1.048	item									1		1		1		1				
SM013	disinfectant, surface (Envirocide,	0.163	oz			1				1		1		1		1		1				
SM021	sanitizing cloth-wipe (patient)	0.037	item									1		1		1		1				
SM022	sanitizing cloth-wipe (surface,	0.046	item			1				1		1		1		1		1				
NEW	NEW - Venaseal (glue)	\$3,500	item											1								
NEW	NEW -Varithena (foam)	\$3,195	item												0.33		0.33					
NEW	NEW - Varithena admin pack	\$40	pack												1		1					
SA016	kit, guidewire introducer (Micro-	23	kit											1		1		1				
Other supply item: please include																						
Equip	EQUIPMENT	PRICE	EQUIPMENT																			
EF023	table, exam	1338.17		100	46			80.5	13.5													
EF014	light, surgical	4489.13	Non-highly			33				48		48		58		48		58		30		20
EF031	table, power	6153.63	Non-highly			33				48		48		58		48		58		30		20
EF019	stretcher chair	3133	Monitoring			20				20		30		30		30		30				
EQ250	ultrasound unit, portable	29999	Non-highly									48		58		48		58		30		20
ED050	PACS Workstation Proxy	5557	Non-highly											58		48		58				20



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# INVOICE

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ADDRESS SERVICE REQUESTED

DATE	PAGE	ROUTE
03-18-2015	1 of 1	ALPHA

Name: [REDACTED]

DEA NUMBER: BW7608411

STATE LIC: 049120

Ship To:

1267 WEST HIGHWAY 54 STE 5300  
FAYETTEVILLE GA 30214

PROCESSING  
PO BOX 4017  
DANVILLE IL 61834

ORDER # / DATE	ACCOUNT NUMBER		LOB / CUSTOMER TYPE	SALESPERSON / DEPT		CUSTOMER PO / TERMS
800000242	A 500027000	C 500027000		625		3500374456
03-18-2015	B 000101315	D 000101315				Net 165 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY. B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
1	1	0	42679	RX	VARITHENA 18ML/INJ	3195.00	EA	3195.00
					NDC # -- 60635-0118-01		TAX	0.00
4	4	0	42680	RX	VARITHENA MTU ADMIN PACK EA	40.00	EA	160.00
					NDC # -- 60635-0123-01		TAX	0.00
This wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer. The transaction history for the prescription drugs in this invoice is available at <a href="https://DQSADirect.com">https://DQSADirect.com</a> . Florida Out-of-State Prescription Drug Wholesaler Permit No. 23 2186.								

Comments:

SUBTOTAL	3,355.00
TOTAL TAX	0.00
AMOUNT DUE	\$ 3,355.00

PLEASE RETURN THIS STUB WITH REMITTANCE. THANK YOU.

[REDACTED]



Please indicate payment amount and check number in the boxes provided.

CHECK NUMBER	_____
AMOUNT PAID	\$ _____

Please Remit To:

BTG International Direct  
12601 Collection Center Drive  
Chicago, IL 60693

50002700015012539249000000335500000000083020150





Integrated Commercialization Solutions, Inc.  
345 International Blvd, Suite 400  
Brooks, KY 40109  
Phone: (855) 534-8320  
Fax: (855) 534-8321

# INVOICE

INVOICE NO. 15012423236

ADDRESS SERVICE REQUESTED

DATE	PAGE	ROUTE
10-30-2014	1 of 1	ALPHA

Name: [REDACTED]

DEA NUMBER: AS1088663

STATE LIC: 37997

PROCESsing  
PO BOX 4017  
DANVILLE IL 61834

Ship To:

93 CAMPUS AVENUE  
LEWISTON ME 04243

ORDER # / DATE	ACCOUNT NUMBER		LOB / CUSTOMER TYPE	SALESPERSON / DEPT		CUSTOMER PO / TERMS
800000116	A 500027179	C 500027179		625		3500341519
10-30-2014	B 000101315	D 000101315	438			Net 105 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY. B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
12	12	0	42680	MS	VARITHENA MTU ADMIN PACK EA NDC # -- 60635-0123-01	40.00	EA TAX	480.00 0.00
AmerisourceBergen Specialty Group, Inc. or a member of its affiliated group purchases all prescription drugs for distribution in the United States directly from the manufacturer or its exclusive distributor. The pedigree for the prescription drugs in this invoice is available at <a href="https://pedigreedirect.absg.com">https://pedigreedirect.absg.com</a> .								

Comments:

SUBTOTAL 480.00

TOTAL TAX 0.00

AMOUNT DUE \$ 480.00

Prices on this invoice reflect a discount for payments received by cash, check, money order, EFT or similar means. Payments by credit card will not receive this cash discount.

PLEASE RETURN THIS STUB WITH REMITTANCE. THANK YOU.

[REDACTED]

CUSTOMER NUMBER	500027179
INVOICE NUMBER	15012423236
INVOICE DATE	10-30-2014
AMOUNT DUE	\$ 480.00
DUE DATE	02-12-2015



Please indicate payment amount and check number in the boxes provided.

CHECK NUMBER	_____
AMOUNT PAID	\$ _____

Please Remit To:

BTG International Direct  
12601 Collection Center Drive  
Chicago, IL 60693

5000271791501242323600000004800000000021220156



Integrated Commercialization Solutions, Inc.  
345 International Blvd, Suite 400  
Brooks, KY 40109  
Phone: (855) 534-8320  
Fax: (855) 534-8321

# INVOICE

INVOICE NO. 15012420604

ADDRESS SERVICE REQUESTED

DATE	PAGE	ROUTE
10-28-2014	1 of 1	ALPHA

Name: [REDACTED]

DEA NUMBER: AS1088663

STATE LIC: 37997

Ship To:

[REDACTED]  
93 CAMPUS AVENUE  
LEWISTON ME 04243

[REDACTED]  
PROCESSING  
PO BOX 4017  
DANVILLE IL 61834

ORDER # / DATE	ACCOUNT NUMBER		LOB / CUSTOMER TYPE	SALESPERSON / DEPT	CUSTOMER PO / TERMS
800000107	A 500027179	C 500027179			3500341519
10-24-2014	B 000101315	D 000101315	438		Net 105 Days

QUANTITY ORDERED	QUANTITY SHIPPED	QTY. B/O	ITEM NUMBER	CLASS	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
4	4	0	42679	RX	VARITHENA 18ML/INJ NDC # - 60635-0118-01	3195.00	EA TAX	12780.00 0.00
AmerisourceBergen Specialty Group, Inc. or a member of its affiliated group purchases all prescription drugs for distribution in the United States directly from the manufacturer or its exclusive distributor. The pedigree for the prescription drugs in this invoice is available at <a href="https://pedigreedirect.absq.com">https://pedigreedirect.absq.com</a> .								

Comments:

SUBTOTAL 12,780.00

TOTAL TAX 0.00

AMOUNT DUE \$ 12,780.00

Prices on this invoice reflect a discount for payments received by cash, check, money order, EFT or similar means. Payments by credit card will not receive this cash discount.

PLEASE RETURN THIS STUB WITH REMITTANCE. THANK YOU.

[REDACTED]

CUSTOMER NUMBER	500027179
INVOICE NUMBER	15012420604
INVOICE DATE	10-28-2014
AMOUNT DUE	\$ 12,780.00
DUE DATE	02-10-2015



Please indicate payment amount and check number in the boxes provided.

CHECK NUMBER	_____
AMOUNT PAID	\$ _____

Please  
Remit  
To:

BTG International Direct  
12601 Collection Center Drive  
Chicago, IL 60693

50002717915012420604000001278000000000021020150



\*\*\* REPRINT \*\*\*

# INVOICE

15 Hampshire Street  
Mansfield, MA 02048

PAGE	INVOICE DATE	INVOICE NUMBER
1 of 1	November 08-2016	24065575

RH

Sold To: 8455508  
OK 73112

Ship To : 8455508  
OK

**SHIPPING INFORMATION**

SHIP DATE: November 08-2016  
SHIPPED FROM: JOLIET DC  
SHIPPED VIA: FEDEX GROUND  
FREIGHT TERMS: PREPAID  
BILL OF LADING NO.: 68366698  
PICK TICKET NO.: 68366698  
PRO NUMBER:

ADD. SHIPPING INFO: Order Shipped in 2 Pallet / Bundle(s)

PURCHASE ORDER NO.		ORDER DATE	INVOICE TERMS		ENTERED BY	ORDER NUMBER
1107		November 07-2016	NET 30		MFERP2WE	23573819-SU
PRODUCT CODE	DESCRIPTION	UNITS	U/M	UNIT PRICE	AMOUNT	
VS-402	Shipment Tracking Numbers: 711693192520 711693192530 price.rogers@covidien.com US VENASEAL SYSTEM 5-PACK	2.00	PK	7,475.0000	14,950.00	
8.725 % Total Tax					1,304.39	

MAKE CHECKS PAYABLE TO: **COVIDIEN**

Remit To: COVIDIEN  
PO BOX 120823  
DALLAS TX 75312-0823

INVOICE DUE DATE	TOTAL AMOUNT DUE
December 08-2016	\$16,254.39

Products covered by this invoice may be subject to discounts consisting of subsequent rebates or credits pursuant to an agreement(s) between Customer and Covidien. Customer is responsible for providing information on all discounts and rebates to federal and state health care programs in accordance with all applicable laws and regulations, including without limitation 42 USC § 1320a-7b(b)(3)(A) and 42 CFR § 1001.952(h).

Inquiries: [www.covidien.com](http://www.covidien.com)

(800) 962-9888



AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

**Mechanochemical (MOCA) Vein Ablation**

At the October 2015 CPT meeting, the CPT Editorial Panel established two Category I codes for reporting venous mechanochemical ablation.

***36473 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated***

The RUC reviewed the survey results from 91 physicians and agreed with the following physician time components: pre-service time of 31 minutes (standard pre-time package 6A with 3 minutes added to positioning and 5 minutes added to scrub/dress/wait), intra-service time of 30 minutes, and post-service time of 15 minutes (standard post-time package 7A minus 3 minutes).

The RUC reviewed the survey respondents' physician work values for CPT code 36473 and agreed with the specialty that the survey respondents overvalued the work involved in performing this service. To determine an appropriate work value for 36473, the RUC reviewed MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time of 30 minutes, total time of 79 minutes) and noted that both services have identical intra-service time, as well as similar physician work and total time. Given these similarities, the RUC recommends a work RVU of 3.50, which is a direct crosswalk to CPT code 52214. To justify a work RVU of 3.50, the RUC reviewed CPT code 45380 *Colonoscopy, flexible; with biopsy, single or multiple* (work RVU= 3.66, intra-service time of 28 minutes, total time of 70 minutes) and noted that the survey code has more intra-service and total time, while also involving a similar amount of physician work. **The RUC recommends a work RVU of 3.50 for CPT code 36473.**

***36474 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 74 physicians and agreed with the following physician time components: intra-service time of 30 minutes.

The RUC reviewed the survey respondents' physician work values for CPT code 36474 and agreed with the specialty that the survey respondents overvalued the work involved in performing this service. To determine an appropriate work value for 36474, the RUC reviewed CPT code 49435 *Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)* (work RVU= 2.25, intra-service time of 30 minutes) and noted that both services have identical intra-service time and involve

a similar amount of physician work. Given these similarities, the RUC recommends a work RVU of 2.25, which is a direct crosswalk to CPT code 49435. To justify a work RVU of 2.25, the RUC reviewed MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU= 2.25, intra-service time of 30 minutes) and noted that both services have identical intra-service time and a similar amount of physician work. In addition, the RUC observed that, compared to the radiofrequency ablation (RFA) and endovascular laser treatment (EVLT) families of services, the total time ratio between the base code and add-on code for MOCA vein ablation is much smaller. This distinction supports a narrower RVU differential for the MOCA base code and add-on code, when compared to the larger gap between the RFA/EVLT base and add-on codes. **The RUC recommends a work RVU of 2.25 for CPT code 36474.**

***36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated***

The RUC briefly discussed CPT code 36475, noting that it was last surveyed for the April 2014 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 5.30 for CPT code 36475.**

***36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***

The RUC briefly discussed CPT code 36476, noting that it was last surveyed for the April 2014 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 2.65 for CPT code 36476.**

***36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated***

The RUC briefly discussed CPT code 36478, noting that it was last surveyed for the April 2014 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 5.30 for CPT code 36478.**

***36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***

The RUC briefly discussed CPT code 36479, noting that it was last surveyed for the April 2014 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 2.65 for CPT code 36479.**

**New Technology**

CPT codes 36473 and 36474 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and specifically review utilization trends.

## Practice Expense

The RUC reviewed and approved the direct practice expense inputs with the minor modifications as approved by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Vascular Injection Procedures</b>				
<b>Venous</b>				
<i>Venipuncture, needle or...</i>				
36460		<i>Transfusion, intrauterine, fetal (Do not report modifier 63 in conjunction with 36460) (For radiological supervision and interpretation, use 76941)</i>		
<u>Codes 36468, 36470, and 36471 describe sclerotherapy of telangiectasia and/or incompetent veins. Ultrasound guidance, when performed, is not included and may be reported separately. When performed in the office setting, all required supplies and equipment are inherent to the procedure and not separately reportable.</u>				
36468		<i>Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk (Do not report 36468 in conjunction with 37241 in the same surgical field) (36469 has been deleted)</i>		
36470		<i>Injection of sclerosing solution; single vein</i>		
36471		<i>multiple veins, same leg (For vascular embolization and occlusion procedures, see 37241, 37242, 37243, 37244) (Do not report 36470, 36471 in conjunction with 37241 in the same surgical field)</i>		
<u>Codes 36473-36479 describe endovascular ablation therapy of incompetent extremity vein(s). Codes 36473 and 36474 (mechanochemical ablation) are performed under local anesthesia and involve concomitant use of an intraluminal device that mechanically disrupts/abrades the venous intima and infusion of a physician-specified medication in the target vein(s). Sclerosant injection by either needle or catheter followed by a compression technique is not mechanochemical vein ablation. Codes 36475 and 36476 (radiofrequency ablation) and 36478 and 36479 (laser ablation) are performed under tumescent anesthesia. All imaging guidance and monitoring is inherent to all six endovascular ablation therapy codes. In addition, when performed in the office setting, all required supplies and equipment are inherent to the procedure and not separately reportable. The add-on codes for subsequent vein(s) treated in the same extremity may only be reported once per extremity, regardless of the number of additional vein(s) treated.</u>				

●36473	Q1	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	000	3.50
●+36474	Q2	<p>subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</p> <p><i>(Use 36474 in conjunction with 36473)</i></p> <p><i>(Do not report 36474 more than once per extremity)</i></p> <p><i>(Do not report 36473, 36474 in conjunction with 29581, 29582, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 36478, 36479, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)</i></p> <p><i>(For catheter injection of sclerosant without concomitant endovascular mechanical disruption of the vein intima, use 37799)</i></p> <p><i>(For catheter injection of an adhesive, use 37799)</i></p>	ZZZ	2.25
36475 (f)	Q3	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	000	5.30 (Reaffirmed April 2014 RUC Recommendation)
+▲36476	Q4	<p><del>second and</del> subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</p> <p><i>(Use 36476 in conjunction with 36475)</i></p> <p><i>(Do not report 36476 more than once per extremity)</i></p> <p><i>(Do not report 36475, 36476 in conjunction with 29581, 29582, 36000, 36002, 36005, 36410, 36425, 36478, 36479, 37241-37244, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)</i></p>	ZZZ	2.65 (Reaffirmed April 2014 RUC Recommendation)

36478 (f)	Q5	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	000	5.30  (Reaffirmed April 2014 RUC Recommendation)
✚▲36479	Q6	<p><del>second</del> and subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</p> <p><i>(Use 36479 in conjunction with 36478)</i></p> <p><i>(Do not report 36479 more than once per extremity)</i></p> <p><i>(Do not report 36478, 36479 in conjunction with 29581, 29582, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)</i></p>	ZZZ	2.65  (Reaffirmed April 2014 RUC Recommendation)
<b>Vascular Embolization and Occlusion</b> <b>◎37241</b> <i>Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)</i> <i>(For sclerosis of veins or endovenous ablation of incompetent extremity veins, see 36468-36479)</i> <i>(Do not report 37241 in conjunction with 36468, 36470, 36471, <u>36473, 36474</u>, 36475-36479, 75894, 75898 in the same surgical field)</i>				

October 15, 2015

M. Douglas Leahy, MD  
Chair, Research Subcommittee  
AMA – RUC  
645 N Michigan Ave, Suite 800  
Chicago, IL 60611

Re: RSL Review

Dear Dr. Leahy:

The CPT Editorial Panel recently approved two new CPT codes to describe Mechanochemical (MOCA) Vein Ablation. CPT Codes 364X1, 364X2 were recently included on the January 2016 RUC meeting new/revised LOI form. CPT Code 36475, 36476, 36478 and 36479 were included on the LOI as part of the family codes to be reviewed. Those four vein codes were recently surveyed in April 2014. The specialty societies do not plan to re-survey those codes for the upcoming meeting. We plan to use those codes on our reference service list for the MOCA RUC survey.

We request a research subcommittee review of the RSL we plan to use for the MOCA survey. Attached is the RSL with all the requested data points. Thank you for reviewing our request. We look forward to discussing this on the October 20<sup>th</sup> conference call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew Sideman', with a stylized, flowing script.

Matthew Sideman, MD

cc: Michael Morrow  
Robert Zwolak, MD  
Michael Hall, MD

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36473      Tracking Number   Q1

Original Specialty Recommended RVU: **3.50**Presented Recommended RVU: **3.50**

Global Period: 000

RUC Recommended RVU: **3.50**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. She chooses to undergo mechanochemical ablation therapy under local anesthesia utilizing an intraluminal device that mechanically disrupts/abrades the venous intima and disperses a physician-selected medication into the insufficient great saphenous vein.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine and the leg is positioned to allow access to the vein to be treated. Local anesthesia is instilled at access site prior to vein access and continue local anesthesia as needed throughout procedure.

Description of Intra-Service Work: Ultrasound guidance is utilized to localize primary target vein (eg, great saphenous vein) as well as map and mark entire length of target vein. Vein is accessed under ultrasound guidance (not separately reportable). Guidewire is introduced using Seldinger technique. Dilator is advanced over guidewire. Dilator is exchanged for sheath. Treatment catheter is advanced under ultrasound guidance to treatment area. Mechanochemical ablation is initiated through the catheter. This involves the use of an intraluminal device that infuses a physician-specified medication in the target vein as well as mechanically disrupts the venous intima. The catheter and sheath are removed.

Description of Post-Service Work: Desired outcome of primary treated vessel and any possible thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate type of compression stocking is applied to the entire extremity. The patient is transported to recovery. Permanent reports are created for the medical record and copies of the reports are sent to the patient's referring physician

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2016				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD and Mark Forrestal, MD				
<b>Specialty(s):</b>	Vascular Surgery and Interventional Radiology				
<b>CPT Code:</b>	36473				
<b>Sample Size:</b>	1738	<b>Resp N:</b>	91	<b>Response:</b> 5.2 %	
<b>Description of Sample:</b>	SVS - 938 randomly selected US/MD members SIR - 500 randomly selected US/MD members ACPh - 300 randomly selected US/MD members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	2.00	15.00	480.00
<b>Survey RVW:</b>	3.10	5.30	5.30	5.48	9.22
<b>Pre-Service Evaluation Time:</b>			45.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	10.00	30.00	30.00	45.00	90.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	36473	<b>Recommended Physician Work RVU: 3.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	17.00	17.00	0.00	
<b>Pre-Service Positioning Time:</b>	4.00	1.00	3.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	10.00	5.00	5.00	
<b>Intra-Service Time:</b>	30.00			
<b>Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36475	000	5.30	RUC Time

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35478	000	5.30	RUC Time

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
31622	000	2.78	RUC Time	68,721

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37191	000	4.71	RUC Time	48,723

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 46      % of respondents: 50.5 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 30      % of respondents: 32.9 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>36473</u></b>	<b>Top Key Reference CPT Code: <u>36475</u></b>	<b>2nd Key Reference CPT Code: <u>35478</u></b>
Median Pre-Service Time	31.00	20.00	38.00
Median Intra-Service Time	30.00	30.00	30.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>76.00</b>	<b>65.00</b>	<b>83.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.07	0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.07	0.07
Urgency of medical decision making	-0.04	0.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.20	0.17

Physical effort required	0.00	-0.07
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.07	0.17
Outcome depends on the skill and judgment of physician	0.13	0.17
Estimated risk of malpractice suit with poor outcome	0.13	0.10

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.09	0.13
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Mechanochemical endovenous ablation (MOCA) of incompetent veins represent a new technology in the treatment of venous insufficiency. The procedure is similar to endovenous thermal ablation (e.g. radiofrequency, laser) in that a catheter is inserted into the vein to be treated under ultrasound guidance. It differs from thermal ablation in that it uses mechanical irritation and chemical infusion to achieve ablation of the treated vein without the need for tumescent anesthesia. Two new codes were created by CPT to capture the work of MOCA. They are 36473 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated* and 36474 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure).*

**Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the SVS, SIR, and the American College of Phlebology (ACP). The codes for endovenous thermal ablation of incompetent veins were recently reviewed by the RUC and approved by CMS. With the approval of the research subcommittee, these codes were placed on the reference service list for use as potential comparators.

**Results of Survey**

A total of 2676 survey requests were sent out with 91 responses received for a survey response rate of 3%. The results of the survey showed an extremely tight distribution with no statistical differences between the median and 25<sup>th</sup> percentile for both codes. Furthermore, the recommended RVU for both codes was identical to the RVU of the thermal ablation codes, despite 1/3<sup>rd</sup> less intra-service time for 36473. The expert panel

convened to discuss these results and decided that the survey respondents had been inadvertently misled by the RSL and failed to consider the differences in time and intensity when making their recommendations. They overwhelmingly decided that the work of treating incompetent veins was the same regardless of technique. We therefore decided to set aside the survey results and make RVU recommendations base on crosswalks.

### **Work RVU Recommendation**

We are recommending a crosswalk to CPT code 52214 for a value of 3.50\*\*\* RVW for 36473.

### **Pre-service and post-service time**

Pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with addition time added as outlined below. Post-service time package 7A is appropriate for these procedures.

1. **Positioning:** The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.
2. **Scrub, dress, and wait:** An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

### **Comparison to crosswalk code**

The crosswalk code chosen by expert panel is CPT code 52214 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands*). This crosswalk code is similar to 36473 in that they have identical intra-service times and very similar overall times and intensities. We feel this code represents a very accurate crosswalk for 36473 and recommend the value of 3.50 RVW.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
36473	3.50	0.087	76	17	4	10	30	15
52214	3.50	0.082	79	19	5	5	30	20

### **Comparison to key reference codes**

The key reference codes chosen by the majority of the survey respondents were 36475 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated* (49%) and 36478 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated* (33%). These key references are similar to 36473 in the sense that they are all endoluminal venous procedures to treat venous insufficiency. The primary difference between 36473, 36475 and 36478 is in the intra-service time and intensity. CPT 36473 has 1/3<sup>rd</sup> less intra-service time than the key reference codes. Clinically, this is accounted for in the need for tumescence in the key reference codes. The pre-service and post-service times are almost identical. Subtracting 1/3<sup>rd</sup> of the RVW to account for the lesser intra-service time in 36473 would

predict an RVW of 3.53. This comparison thus favorably supports our crosswalk recommendation value of 3.50 for CPT 36473.

<b>CPT</b>	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>IM-post</b>
<b>36475 Key Ref</b>	5.30	0.097	94	20	4	10	45	15
<b>35478 Key Ref</b>	5.30	0.097	94	20	4	10	45	15
<b>36473</b>	3.50	0.087	76	17	4	10	30	15

### **Comparison to MPC codes**

#### **Comparison with MPC List Code, 31622**

MPC 31622 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)*) is a 0-day global MPC service with similar intra-service time and intensity to 36473. Both 31622 and 36473 require technical skill to complete successfully. MPC 31622 and 36473 have identical intra-service times and almost identical intensities. The pre- and post-service times have minor variations. In conclusion, comparison with this MPC code justifies our recommended crosswalk value of 3.50 RVW for 36473.

#### **Comparison with MPC List Code, 37191**

MPC 37191 (*Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed*) is a 0-day global MPC service with similar times and intensity to 36473. Both 36473 and 37191 are endoluminal venous procedures that require technical skill to complete successfully. They have identical intra-service times but different intensities accounting for the different RVWs. Comparison with MPC 37191 supports our recommendation for the crosswalk value of 3.50 RVW for 36473.

<b>CPT</b>	<b>RVW</b>	<b>IWPUT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>IM-post</b>
<b>31622 MPC</b>	2.78	0.069	65	10	5	5	30	15
<b>36473</b>	3.50	0.087	76	17	4	10	30	15
<b>37191 MPC</b>	4.71	0.120	83	30	3	5	30	15

### **Conclusion**

Comparison with our crosswalk code of 52214, key reference services, and comparison with two MPC codes supports our crosswalk recommendation of 3.50 RVW for CPT code 36473.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery                      How often? Commonly

Specialty Interventional Radiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 25000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Thermal ablation of an incompetent vein is a common procedure, with a Medicare incidence in 2014 of 177,903 claims for the initial vein (CPT 36475 and 36478) and 21,478 for the secondary vein (CPT 36476 and 36479). Mechanochemical ablation (364X1, 364X2) will be performed based on provider and patient preference in lieu of other ablation techniques, and therefore, utilization is difficult to estimate. Information provided by the manufacturer indicates a 2015 national (both Medicare and non-Medicare) projected utilization above 25,000.

Specialty Vascular Surgery                      Frequency 6752                      Percentage 27.00 %

Specialty Interventional Radiology                      Frequency 2500                      Percentage 10.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Thermal ablation of an incompetent vein is a common procedure, with a Medicare incidence in 2014 of 177,903 claims for the initial vein (CPT 36475 and 36478) and 21,478 for the secondary vein (CPT 36476 and 36479). Mechanochemical ablation (364X1, 364X2) will be performed based on provider and patient preference in lieu of other ablation techniques, and therefore, utilization is difficult to estimate. Information provided by the manufacturer indicates a 2015 national (both Medicare and non-Medicare) projected utilization above 25,000.

Specialty Vascular Surgery	Frequency 0	Percentage 0.00 %
Specialty Interventional Radiology	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37197

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 36474      Tracking Number   Q2

Original Specialty Recommended RVU: **2.25**Presented Recommended RVU: **2.25**

Global Period: ZZZ

RUC Recommended RVU: **2.25**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great and small saphenous vein insufficiency with resultant superficial varicosities. She chooses to undergo mechanochemical ablation therapy under local anesthesia utilizing an intraluminal device that mechanically disrupts/abrades the venous intima and disperses physician-selected medication into the insufficient great and small saphenous veins.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

**Site of Service (Complete for 010 and 090 Globals Only)**

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Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

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Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

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**Description of Pre-Service Work:**

Description of Intra-Service Work: Ultrasound guidance is utilized to localize a second primary target vein access site. Local anesthetic is injected at access site. Ultrasound guidance is utilized to map and mark entire length of target vein. Vein is accessed under ultrasound guidance (not separately reportable). Guide wire is introduced using Seldinger technique. Dilator is advanced over guidewire. Dilator is exchanged for sheath. Treatment catheter is advanced under ultrasound guidance to treatment area. Mechanochemical ablation is initiated through the catheter. This involves the use of an intraluminal device that infuses a physician-specified medication in the target vein as well as mechanically disrupts the venous intima. The catheter and sheath are removed. Desired outcome of primary treated vessel and any possible thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate type of compression stocking is applied to the entire extremity.

**Description of Post-Service Work:**



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2016				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD and Mark Forrestal, MD				
<b>Specialty(s):</b>	Vascular Surgery and Interventional Radiology				
<b>CPT Code:</b>	36474				
<b>Sample Size:</b>	1738	<b>Resp N:</b>	74	<b>Response:</b> 4.2 %	
<b>Description of Sample:</b>	SVS - 938 randomly selected US/MD members SIR - 500 randomly selected US/MD members ACPh - 300 randomly selected US/MD members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	0.00	5.00	240.00
<b>Survey RVW:</b>	1.75	2.65	2.65	2.79	6.50
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	20.00	30.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	36474	<b>Recommended Physician Work RVU: 2.25</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	30.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36476	ZZZ	2.65	RUC Time

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36479	ZZZ	2.65	RUC Time

CPT Descriptor inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99292	ZZZ	2.25	RUC Time	456,453

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57267	ZZZ	4.88	RUC Time	8,063

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 36      % of respondents: 48.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 29      % of respondents: 39.1 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>36474</u>	Top Key Reference CPT Code: <u>36476</u>	2nd Key Reference CPT Code: <u>36479</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	30.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>30.00</b>	<b>30.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.11	0.10
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.11	0.03
Urgency of medical decision making	-0.08	0.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.31	0.14

Physical effort required	0.14	-0.03
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.11	0.14
Outcome depends on the skill and judgment of physician	0.28	0.21
Estimated risk of malpractice suit with poor outcome	0.19	0.03

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.22	0.07
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Mechanochemical endovenous ablation (MOCA) of incompetent veins represent a new technology in the treatment of venous insufficiency. The procedure is similar to endovenous thermal ablation (e.g. radiofrequency, laser) in that a catheter is inserted into the vein to be treated under ultrasound guidance. It differs from thermal ablation in that it uses mechanical irritation and chemical infusion to achieve ablation of the treated vein without the need for tumescent anesthesia. Two new codes were created by CPT to capture the work of MOCA. They are 36473 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated* and 36474 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure).*

**Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the SVS, SIR, and the American College of Phlebology (ACP). The codes for endovenous thermal ablation of incompetent veins were recently reviewed by the RUC and approved by CMS. With the approval of the research subcommittee, these codes were placed on the reference service list for use as potential comparators.

**Results of Survey**

A total of 2676 survey requests were sent out with 74 responses received for a survey response rate of 3%. The results of the survey showed an extremely tight distribution with no statistical differences between the median and 25<sup>th</sup> percentile for both codes. Furthermore, the recommended RVU for both codes was identical to the RVU of the thermal ablation codes, despite 1/3<sup>rd</sup> less intra-service time for 36473. The expert panel

convened to discuss these results and decided that the survey respondents had been inadvertently misled by the RSL and failed to consider the differences in time and intensity when making their recommendations. They overwhelmingly decided that the work of treating incompetent veins was the same regardless of technique. We therefore decided to set aside the survey results and make RVU recommendations base on crosswalks.

### **Work RVU Recommendation**

We are recommending a crosswalk to CPT code 49435 for a value of 2.25 RVW for 36474.

### **Comparison to crosswalk code**

The crosswalk code chosen by expert panel is 49435 (*Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site*). This crosswalk code is similar to 36474 in that they are both add on codes with 30 minutes of intra-service time. We feel this code represents a very accurate crosswalk for 36474 and recommend the value of 2.25 RVW

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>36474</b>	2.25	0.075	30				30	
<b>49435 Crosswalk</b>	2.25	0.075	30				30	

### **Comparison to key reference codes**

The key reference codes chosen by the majority of the survey respondents were 36476 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites* (49%) and 36479 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites* (39%). These key references are similar to 36474 in the sense that they are all add on endoluminal venous procedures to treat venous insufficiency. Although the survey respondents indicated 30 minutes of intra-service time, the reference codes also utilize tumescence that 36474 does not. For this reason, we chose the above crosswalk for a recommended value of 2.25 RVW for CPT 36474.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>36476 Key Ref</b>	2.65	0.088	30				30	
<b>35479 Key Ref</b>	2.65	0.088	30				30	
<b>36474</b>	2.25	0.075	30				30	

### **Comparison to MPC codes**

There are only 10 ZZZ MPC codes in the RUC database. The majority of these codes have RVW's below 2.0. There is only one ZZZ MPC code with 30 minutes of intra-service time. Therefore, we have chosen the following MPC codes for comparison.

### **Comparison with MPC List Code, 99292**

MPC 99292 (*Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)*) is a ZZZ MPC service with identical times and intensity to 36474.

### Comparison with MPC List Code, 57267

MPC 57267 (*Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*) is a ZZZ MPC service. It has more intra-service time and a higher intensity compared to 36474.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>99292 MPC</b>	2.25	0.075	30				30	
<b>36474</b>	2.25	0.075	30				30	
<b>57267 MPC</b>	4.88	0.108	45				45	

### Conclusion

Comparison with our crosswalk code of 49435, key reference services, and comparison with two MPC codes supports our crosswalk recommendation value of 2.25 RVW for CPT code 36474.

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery

How often? Commonly

Specialty Interventional Radiology

How often? Commonly

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Thermal ablation of an incompetent vein is a common procedure, with a Medicare incidence in 2014 of 177,903 claims for the initial vein (CPT 36475 and 36478) and 21,478 for the secondary vein (CPT 36476 and 36479). Mechanochemical ablation (364X1, 364X2) will be performed based on provider and patient preference in lieu of other ablation techniques, and therefore, utilization is difficult to estimate. Information provided by the manufacturer indicates a 2015 national (both Medicare and non-Medicare) projected utilization above 25,000

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Thermal ablation of an incompetent vein is a common procedure, with a Medicare incidence in 2014 of 177,903 claims for the initial vein (CPT 36475 and 36478) and 21,478 for the secondary vein (CPT 36476 and 36479). Mechanochemical ablation (364X1, 364X2) will be performed based on provider and patient preference in lieu of other ablation techniques, and therefore, utilization is difficult to estimate. Information provided by the manufacturer indicates a 2015 national (both Medicare and non-Medicare) projected utilization above 25,000.

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37197



## SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	ISSUE: Mechanochemical (MOCA) Vein Ablation																								
14	TAB: 13																								
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
17	1st REF	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	46	0.097			5.30			94	20	4	10			45			15					
18	2nd REF	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	30	0.097			5.30			94	20	4	10			45			15					
19	CURRENT	37799	Unlisted procedure, vascular surgery		#DIV/0!						0														
20	SVY	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	91	0.122	3.10	5.30	5.30	5.48	9.22	110	45	10	10	10	30	30	45	90	15	0	0	2	15	480
21	REC				0.087	3.50					76	17	4	10			30			15					
22	crosswalk	52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands		0.082	3.50					79	19	5	5			30			20					
23																									
24																									
25						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
26	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
27	1st REF	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites	36	0.088			2.65			30						30								
28	2nd REF	36479	inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites	29	0.088			2.65			30						30								
29	CURRENT	37799	Unlisted procedure, vascular surgery		#DIV/0!						0														
30	SVY	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent veins treated in a single extremity, each through separate access sites	74	0.088	1.75	2.65	2.65	2.79	6.50	30				10	20	30	30	60		0	0	0	5	240
31	REC				0.075	2.25					30						30								
32	crosswalk	49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site		0.075	2.25					30						30								
33																									

Tab #13  
Tab #14  
Tab #15  
Tab #38  
Tab #47

**Tab Number**


Mechanochemical (MOCA) Vein Ablation  
Dialysis Circuit  
Open and Percutaneous Transluminal Angioplasty  
Intracranial Endovascular Intervention  
Non-invasive Physiologic Studies of Extremity Veins  
**Issue**

364X1 & 364X2  
369X1-X9  
372X1-372X4  
61640-61642  
93965  
**Code Range**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
**Signature**

Michael Hall, MD  
**Printed Signature**

The Society of Interventional Radiology (SIR)  
**Specialty Society**

December 14, 2015  
**Date**

Tab #13

Tab #14

Tab #15

Tab #47

**Tab Number**

Mechanochemical (MOCA) Vein Ablation

Dialysis Circuit

Open and Percutaneous Transluminal Angioplasty

Non-invasive Physiologic Studies of Extremity Veins

**Issue**

364X1 & 364X2

369X1-X9

372X1-372X4

93965

**Code Range**

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\_\_\_\_\_  
**Signature**

Matthew Sideman, MD

**Printed Signature**

The Society for Vascular Surgery (SVS)

**Specialty Society**

December 14, 2015

**Date**

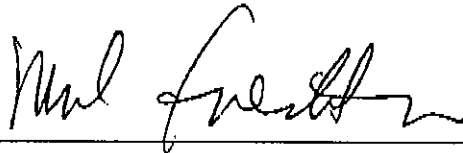
13

Tab Number

NCA RUC RECOMMENDATIONS  
Issue36425-37799  
Code Range**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

MARK D. FORRESTAL MD

Printed Signature

American College of Phlebology (ACPh)

Specialty Society

12-14-15

Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

**Global Period:** 000

**Meeting Date:** January 2016

*36473 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated*

---

**Global Period:** ZZZ

**Meeting Date:** January 2016

*36474 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites*

---

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

A multispecialty group from SVS, SIR and ACPH convened to make consensus practice expense recommendations. The group included physicians and clinical staff from NF and F settings and various geographic regions.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.  
Reference Code Rationale:**

This new procedure is currently reported with an unlisted code. As such, we included reference codes on the PE spreadsheet. We included CPT codes 36475 and 36476, which were recently approved by CMS.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

We believe there is extensive use of clinical staff time for 36473. However, we are recommending 12 minutes of nurse blend pre service time instead of the 18 minute standard. We believe our recommendations appropriately reflect the minimal use of clinical staff for these activities.

Complete pre-service diagnostic & referral forms	2
Coordinate pre-surgery services	3
Provide pre-service education/obtain consent	4
Follow-up phone calls & prescriptions	3

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

N/A

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic & referral forms  
Coordinate pre-surgery services  
Provide pre-service education/obtain consent  
Availability of prior images confirmed and reviewed  
Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist

Intra-Service Clinical Labor Activities:

Prepare room, equipment, supplies  
Patient is greeted, gowned and escorted into procedure room  
Vital signs obtained  
Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient  
Sterile prep performed and draping of target site  
Assist physician in performing procedure  
Monitor pt. following service/check tubes, monitors, drains (*not related to moderate sedation*)  
Clean room/equipment by physician staff  
Technologist archives and QC's images to/in PACS, checking for all images and dose page  
Review examination with interpreting MD  
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	AT MEETING			REFERENCE CODE		REFERENCE CODE		Recommendations		Recommendations		CURRENT	
	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			36475		36476		36473		36474		37799	
2				2014		2014							
3				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and		subsequent veins treated in a single extremity, each through separate access sites		Unlisted procedure, vascular surgery	
4	Meeting Date: January 2016 <b>REVISED 1-14-2016</b> Tab: 13 Mechanochemical (MOCA) Vein Ablation Specialty: SVS, SIR, ACPH	CMS Code	Staff Type										
5	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6	GLOBAL PERIOD			000	000	ZZZ	ZZZ	000	000	ZZZ	ZZZ	YYY	YYY
7	TOTAL CLINICAL LABOR TIME			143	15	60	0	111	0	60	0	0	0
8	TOTAL PRE-SERV CLINICAL LABOR TIME			16	15	0	0	16	0	0	0	0	0
9	RN/LPN/MTA	L037D		12	15	0		12		0		0	
10	Vas Tech	L054A		4		0		4		0		0	
11	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			124	0	60	0	92	0	60	0	0	0
12	RN/LPN/MTA	L037D		36		7		33		7		0	
13	Vas Tech	L054A		41		23		30		23		0	
14	RN/LPN	L042A		47		30		30		30		0	
15	TOTAL POST-SERV CLINICAL LABOR TIME			3	0	0	0	3	0	0	0	0	0
16	RN/LPN/MTA	L037D		3		0		3		0		0	
17	PRE-SERVICE												
18	Start: Following visit when decision for surgery or procedure made												
19	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	2	2			2					
20	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5			3					
21	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5								
22	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	4				4					
23	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3			3					
24	Availability of prior images confirmed	L054A	VasTech	2				2					
25	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L054A	VasTech	2				2					
26	Other Clinical Activity - specify:												
27	End: When patient enters office/facility for surgery/procedure												
28	SERVICE PERIOD												
29	Start: When patient enters office/facility for surgery/procedure:												
30	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3				3					
31	Obtain vital signs	L037D	RN/LPN/MTA	5				3					
32	Provide pre-service education/obtain consent												
33	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2				2					
34	Setup scope (non facility setting only) (SET UP U/S Equip)	L054A	VasTech	2				2					
35	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2				2					
36	Sedate/apply anesthesia	L042A	RN/LPN	2									
37	Other Clinical Activity - specify:												
38	Intra-service												
39	Assist physician in performing procedure	L042A	RN/LPN	45		30		30		30			
40	Assist physician/moderate sedation (% of physician time)		RN										
41	Assisting with image acquisition (75%)	L054A	VasTech	34		23		23		23			
42	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA	11		7		7		7			
43													
44	Post-Service												
45	Monitor pt. following moderate sedation												
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	5				7.5					
47	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3				3					
48	Clean Scope												
49	Clean Surgical Instrument Package												
50	Complete diagnostic forms, lab & X-ray requisitions												
51	Review/read X-ray, lab, and pathology reports												
52	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions. APPLY MULTI-LAYER COMPRESSION DRESSING	L037D	RN/LPN/MTA	5				5					
53	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L054A	VasTech	2				2					
54	Review examination with interpreting MD	L054A	VasTech	2				2					
55	Exam documents scanned into U/S machine PACS; Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech	1				1					
56	Other Clinical Activity - specify:												
57	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a	
59	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a	
60	End: Patient leaves office												
61	POST-SERVICE Period												
62	Start: Patient leaves office/facility												
63	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3				3					
64	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
70	Total Office Visit Time			0	0	0	0	0	0	0	0	0	0
71	Other Clinical Activity - specify:												
72	End: with last office visit before end of global period												
73	MEDICAL SUPPLIES*	CODE	UNIT										
74	pack, minimum multi-specialty visit	SA048	pack	1				1					
75	pack, moderate sedation	SA044	pack										
76	Claravein Kit (INVOICE ATTACHED)	NEW	Kit					1					
77	Sclerosing Agent (INVOICE ATTACHED)	NEW	VIAL					2		2			
78	kit, guidewire introducer (Micro-Stick)	SA016	kit	1				1					
79	kit, RF introducer	SA026	kit	1									
80	tray, catheter insertion	SA063	tray	1									
81	cap, surgical	SB001	item	3				3					
82	drape, sterile barrier 16in x 29in	SB007	item	1				1					
83	drape, sterile, femoral	SB009	item	1		1		1					
84	drape-towel, sterile 18inx26in	SB019	item	4		4		4					
85	gloves, non-sterile	SB022	pair					1					
86	gloves, sterile	SB024	pair	2				2					
87	gown, staff, impervious	SB027	item	3									
88	gown, surgical, sterile	SB028	item					2					
89	surgical mask, with face shield	SB034	item	3				3					
90	shoe covers, surgical	SB039	pair	3				3					
91	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	1				1					
92	needle, spinal 18-26g	SC028	item			1							
93	needle, butterfly 20-25g	SC030	item	1									
94	stop cock, 3-way	SC049	item	1									
95	syringe 10-12ml	SC051	item					2		2			
96	syringe 30 ml	SC054	item	1									
97	syringe 3ml	SC055	item	1									
98	syringe 50-60ml	SC056	item					2					
99	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	1				1					
100	syringe, pressure 200ml	SC060	item	1		1							
101	iv pressure infusor bag	SC074	item	1									
102	dilator, vessel, angiographic	SD043	item	1									
103	guidewire, hydrophilic (GlideWire)	SD089	item	1				1					
104	tubing, pressure	SD131	item	1									
105	vascular sheath	SD136	item	1		1		1		1			
106	catheter, RF endovenous ablation occlusion	SD155	item	1									
107	guidewire bowl w-lid, sterile	SD171	item					1					
108	scalpel with blade, surgical (#10-20)	SF033	item	1				1					
109	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	1		1							



	A	B	C	D	E	F	G	H	I	J	K	L	M
1	AT MEETING			REFERENCE CODE		REFERENCE CODE		Recommendations		Recommendations		CURRENT	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			36475	36476	36473		36474		37799			
3				2014	2014								
4	Meeting Date: January 2016 <b>REVISED 1-14-2016</b> Tab: 13 Mechanochemical (MOCA) Vein Ablation Specialty: SVS, SIR, ACPH	CMS Code	Staff Type	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and		subsequent veins treated in a single extremity, each through separate access sites		Unlisted procedure, vascular surgery			
5	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6	GLOBAL PERIOD			000	000	ZZZ	ZZZ	000	000	ZZZ	ZZZ	YYY	YYY
110	bandage, elastic wrap 4in (Ace)	SG012	item					1					
111	bandage, strip 0.75in x 3in	SG021	item	1		1							
112	dressing, 4in x 4.75in (Tegaderm)	SG037	item					1		1			
113	gauze, sterile 4in x 4in	SG055	item					6					
114	steri-strips	SG074	item	1		1							
115	tape, porous-hypocallergenic 2in (Scanpore)	SG077	inch	12		12		12					
116	stockings, knee length, 20-30mm compression	SG087	pair	1									
117	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					10		5			
118	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	60									
119	sodium chloride 0.9% flush syringe	SH065	item					2					
120	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1							
121	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	2		2		2					
122	basin, irrigation	SJ009	item	1									
123	basin, emesis	SJ010	item	1									
124	hydrogen peroxide	SJ028	ml	100		100							
125	povidone surgical scrub (Betadine)	SJ042	ml	100		100		100					
126	swab-pad, alcohol	SJ053	item	2				2					
127	ultrasound transmission gel	SJ062	ml	60		60		60					
128	paper, photo printing (8.5 x 11)	SK058	item	10		10							
129	skin marking pen, sterile (Skin Scribe)	SK075	item	1				1					
130	video tape, VHS	SK086	item	1									
131	disinfectant, surface (Envirocide, Sanizide)	SM013	oz					1					
132	sanitizing cloth-wipe (patient)	SM021	item	1		1		1					
133	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item					1					
134													
135	EQUIPMENT	CODE											
136	stretcher chair	EF019		31				30					
137	radiofrequency generator (vascular)	EQ215		63		30							
138	room, ultrasound, general (HIGHLY TECHNICAL - CMS)	EL015		63		30		39		30			
139													
140													





1 Pine Hill Drive  
Two Batterymarch Park, Suite 100  
Quincy, MA 02169

(203) 446-5711  
kganley@vascularinsights.com

# Invoice

Date	Invoice #
11/12/2015	6067
Terms	Due Date
Credit Card	11/13/2015

Bill To
[REDACTED] [REDACTED] Brooklyn, NY 11204

Ship To
[REDACTED] and Laser Center [REDACTED] Brooklyn, NY 11204

**PAID**  
**11/12/2015**

Please detach top portion and return with your payment.

Ship Date	Ship Via	Tracking Number	Sales Order No.	P.O. #	Account #	Sales Rep
11/12/2015	UPS Ground	1ZE1F9280342606110	4955		1233	SR

Item Code	Qty	Description	Lot #	List Price	Discount %	Discount Amt	Amount
65-018-E4S S & H	5 1	ClariVein IC 65cm Shipping & Handling	BM6514033151	890.00 71.03			4,450.00T 71.03

**PRODUCT RETURN POLICY:** All product returns must be preapproved, are subject to a 20% restocking fee, and must include a Return Authorization assigned by Vascular Insights. Vascular Insights has no obligation to accept any returns. All authorized returns are subject to inspection by Vascular Insights. Vascular Insights has no obligation to replace any product that has been damaged by the customer or the shipper, or that has been used, altered, modified or otherwise misused. The customer is responsible for all product return shipping charges.

<b>Subtotal</b>	\$4,521.03
<b>Sales Tax (0.0%)</b>	\$0.00
<b>Total</b>	\$4,521.03
<b>Payments/Credits</b>	-\$4,521.03
<b>Balance Due</b>	\$0.00



1 Pine Hill Drive  
Two Batterymarch Park, Suite 100  
Quincy, MA 02169

(203) 446-5711  
kganley@vascularinsights.com

# Invoice

Date	Invoice #
11/11/2015	6062
Terms	Due Date
Credit Card	11/12/2015

Bill To
[REDACTED] Fort Collins, CO 80525

Ship To
[REDACTED] Fort Collins, CO 80525

Please detach top portion and return with your payment.

Ship Date	Ship Via	Tracking Number	Sales Order No.	P.O. #	Account #	Sales Rep
11/11/2015	UPS	1ZE1F9280241414241	4949	verbal-Jennifer	1340	RS

Item Code	Qty	Description	Lot #	List Price	Discount %	Discount Amt	Amount
65-018-E4S S & H	5 1	ClariVein IC 65cm Shipping & Handling	BM6514033151	890.00 105.19			4,450.00 105.19
One ClariVein kit = \$890							

**PRODUCT RETURN POLICY:** All product returns must be preapproved, are subject to a 20% restocking fee, and must include a Return Authorization assigned by Vascular Insights. Vascular Insights has no obligation to accept any returns. All authorized returns are subject to inspection by Vascular Insights. Vascular Insights has no obligation to replace any product that has been damaged by the customer or the shipper, or that has been used, altered, modified or otherwise misused. The customer is responsible for all product return shipping charges.

<b>Subtotal</b>	\$4,555.19
<b>Sales Tax (6.75%)</b>	\$300.38
<b>Total</b>	\$4,855.57
<b>Payments/Credits</b>	-\$4,855.57
<b>Balance Due</b>	\$0.00



**McKESSON**

Empowering Healthcare

McKesson Medical-Surgical  
8741 Landmark Road  
Richmond, VA 23228

Bill To: 201392

**Invoice**

Page 1 of 1

Shipped From:  
MCKESSON MEDICAL-SURGICAL INC (ORLANDO)  
ORLANDO  
401 GILLS DRIVE SUITE 100  
ORLANDO 11  
ORLANDO FL 32824

District License 22:1023

Ship To: 4066825

COCONUT CREEK FL 33073-4395

**P A I D**  
SEP 10 2015

COCONUT CREEK FL 33073

Regulatory License ME59991

Check #

Alex

Payment / Account Balance Inquiries 1-800-766-4633

Phone:

Customer Service Phone: 1-800-811-8528

Sales Order Number 52900920  
Sales Order Date 08/25/15  
PO Number  
Sales Rep Name JONES, CATESBY MInvoice Number 63229594  
Invoice Date 08/26/15  
Payment Due Date 09/25/15  
Invoice Amount \$550.99

## Invoice Detail

Notes: See back for Terms and Conditions.  
Please contact us regarding electronic payment options at  
MMS.Treasury@McKesson.com.

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit Shipped	Unit Price	Amount	Sales Tax
521377	Vendor: 9MYLAN NDC Num: & 67457016302	SOTRADECOL, VL 3 2ML (5/PK) PO LN 26	1	PK	1	550.99	550.99 0.00

SUB TOTAL

TAX

TOTAL  
AMOUNT

\$550.99

\$0.00

\$550.99

The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.

PRICING IS CONFIDENTIAL AND PROPRIETARY.

\$550.99 total invoice divided by quantity 5. \$110.20 per vial.

**McKESSON**

Empowering Healthcare

McKesson Medical-Surgical  
8741 Landmark Road  
Richmond, VA 23228**Invoice**

RCHA3126

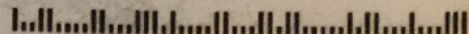
Account Number 201392  
Invoice Number 63229594  
Invoice Date 08/26/15  
Payment Due Date 09/25/15  
Invoice Amount \$550.99

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:

MCKESSON MEDICAL SURGICAL  
PO BOX 933027  
ATLANTA GA 31193-3027

02002013928000055099632295940



AMA/Specialty Society RVS Update Committee Summary of Recommendations

*High Volume Growth*

April 2014

**Endovenous Ablation**

At the October 2013 meeting, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services be surveyed for physician work and develop practice expense inputs.

***36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated***

The RUC reviewed the survey results from 81 physicians for CPT code 36475 and determined that the survey 25<sup>th</sup> percentile work RVU of 5.30 appropriately accounts for the work required to perform this service. The RUC recommends the following physician times: 34 minutes pre-time, 45 minutes intra-service time and 15 minutes immediate post-time. The RUC noted that the physician work and time has decreased for these services since it was last surveyed and therefore the recommended decrease is appropriate. However, the intensity for this service has increased and the RUC determined that is appropriate as the site in which this service is typically performed has changed. This service is now typically performed in the office and is more intense since the physician is on his/her own. Therefore, more mental effort and stress is placed on the physician to perform properly because if a complication occurs the patient must be transferred to the hospital.

The RUC noted that the work for percutaneous radiofrequency and percutaneous laser services, CPT codes 36475 and 36478 is the same. The RUC compared 36475 to the key reference service 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU = 5.10 and intra-service time 35 minutes) and noted both services are endoluminal venous procedures, however, 36475 requires 10 more minutes of intra-service time and is more intense to perform than 35476. Therefore, 36475 is appropriately valued higher than the key reference service. The RUC also referenced MPC codes 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.71) and 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU = 5.44). **The RUC recommends a work RVU of 5.30 for CPT code 36475.**



**36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 73 physicians for CPT 36476 and determined that the work RVU should be 2.65 work RVUs, half that of the base code 36475 (RUC recommended work RVU = 5.30). The RUC also recommended that the pre-service and post-service time as indicated by the survey respondents be deleted as all work should be accounted for in the base code. The RUC recommends 30 minutes of intra-service time. The RUC referenced similar services 15152 *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 2.50) and 15156 *Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)* (work RVU = 2.75), which demonstrate the relativity of CPT code 36476 among other similar services. Lastly, the RUC referenced MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25). **The RUC recommends a work RVU of 2.65 for CPT code 36476.**

**36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

The RUC reviewed the survey results from 81 physicians for CPT code 36478 and determined that the survey 25<sup>th</sup> percentile work RVU of 5.30 appropriately accounts for the work required to perform this service. The RUC recommends the following physician times: 34 minutes pre-time, 45 minutes intra-service time and 15 minutes immediate post-service time. The RUC noted that the physician work and time has decreased for these services since it was last surveyed and therefore the recommended decrease is appropriate. However, the intensity for this service has increased and the RUC determined that is appropriate as the site in which this service is typically performed has changed. This service is now typically performed in the office and is more intense, since the physician is on his/her own. Therefore, more mental effort and stress is placed on the physician to perform properly because, if a complication occurs, the patient must be transferred to the hospital.

The RUC noted that the work for percutaneous radiofrequency and percutaneous laser services, CPT codes 36475 and 36478 is the same. The RUC compared 36478 to the key reference service 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU = 5.10) and noted both services are endoluminal venous procedures, however, 36478 requires 10 more minutes of intra-service time and is more intense to perform than 35476. Therefore, 36478 is appropriately valued higher than the key reference service. The RUC also referenced MPC codes 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.71) and 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU = 5.44). **The RUC recommends a work RVU of 5.30 for CPT code 36478.**

**36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 75 physicians for CPT 36479 and determined that the work RVU should be 2.65 work RVUs, half that of the base code 36478 (RUC recommended work RVU = 5.30). The RUC also recommended that the pre-service and post-service time as indicated by the survey respondents be deleted as all work should be accounted for in the base code. The RUC recommends 30 minutes of intra-service time. The RUC referenced similar services 15152 *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 2.50) and 15156 *Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)* (work RVU = 2.75), which demonstrate the relativity of CPT code 36479 among other similar services. Lastly, the RUC referenced MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25). **The RUC recommends a work RVU of 2.65 for CPT code 36479.**

#### **New Technology**

CPT codes 36475, 36476, 36478 and 36479 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and specifically review utilization trends.

#### **Work Neutrality**

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

#### **Practice Expense**

The Practice Expense Subcommittee deleted sedation for the clinical labor staff on line 35, and eliminated the duplicative tilt table from the equipment. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

<b>CPT Code (●New)</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	000	5.30
36476	second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	ZZZ	2.65
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	000	5.30
36479	second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	ZZZ	2.65

April 1, 2014

Barbara Levy, MD  
Chair, AMA RUC  
AMA Chicago Headquarters  
515 N. State Street  
Chicago, IL 60654

Re: Tab 38 Endovenous Ablation

Dear Dr. Levy:

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

A multi specialty RUC survey was conducted for the April RUC meeting. A survey was sent to all members of the SVS, and to random samples of ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP). After the survey requests were sent out, an inappropriate communication was emailed from a non-RUC participating professional society whose members treat venous disease (see attached email). This communication was emailed to all of their members on March 10<sup>th</sup> and potentially tainted the survey pool because of overlapping membership.

Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10<sup>th</sup> to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded. The spreadsheet also contains segregated data into surveys received by March 9<sup>th</sup> and those received after March 10<sup>th</sup>. The RVU recommendations are made from the aggregate survey data.

We look forward to presenting RUC recommendations for Tab 38 Endovenous Ablation at the upcoming RUC meeting. If you have any additional questions please contact [trishacrishock@gmail.com](mailto:trishacrishock@gmail.com).

Regards,

The Society for Vascular Surgery (SVS)  
The American College of Surgeons (ACS)  
The American College of Radiology (ACR)  
The Society of Interventional Radiology (SIR)  
The American College of Cardiology (ACC)  
The Society for Cardiac Angiography and Interventions (SCAI)  
American College of Phlebology (ACP)

cc: Sherry Smith





## American Venous Forum

Promoting venous and lymphatic health

Dear American Venous Forum Members,

Last week you may have received a survey request from the Society of Vascular Surgery concerning an RVU update for endovenous ablation. This undoubtedly has great significance to many of our members. If you have not yet completed the survey, please take the time to read this communication and then complete the survey (if you've received it) appropriately. Please be advised that the current RVU for both laser and radiofrequency ablation of the first vein is 6.72 and the RVU for additional vein, same leg is 3.38

The AMA/Specialty Society Relative Value Update Committee (RUC) is a multi-specialty committee which includes many vascular society members. The purpose of the RUC process is to provide recommendations to CMS for use in annual updates to the Medicare relative value scale (RVU). The survey measures physician work involved in performing a procedure to determine an accurate relative value recommendation for setting Medicare physician fee schedules (both new and revisions of CPT codes are surveyed). These recommendations for rate setting are based on data collected from surveys of practicing physicians regarding the time, intensity, and complexity of new and revised CPT codes. The RUC process is incredibly important, requires realistic and accurate data for input, and cannot work without practicing physician participation to ensure that procedures are valued fairly by CMS as well as 3rd party payers who base their rates on a percentage of Medicare's.

As stated above, the RUC makes recommendations based on the direct input through physician RUC surveys. This is an important and valuable opportunity for us to provide direct input into the value of complex, highly technical, and high-risk vascular services. Very Important: When completing a RUC survey, please be realistic about the time it takes to perform a procedure (NOT your fastest time-this is not a competition), the mental effort and judgment needed, the actual physical effort and technical skills needed, and the psychological stress that occurs when an adverse outcome has serious consequences. Also, consider our practice expense and cost of professional liability insurance necessary to provide the service. **DO NOT UNDERVALUE YOUR WORK!!!!** Practicing vascular surgeons have many demands for their time, but the RUC surveys are how we will ensure that our work is highly valued by CMS.

Respectfully Yours,

The American Venous Forum Government Relations Committee

Fedor Lurie, Chair

Michael Vasquez

Harold Welch

#

The American Venous Forum (AVF) is dedicated to improving the care of patients with venous and lymphatic disease through education, research and technology. Membership is open to vascular surgeons, physicians and allied health professionals engaged in the care of patients with venous and lymphatic diseases.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36475	Tracking Number	Original Specialty Recommended RVU: <b>5.30</b>
		Presented Recommended RVU: <b>5.30</b>
Global Period: 000		RUC Recommended RVU: <b>5.30</b>

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous radiofrequency ablation therapy of the insufficient saphenous vein is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The operating physician reviews the previously obtained diagnostic non-invasive imaging studies, history and physical exam, and lab tests. The procedure is reviewed with the patient, including a final discussion of risks, benefits and alternatives. Informed consent is obtained. The physician checks to ensure presence of sterile drapes, sterile ultrasound probe cover, gel, flush solutions, pressure bag and sterile IV set, local tumescent anesthetic, scalpel, access needle, dilator, vascular sheath, guide wires, sterile Radiofrequency ablation catheter, and other necessary supplies and equipment. Change into surgical scrubs and position patient such that target veins are accessible. Prep and drape patient. Instill local anesthesia at access site prior to vein access and continued local anesthesia as needed throughout procedure.

Description of Intra-Service Work:

- Set up operating field
- Attach pressurized heparin saline drip to the sterile Radiofrequency ablation catheter.
- Test actuation, temperature, and impedance to ensure that all components are connected and operating properly.
- Use ultrasound guidance to find target greater saphenous vein (GSV) access site
- Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
- Use ultrasound guidance to map vein tributaries•
- Access vein under ultrasound guidance (not separately reportable)
- Using Seldinger technique to introduce guide wire
- Advance dilator over guidewire

- Exchange dilator for sheath of appropriate size.
- Remove guidewire and flush sheath.
- Place RF probe through the sheath and advance to the saphenofemoral junction using ultrasound guidance
- Locate tip of probe just below the superficial epigastric tributary vein
- Verify RF probe position by ultrasound
- Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a “halo” of fluid around the GSV from the entry site to the saphenofemoral junction (not separately reportable)
- With patient in Trendelenberg, verify target parameters are within acceptable range
- Reconfirm RF position with ultrasound imaging
- Apply RF energy
- Carefully withdraw probe, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
- Monitor impedance, power and vein wall temperature throughout procedure.
- Record total RF application time
- Repeat ultrasound of the saphenous to confirm successful ablation, capture images
- Capture images of the common femoral vein with and without compression to ensure no thrombus or involvement of the common femoral vein in the ablation.

#### Description of Post-Service Work:

- Elevate extremity and apply sterile dressings.
- Apply compression wrap or stocking starting at foot and ending at most proximal thigh
- Transfer patient to stretcher
- Ensure patient hemodynamic stability and comfort in Recovery area
- Write orders
- Dictate operative note
- Review results with patient's family
- Communicate with referring physician
- Review results with patient after sedation wears off
- Evaluate after recovery interval for discharge suitability
- Provide discharge activity advice to patient/family
- Arrange for follow-up care as required

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2014				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD				
<b>Specialty(s):</b>	SVS, ACS, SIR, ACR, ACC, SCAI and ACP				
<b>CPT Code:</b>	36475				
<b>Sample Size:</b>	5571	<b>Resp N:</b>	81	<b>Response:</b> 1.4 %	
<b>Description of Sample:</b>	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members				
		<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>
<b>Service Performance Rate</b>		0.00	5.00	25.00	75.00
<b>Survey RVW:</b>		4.00	5.30	7.00	10.00
<b>Pre-Service Evaluation Time:</b>				40.00	
<b>Pre-Service Positioning Time:</b>				10.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>				10.00	
<b>Intra-Service Time:</b>		20.00	40.00	45.00	60.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	36475	<b>Recommended Physician Work RVU: 5.30</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		20.00	17.00	3.00
<b>Pre-Service Positioning Time:</b>		4.00	1.00	3.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		10.00	5.00	5.00
<b>Intra-Service Time:</b>		45.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>	<b>15.00</b>	<b>18.00</b>	<b>-3.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35476	000	5.10	RUC Time

CPT Descriptor Transluminal balloon angioplasty, percutaneous; venous**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37191	000	4.71	RUC Time	57,749

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52235	000	5.44	RUC Time	31,877

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15      % of respondents: 18.5 %

**TIME ESTIMATES (Median)****CPT Code:**  
**36475****Key Reference**  
**CPT Code:**  
35476

Median Pre-Service Time	34.00	26.00
Median Intra-Service Time	45.00	35.00
Median Immediate Post-service Time	15.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
<b>Median Total Time</b>	<b>94.00</b>	<b>81.00</b>
<b>Other time if appropriate</b>		

**INTENSITY/COMPLEXITY MEASURES (Mean)****(of those that selected Key  
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	2.73	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.87	3.00
Urgency of medical decision making	2.27	2.47

**Technical Skill/Physical Effort (Mean)**

Technical skill required	3.33	3.20
Physical effort required	2.93	2.87

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	2.73	3.00
Outcome depends on the skill and judgment of physician	3.47	3.47
Estimated risk of malpractice suit with poor outcome	3.47	3.20

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference**  
**Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	2.80	2.87
Intra-Service intensity/complexity	3.20	3.27

## Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

### 36475 Rationale for Recommendation

#### **Background**

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

#### **Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

#### **\*\*\*DISCLOSURE\*\*\***

After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treat venous disease. This communication was emailed to all of their members on March 10<sup>th</sup> and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10<sup>th</sup> to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

#### **Results of Survey**

Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a reduction in the RVW from a current value of 6.72 to the 25<sup>th</sup> percentile from our survey data.

#### **Work RVU Recommendation**

We are recommending the 25<sup>th</sup> percentile survey value of 5.30 RVW for 36475.

#### **Pre-time**

Pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with addition time added as outlined below.

Evaluation: An additional 27 minutes of pre-service evaluation time was identified by the survey recipients. The societies recommend adding 3 minutes of evaluation time to check and calibrate the radiofrequency generator as these tasks are not captured in the standard package.

Positioning: An additional 9 minutes of pre-service positioning time was identified by the survey recipients. The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.



Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

### **Comparison to key reference code**

The key reference code chosen by the majority of the survey respondents (19%) was 35476 (*Transluminal balloon angioplasty, percutaneous; venous*). This key reference is similar to 36475 in the sense that they are both endoluminal venous procedures. The primary difference between 35476 and 36475 lies in the intra-service time and intensity. The time of CPT Code 36475 is more than the key reference code but 36475 is slightly less intense. This comparison thus favorably supports our recommendation for the 25<sup>th</sup> percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>Survey</b>	<b>36475</b>	5.30	0.097	94	20	4	10	45	15
<b>Key Ref</b>	<b>35476</b>	5.10	0.118	81	17	4	5	35	20

### **Comparison to MPC codes**

#### **Comparison with MPC List Code, CPT 37191 – RVW 4.71**

37191 (*Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed*) is a 0-day global MPC service with similar times and intensity to 36475. Both 36475 and 37191 are endoluminal venous procedures that require technical skill to complete successfully. 36475 has more intra-service time than 37191 supporting our recommendation for the 25<sup>th</sup> percentile survey RVW of 5.30.

#### **Comparison with MPC List Code, CPT 52235 – RVW 5.44**

52235 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)*) is a 0-day global MPC service with similar intra-service time and intensity to 36475. Both 52235 and 36475 require technical skill to complete successfully. 52235 and 36475 have identical intra-service times and almost identical intensities. The pre- and post-service times have minor variations. In conclusion, comparison with this MPC code justifies our recommendation for the 25<sup>th</sup> percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>MPC</b>	<b>37191</b>	4.71	0.120	83	30	3	5	30	15
<b>Survey</b>	<b>36475</b>	5.30	0.097	94	20	4	10	45	15
<b>MPC</b>	<b>52235</b>	5.44	0.098	94	19	5	5	45	20

### **Conclusion**

Favorable comparison with the key reference service and two MPC codes supports our recommendation of the 25<sup>th</sup> percentile survey value of 5.30 RVW for 36475.

## **SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36475

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery                      How often? Commonly

Specialty Cardiology                      How often? Commonly

Specialty Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
68,276 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery	Frequency 37000	Percentage 54.19 %
Specialty Cardiology	Frequency 14000	Percentage 20.50 %
Specialty Radiology	Frequency 5000	Percentage 7.32 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36475

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36476

Tracking Number

Original Specialty Recommended RVU: **3.00**Presented Recommended RVU: **3.00**

Global Period: ZZZ

RUC Recommended RVU: **2.65**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great and small saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous radiofrequency ablation therapy of the insufficient great and small saphenous veins is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Additional pre-service work includes examining the extra veins to be ablated, review of additional pre-procedural imaging services, extra time positioning the patient such that both the primary vein and the additional vein are accessible for treatment, and instillation of local anesthesia at the new access site prior to vein access and continued local anesthesia as needed throughout procedure. This is important because the typical second vein is the lesser saphenous, which is located directly posterior on the calf. Operators must be able to reach this vein in addition to the primary target, the greater saphenous, which is located medially.

Description of Intra-Service Work:

- Retest actuation, temperature, and impedance to ensure that all components are connected and operating properly.
- Use ultrasound guidance to find target secondary vein access site
- Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
- Use ultrasound guidance to map vein tributaries
- Access vein under ultrasound guidance (not separately reportable)
- Using Seldinger technique to introduce guide wire
- Advance dilator over guidewire
- Exchange dilator for sheath of appropriate size.
- Remove guidewire and flush sheath.

- Place RF probe through the sheath and advance to target endpoint using ultrasound guidance
- Verify RF probe position by ultrasound
- Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a “halo” of fluid around the target vein from the entry site to the endpoint (not separately reportable)
- With patient in Trendelenberg, verify target parameters are within acceptable range
- Reconfirm RF position with ultrasound imaging
- Apply RF energy
- Carefully withdraw probe, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
- Monitor impedance, power and vein wall temperature throughout procedure.
- Record total RF application time
- Repeat ultrasound of the saphenous to confirm successful ablation, capture images
- Capture images of the popliteal vein with and without compression to ensure no thrombus or involvement of the popliteal vein in the ablation.

Description of Post-Service Work:

Additional post-service work over and above that already provided for the primary procedure includes:

- apply additional dressings;
- dictating extra procedural details in the operative report; and
- longer discussion and explanation to patient and family.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2014				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD				
<b>Specialty(s):</b>	SVS, ACS, SIR, ACR, ACC, SCAI and ACPH				
<b>CPT Code:</b>	36476				
<b>Sample Size:</b>	5571	<b>Resp N:</b>	73	<b>Response:</b> 1.3 %	
<b>Description of Sample:</b>	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members				
		<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>
<b>Service Performance Rate</b>		0.00	1.00	10.00	20.00
<b>Survey RVW:</b>		1.55	3.00	3.73	4.50
<b>Pre-Service Evaluation Time:</b>				5.00	
<b>Pre-Service Positioning Time:</b>				0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>				0.00	
<b>Intra-Service Time:</b>		10.00	25.00	30.00	45.00
<b>Immediate Post Service-Time:</b>		5.00			
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00
<b>Prolonged Services:</b>	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	36476	<b>Recommended Physician Work RVU: 2.65</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		0.00	0.00	0.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		30.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37222	ZZZ	3.73	RUC Time

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99292	ZZZ	2.25	RUC Time	450,314

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57267	ZZZ	4.88	RUC Time	13,042

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Key Reference Code:** 20      **% of respondents:** 27.3 %



**TIME ESTIMATES (Median)**CPT Code:  
**36476**Key Reference  
CPT Code:  
37222

Median Pre-Service Time	0.00	1.00
Median Intra-Service Time	30.00	40.00
Median Immediate Post-service Time	0.00	1.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
<b>Median Total Time</b>	<b>30.00</b>	<b>42.00</b>
<b>Other time if appropriate</b>		

**INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key  
Reference code)**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.10	3.35
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.45
Urgency of medical decision making	2.65	3.10

**Technical Skill/Physical Effort (Mean)**

Technical skill required	3.65	3.80
Physical effort required	3.10	3.25

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	3.20	3.60
Outcome depends on the skill and judgment of physician	3.65	3.75
Estimated risk of malpractice suit with poor outcome	3.30	3.30

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference  
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.05	3.40
Intra-Service intensity/complexity	3.55	3.70

## Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

### 36476 Rationale for Recommendation

#### Background

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

#### Methodology

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

#### \*\*\*DISCLOSURE\*\*\*

After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treat venous disease. This communication was emailed to all of their members on March 10<sup>th</sup> and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10<sup>th</sup> to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

#### Results of Survey

Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a reduction in the RVW from a current value of 3.38.

#### Comparison to key reference code

The key reference code chosen by the majority of the survey respondents (27%) was 37222 (*Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*). This key reference is similar to 36476 in the sense that they are both endoluminal procedures. The primary difference between 37222 and 36476 lies in the pre-, intra-, and post-service times. 36476 has 10 minutes less of intra-service time supporting the decreased RVW in comparison to the key reference service. This comparison thus favorably supports our recommendation for the 25<sup>th</sup> percentile survey value of 3.00.

	CPT	RVW	IWP/UT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>Survey</b>	<b>36476</b>	2.65	0.088	30	0	0	0	30	0
<b>Key Ref</b>	<b>37222</b>	3.73	0.092	42	1	0	0	40	1

#### Comparison to MPC codes

##### **Comparison with MPC List Code, CPT 99292 – RVW 2.25**

99292 (*Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)*) is a ZZZ global MPC service with similar times and

intensity to 36476. Both 36476 and 99292 are add on codes with 30 minutes of intra-service time. 36476 has a higher intensity and 10 more minutes of total time accounting for the difference in RVW. Therefore, comparison with this MPC code justifies our recommendation for the 25<sup>th</sup> percentile survey value of 3.00.

### Comparison with MPC List Code, CPT 57267 – RVW 4.88

57267 (*Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*) is a ZZZ global MPC service with similar intensity to 36476. 57267 has 15 more minutes of intra-service time accounting for the higher RVW. This MPC code comparison supports our recommendation for the 25<sup>th</sup> percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	99292	2.25	0.075	30	0	0	0	30	0
Survey	36476	2.65	0.088	30	0	0	0	30	0
MPC	57267	4.88	0.108	45	0	0	0	45	0

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36476

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery                      How often? Commonly

Specialty Cardiology                      How often? Commonly

Specialty Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,494  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery	Frequency 4700	Percentage 62.71 %
Specialty Cardiology	Frequency 700	Percentage 9.34 %
Specialty Radiology	Frequency 600	Percentage 8.00 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36476

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 36478	Tracking Number	Original Specialty Recommended RVU: <b>5.30</b>
		Presented Recommended RVU: <b>5.30</b>
Global Period: 000		RUC Recommended RVU: <b>5.30</b>

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous laser ablation therapy of the insufficient saphenous vein is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

#### Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The operating physician reviews the previously obtained diagnostic non-invasive imaging studies, history and physical exam, and lab tests. The procedure is reviewed with the patient, including a final discussion of risks, benefits and alternatives. Informed consent is obtained. The physician checks to ensure presence of sterile drapes, sterile ultrasound probe cover, gel, flush solutions, pressure bag and sterile IV set, local tumescent anesthetic, scalpel, access needle, dilator, vascular sheath, guide wires, laser fiber, safety goggles for all present during the procedure and any other necessary supplies and equipment. Change into surgical scrubs and position patient such that target veins are accessible. Prep, drape and place safety goggles on patient. Instill local anesthesia at access site prior to vein access and continued local anesthesia as needed throughout procedure.

Description of Intra-Service Work:

- Set up operating field
- Attach pressurized heparin saline drip to the sterile laser ablation catheter.
- Test actuation, temperature, and impedance to ensure that all components are connected and operating properly.
- Use ultrasound guidance to find target greater saphenous vein (GSV) access site
- Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
- Use ultrasound guidance to map vein tributaries
- Access vein under ultrasound guidance (not separately reportable)
- Using Seldinger technique to introduce guide wire
- Advance dilator over guidewire

- Exchange dilator for sheath of appropriate size.
- Remove guidewire and flush sheath.
- Place laser fiber through the sheath and advance to the saphenofemoral junction using ultrasound guidance
- Locate tip of fiber just below the superficial epigastric tributary vein
- Verify fiber position by ultrasound
- Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a “halo” of fluid around the GSV from the entry site to the saphenofemoral junction (not separately reportable)
- With patient in Trendelenberg, verify target parameters are within acceptable range
- Reconfirm laser fiber position with ultrasound imaging
- Apply laser energy
- Carefully withdraw laser fiber, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
- Monitor impedance, power and vein wall temperature throughout procedure.
- Record total laser application time
- Repeat ultrasound of the saphenous to confirm successful ablation, capture images
- Capture images of the common femoral vein with and without compression to ensure no thrombus or involvement of the common femoral vein in the ablation.

#### Description of Post-Service Work:

- Elevate extremity and apply sterile dressings.
- Apply compression wrap or stocking starting at foot and ending at most proximal thigh
- Transfer patient to stretcher
- Ensure patient hemodynamic stability and comfort in Recovery area
- Write orders
- Dictate operative note
- Review results with patient's family
- Communicate with referring physician
- Review results with patient after sedation wears off
- Evaluate after recovery interval for discharge suitability
- Provide discharge activity advice to patient/family
- Arrange for follow-up care as required

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2014				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD				
<b>Specialty(s):</b>	SVS, ACS, SIR, ACR, ACC, SCAI and ACPH				
<b>CPT Code:</b>	36478				
<b>Sample Size:</b>	5571	<b>Resp N:</b>	81	<b>Response:</b> 1.4 %	
<b>Description of Sample:</b>	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members				
		<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>
<b>Service Performance Rate</b>		0.00	10.00	50.00	110.00
<b>Survey RVW:</b>		3.00	5.30	7.00	10.00
<b>Pre-Service Evaluation Time:</b>				40.00	
<b>Pre-Service Positioning Time:</b>				10.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>				10.00	
<b>Intra-Service Time:</b>		15.00	30.00	45.00	60.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	36478	<b>Recommended Physician Work RVU: 5.30</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		20.00	17.00	3.00
<b>Pre-Service Positioning Time:</b>		4.00	1.00	3.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		10.00	5.00	5.00
<b>Intra-Service Time:</b>		45.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>	<b>15.00</b>	<b>18.00</b>	<b>-3.00</b>



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35476	000	5.10	RUC Time

CPT Descriptor Transluminal balloon angioplasty, percutaneous; venous**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37191		4.71	RUC Time	57,749

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52235	000	5.44	RUC Time	31,877

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11      % of respondents: 13.5 %

**TIME ESTIMATES (Median)**CPT Code:  
**36478**Key Reference  
CPT Code:  
35476

Median Pre-Service Time	34.00	26.00
Median Intra-Service Time	45.00	35.00
Median Immediate Post-service Time	15.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
<b>Median Total Time</b>	<b>94.00</b>	<b>81.00</b>
<b>Other time if appropriate</b>		

**INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key  
Reference code)**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	2.82	3.09
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	3.18
Urgency of medical decision making	2.27	2.55

**Technical Skill/Physical Effort (Mean)**

Technical skill required	3.36	3.09
Physical effort required	3.00	2.91

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	2.82	3.09
Outcome depends on the skill and judgment of physician	3.45	3.45
Estimated risk of malpractice suit with poor outcome	3.18	3.00

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference  
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	2.64	2.73
Intra-Service intensity/complexity	3.18	3.27

Post-Service intensity/complexity

2.09

2.09

## Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

### 36478 Rationale for Recommendation

#### **Background**

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

#### **Methodology**

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

#### **\*\*\*DISCLOSURE\*\*\***

After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treat venous disease. This communication was emailed to all of their members on March 10<sup>th</sup> and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10<sup>th</sup> to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

#### **Results of Survey**

Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a reduction in the RVW from a current value of 6.72 to the 25<sup>th</sup> percentile from our survey data.

#### **Work RVU Recommendation**

We are recommending the 25<sup>th</sup> percentile survey value of 5.30 RVW for 36478.

#### **Pre-time**

Pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with addition time added as outlined below.

Evaluation: An additional 27 minutes of pre-service evaluation time was identified by the survey recipients. The societies recommend adding 3 minutes to evaluation time to check and calibrate the laser generator as these tasks are not captured in the standard package.

Positioning: An additional 9 minutes of pre-service positioning time was identified by the survey recipients. The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.

Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

### **Comparison to key reference code**

The key reference code chosen by the majority of the survey respondents (14%) was 35476 (*Transluminal balloon angioplasty, percutaneous; venous*). This key reference is similar to 36475 in the sense that they are both endoluminal venous procedures. The primary difference between 35476 and 36475 lies in the intra-service time and intensity. The time of CPT Code 36475 is more than the key reference code but 36475 is slightly less intense. This comparison thus favorably supports our recommendation for the 25<sup>th</sup> percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>Survey</b>	<b>36478</b>	5.30	0.097	94	20	4	10	45	15
<b>Key Ref</b>	<b>35476</b>	5.10	0.118	81	17	4	5	35	20

### **Comparison to MPC codes**

#### **Comparison with MPC List Code, CPT 37191 – RVW 4.71**

37191 (*Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed*) is a 0-day global MPC service with similar times and intensity to 36478. Both 36478 and 37191 are endoluminal venous procedures that require technical skill to complete successfully. 36475 has more intra-service time than 37191 supporting our recommendation for the 25<sup>th</sup> percentile survey value of 5.30.

#### **Comparison with MPC List Code, CPT 52235 – RVW 5.44**

52235 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)*) is a 0-day global MPC service with similar intra-service time and intensity to 36478. Both 52235 and 36478 require technical skill to complete successfully. 52235 and 36475 have identical intra-service times and almost identical intensities. The pre- and post-service times have minor variations. In conclusion, comparison with this MPC code justifies our recommendation for the 25<sup>th</sup> percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>MPC</b>	<b>37191</b>	4.71	0.120	83	30	3	5	30	15
<b>Survey</b>	<b>36478</b>	5.30	0.097	94	20	4	10	45	15
<b>MPC</b>	<b>52235</b>	5.44	0.098	94	19	5	5	45	20

### **Conclusion**

Favorable comparison with the key reference service and two MPC codes supports our recommendation of the 25<sup>th</sup> percentile survey value of 5.30 RVW for 36478.

### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36478

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery (V&GS) How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology (D&IR) How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

36,478 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery (V&GS) Frequency 17550 Percentage 48.11 %

Specialty Cardiology Frequency 4800 Percentage 13.15 %

Specialty Radiology (D&IR) Frequency 3700 Percentage 10.14 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:  
Minor procedure

BETOS Sub-classification Level II:  
Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36478

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 36479

Tracking Number

Original Specialty Recommended RVU: **3.00**Presented Recommended RVU: **3.00**

Global Period: ZZZ

RUC Recommended RVU: **2.65**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great and small saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous laser ablation therapy of the insufficient great and small saphenous veins is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

### Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Additional pre-service work includes examining the extra veins to be ablated, review of additional pre-procedural imaging services, extra time positioning the patient such that both the primary vein and the additional vein are accessible for treatment, and instillation of local anesthesia at the new access site prior to vein access and continued local anesthesia as needed throughout procedure. This is important because the typical second vein is the lesser saphenous, which is located directly posterior on the calf. Operators must be able to reach this vein in addition to the primary target, the greater saphenous, which is located medially.

### Description of Intra-Service Work:

- Use ultrasound guidance to find target secondary vein access site
- Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
- Use ultrasound guidance to map vein tributaries
- Access vein under ultrasound guidance (not separately reportable)
- Using Seldinger technique to introduce guide wire
- Advance dilator over guidewire
- Exchange dilator for sheath of appropriate size.
- Remove guidewire and flush sheath.
- Place laser fiber through the sheath and advance to target endpoint using ultrasound guidance
- Verify laser fiber position by ultrasound

- Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a “halo” of fluid around the target vein from the entry site to the endpoint (not separately reportable)
- With patient in Trendelenberg, verify target parameters are within acceptable range
- Reconfirm laser fiber position with ultrasound imaging
- Apply laser energy
- Carefully withdraw laser fiber, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
- Monitor impedance, power and vein wall temperature throughout procedure.
- Record total laser application time
- Repeat ultrasound of the saphenous to confirm successful ablation, capture images
- Capture images of the popliteal vein with and without compression to ensure no thrombus or involvement of the poplitea vein in the ablation.

Description of Post-Service Work:

Additional post-service work over and above that already provided for the primary procedure includes:

- apply additional dressings;
- dictating extra procedural details in the operative report; and
- longer discussion and explanation to patient and family.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2014				
<b>Presenter(s):</b>	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD				
<b>Specialty(s):</b>	SVS, ACS, SIR, ACR, ACC, SCAI and ACPH				
<b>CPT Code:</b>	36479				
<b>Sample Size:</b>	5571	<b>Resp N:</b>	75	<b>Response:</b> 1.3 %	
<b>Description of Sample:</b>	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members				
		<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>
<b>Service Performance Rate</b>		0.00	5.00	15.00	38.00
<b>Survey RVW:</b>		1.50	3.00	3.75	10.00
<b>Pre-Service Evaluation Time:</b>				5.00	
<b>Pre-Service Positioning Time:</b>				0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>				0.00	
<b>Intra-Service Time:</b>		10.00	25.00	30.00	45.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	36479	<b>Recommended Physician Work RVU: 2.65</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		0.00	0.00	0.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		30.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37239	ZZZ	2.97	RUC Time

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99292	ZZZ	2.25	RUC Time	450,314

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57267	ZZZ	4.88	RUC Time	13,042

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Key Reference Code:** 19      **% of respondents:** 25.3 %

**TIME ESTIMATES (Median)****CPT Code:  
36479****Key Reference  
CPT Code:  
37239****Source of Time  
RUC Time**

Median Pre-Service Time	0.00	1.00
Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	0.00	1.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
<b>Median Total Time</b>	<b>30.00</b>	<b>32.00</b>
<b>Other time if appropriate</b>		

**INTENSITY/COMPLEXITY MEASURES (Mean)****(of those that selected Key  
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	2.89	2.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.95	3.00
Urgency of medical decision making	2.05	2.53

**Technical Skill/Physical Effort (Mean)**

Technical skill required	3.37	3.32
Physical effort required	2.68	2.63

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	2.68	3.05
Outcome depends on the skill and judgment of physician	3.42	3.47
Estimated risk of malpractice suit with poor outcome	3.26	3.16

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference  
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.05	3.26
Intra-Service intensity/complexity	3.37	3.21

Post-Service intensity/complexity

2.63

2.63

## Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

### 36479 Rationale for Recommendation

#### Background

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

#### Methodology

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

#### \*\*\*DISCLOSURE\*\*\*

After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treats venous disease. This communication was emailed to all of their members on March 10<sup>th</sup> and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10<sup>th</sup> to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

#### Results of Survey

Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a reduction in the wRVU from a current value of 3.38.

#### Comparison to key reference code

The key reference code chosen by the majority of the survey respondents (25%) was 37239 (*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)*). This key reference is similar to 36476 in the sense that they are both endoluminal venous procedures. They have identical intra-service times and very similar intensities. This comparison thus favorably supports our recommendation for the 25<sup>th</sup> percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
Survey	36479	2.65	08893	40	0	0	0	30	0
Key Ref	37239	2.97	0.098	32	1	0	0	30	1

#### Comparison to MPC codes

##### Comparison with MPC List Code, CPT 99292 – RVW 2.25

99292 (*Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)*) is a ZZZ global MPC service with similar times and intensity to 36476. Both 36476 and 99292 are add on codes with 30 minutes of intra-service time. 36476 has a higher

intensity and 10 more minutes of total time accounting for the difference in RVW. Therefore, comparison with this MPC code justifies our recommendation for the 25<sup>th</sup> percentile survey value of 3.00.

### Comparison with MPC List Code, CPT 57267 – RVW 4.88

57267 (*Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)*) is a ZZZ global MPC service with similar intensity to 36476. 57267 has 15 more minutes of intra-service time accounting for the higher RVW. This MPC code comparison supports our recommendation for the 25<sup>th</sup> percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	99292	2.25	0.075	30	0	0	0	30	0
Survey	36476	2.65	0.088	30	0	0	0	30	0
MPC	57267	4.88	0.108	45	0	0	0	45	0

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36479

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery                      How often? Commonly

Specialty Cardiology                      How often? Commonly

Specialty Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 11,563 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery	Frequency 7300	Percentage 63.13 %
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Specialty Cardiology	Frequency 850	Percentage 7.35 %
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Specialty Radiology	Frequency 1400	Percentage 12.10 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36479

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

Note: Surveys received after 3/10/14 w/o extra question (eg, SVS,ACS,ACC) or with communication or financial conflict are not included

SOURCE	CPT	DESC	N	Resp	%	IWP/UT	RVW					Total Time	PRE PKG	PRE			INTRA					POST-FACIL		
							MIN	25th	MED	75th	MAX			EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	38	39
REF	35476	Transluminal balloon angioplasty, percutaneous	81	15	19%	0.118			5.10			81		17	4	5			35			20		
RUC-04	36475	Endovenous ablation therapy of incompetent v				0.075			6.72			159		40	10	15			60			15	0.5	
SVY	36475	Endovenous ablation therapy of incompetent v	5571	81	1%	0.121	4.00	5.30	7.00	8.50	10.00	120		40	10	10	20	40	45	60	90	15		
REC	36475	RECOMMENDATION				0.097			5.30			94	6A	20	4	10			45			15		
		Rec'd by 3/9/14 (SVS,ACS,ACR)		62		0.113	###	5.16	6.60	8.48	####	120		40	10	10	20	35	45	60	90	15		
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		19		0.091	###	6.98	7.10	8.73	####	155		65	10	10	25	45	55	60	75	15		

REF	37222	Revascularization, endovascular, open or per	73	20	27%	0.092			3.73			42		1					40			1		
RUC-04	36476	Endovenous ablation therapy of incompetent v				0.075			3.38			45		0					45			0		
SVY	36476	Endovenous ablation therapy of incompetent v	5571	73	1%	0.117	1.55	3.00	3.73	4.50	10.00	40		5			10	25	30	45	75	5		
REC	36476	RECOMMENDATION				0.088			2.65			30		0					30			0		
		Rec'd by 3/9/14 (SVS,ACS,ACR)		55		0.120	###	3.00	3.70	4.50	####	34		5			10	23	30	38	60	2		
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		18		0.081	###	3.77	4.00	4.77	####	60		10			20	30	45	60	75	5		

REF	35476	Transluminal balloon angioplasty, percutaneous	81	11	14%	0.118			5.10			81		17	4	5			35			20		
RUC-04	36478	Endovenous ablation therapy of incompetent v				0.082			6.72			154		40	10	15			55			15	0.5	
SVY	36478	Endovenous ablation therapy of incompetent v	5571	81	1%	0.121	3.00	5.30	7.00	9.00	10.00	120		40	10	10	15	30	45	60	90	15		
REC	36478	RECOMMENDATION				0.097			5.30			94	6A	20	4	10			45			15		
		Rec'd by 3/9/14 (SVS,ACS,ACR)		53		0.113	###	5.25	6.60	9.00	####	120		40	10	10	20	30	45	60	90	15		
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		28		0.098	###	6.59	7.23	9.00	####	143		53	10	10	15	38	55	60	75	15		

REF	37239	Transcatheter placement of an intravascular st	75	19	25%	0.098			2.97			32		1					30			1		
RUC-04	36479	Endovenous ablation therapy of incompetent v				0.075			3.38			45		0					45			0		
SVY	36479	Endovenous ablation therapy of incompetent v	5571	75	1%	0.118	1.50	3.00	3.75	4.50	10.00	40		5			10	25	30	45	75	5		
REC	36479	RECOMMENDATION				0.088			2.65			30		0					30			0		
		Rec'd by 3/9/14 (SVS,ACS,ACR)		48		0.118	###	3.00	3.73	4.53	####	39		4			10	25	30	40	60	5		
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		27		0.081	###	3.23	4.00	4.28	####	60		10			10	25	45	53	75	5		



EXPERIENCE					TYP
MIN	25th	MED	75th	MAX	
0	5	25	75	960	91%
0	5	25	95	500	90%
0	1	45	55	960	88%

0	1	10	20	300	81%
0	1	10	15	100	78%
0	1	13	29	300	84%

0	10	50	110	850	95%
0	5	30	100	700	94%
0	44	65	210	850	92%

0	5	15	38	640	88%
0	1	10	22	150	88%
0	12	25	44	640	86%

- 33 (Duplex Scans)
- 9 (Subcutaneous Implantable Defibrillator)
- 10 (Transcatheter Mitral Valve Repair)
- 11 (ECMO-ECLS)
- 12 (Transcatheter Placement of Carotid Stents)
- 25 (Transesophageal Echocardiography)
- 26 (Carotid Intima-Media Thickness)
- 34 (Ultrasound Guidance)
- 38 (Endovenous Ablation)

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Tab Number/Issue


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Code Range

### Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)




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Signature

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Richard Wright, MD

Printed Signature

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ACC

Specialty Society

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4/1/14

Date

4  
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12  
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43  
44

Tab Number

Cryoablation Treatment of the Bone Tumors  
Percutaneous Vertebroplasty and Augmentation  
Transcatheter Placement of Carotid Stents  
Cryoablation of Liver Tumor  
Myelography  
Breast Tomosynthesis  
Carotid Intima-Media Thickness Ultrasound  
Duplex Scans  
Ultrasound Guidance  
Ultrasound Guidance for Needle Placement  
Endovenous Ablation  
CT Angiography – Head & Neck  
Doppler Flow Testing  
CT – Maxillofacial  
X-Ray Exams  
Transluminal Balloon Angioplasty  
CT Abdomen and Pelvis  
Issue

2098X1, 20982  
25510X – 25515X  
37218X, 37215, 37216, 37217, 37235, 37236, 37237, 0075T, 0076T  
47383X  
6228X1 – 6228X4, 62284, 72240, 72255, 72265, 72270  
77055, 77056, 77057, G0202, G0204, G0206, 7705XX1 – 7705XX3  
938XX  
98880, 93882, 93886, 93888, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979  
76930, 76932, 76940, 76948, 76965  
76942  
36475, 36476, 36478, 36479  
70496, 70498  
93990  
70486, 70487, 70488  
71100, 72070, 73060, 73565, 73590, 73600  
75978  
72194, 74160, 74177  
Code Range

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\_\_\_\_\_  
Signature

Ezequiel Silva, MD  
\_\_\_\_\_  
Printed Signature

American College of Radiology  
\_\_\_\_\_  
Specialty Society

April 1, 2014  
\_\_\_\_\_  
Date

Endovenous Ablation  
Issue

36475, 36476, 36478, 36479  
Code Range

### Attestation Statement

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Signature

Christopher Senkowski, MD, FACS

Printed Signature

American College of Surgeons  
Specialty Society

April 1, 2014

Date

12, 30, 38, 40 and 43

**Tab Number**

Transcatheter Placement of Carotid Stents

Duplex Scans

Endovenous Ablation

Doppler Flow Testing

Transluminal Balloon Angioplasty

**Issue**

37218X

98880, 93882, 93886, 93888, 93925 93926, 93930, 93931, 93970, 93971, 93975, 93976,

93978, 93979

36475, 36476, 36478 and 36479

93990

75978

**Code Range**

### **Attestation Statement**

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\_\_\_\_\_  
Signature

**Matthew Sideman, MD**

\_\_\_\_\_  
Printed Signature

**The Society for Vascular Surgery (SVS)**

\_\_\_\_\_  
Specialty Society

**April 1, 2014**

\_\_\_\_\_  
Date

4, 6, 12, 15, 35, 38 and 43

**Tab Number**

Cryoablation of the Bone

Percutaneous Vertebroplasty and Augmentation

Transcatheter Placement of Carotid Stents

Cryoablation of the Liver

US Guidance for Needle Placement

Endovenous Ablation

Transluminal Balloon Angioplasty

**Issue**

2098X1

22510X-22515X

37218X

47383X

76942

36475, 36476, 36478 and 36479

75978

**Code Range**

### **Attestation Statement**

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\_\_\_\_\_  
Signature

**Gerald Niedzwiecki, MD**

\_\_\_\_\_  
Printed Signature

**The Society of Interventional Radiology (SIR)**

\_\_\_\_\_  
Specialty Society

**April 1, 2014**

\_\_\_\_\_  
Date

**CPT Code: 36475, 36476, 36478 and 36479**  
**Specialty Society(s): SVS, ACS, SIR, ACR, ACC, SCAI and ACP**

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Facility Direct Inputs**

CPT Long Descriptor:

- 36475** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **first** vein treated
  
- 36476** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
  
- 36478** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **first** vein treated
  
- 36479** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Global Period: **36475 & 36478 - 000**  
**36476 & 36479 - ZZZ**

Meeting Date: **April 2014**

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

The multispecialty organizations (SVS, ACS, SIR, ACR, ACC, SCAI and ACP) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this procedure. The panel made recommendations based on existing inputs and the new coding conventions.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

We are making recommendations for existing CPT codes. As such, we have included the current direct PE recommendations and not a reference code.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

N/A



**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

N/A

**5. Please describe in detail the clinical activities of your staff:**

**CPT Codes 36475 & 36478:**

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms: a clinically trained individual (RN/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure and forward the approved forms to the appropriate personnel including by fax if necessary. Coordinate pre-surgery services. Clinical staff member ensures that all appropriate labs are drawn and results are acceptable. Schedule space and equipment in facility. Provide pre-service education/obtain consent. Follow-up phone calls and prescriptions: Clinical staff will contact the patient prior to the procedure, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with any prescription if needed.

DAY OF Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

Conducts phone calls/call in prescription.

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**CPT Codes 36476 & 36479:**

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

- 36475** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **first** vein treated
  
- 36476** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
  
- 36478** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **first** vein treated
  
- 36479** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Global Period: **36475 & 36478 - 000**  
**36476 & 36479 - ZZZ**

Meeting Date: **April 2014**

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

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**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

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**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

N/A

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

Pre Service Period

Lines 23 & 24 - Added 4 minutes for digital activities. The existing inputs do not include minutes to account for these activities.

Service Period

We have modified the ‘assist physician’ section of the PE recommendations to reflect current PE ‘standard’ for interventional procedures. (Source: carotids, embo, stents).

Line 39 – recommended 75% total physician time for tech to acquire images (current ‘standard’ for interventional procedures)

Line 40 – added RN/LPN/MTA time to account for the 25% circulator

Line 42 – added RN/LPN/MTA time to apply multi-layer comprehensive dressing

Line 44 – increased post procedure monitoring from 3 min to 8 min. The 8 min represents the standard for 30 min of post procedure monitoring.

**5. Please describe in detail the clinical activities of your staff:**

**CPT Codes 36475 & 36478:**

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms: a clinically trained individual (RN,/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure and forward the approved forms to the appropriate personnel including by fax if necessary. Coordinate pre-surgery services: Clinical staff member ensures that all appropriate labs are drawn and results are acceptable. Follow-up phone calls and prescriptions: Clinical staff will contact the patient prior to the procedure, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with any prescription if needed. Other clinical activities: The vascular technologist prior to the patient’s arrival will retrieve any prior imaging exams, display these exams for the physician to review, verify orders, review the chart to incorporate any relative clinical information.

DAY OF Service Clinical Labor Activities:

Greet patient, provide gowning, and ensure appropriate medical records are available: Patient is greeted by the clinical staff, escorted to the intake area, provided with gowning and given assistance with changing into the gown if needed. Obtain vital signs: blood pressure, heart rate, respiratory rate, temperature, rhythm strip and pulse oximetry, are all obtained. Prepare room, equipment, supplies: Vascular technologist checks imaging equipment to make sure that it is turned on, warmed up, functioning properly, enters the patient demographics, opens the sterile tray and sets it up, goes to the storage room to pull all the supplies that will be used for the procedure, and brings them to the procedure room. Prepare and position patient/Monitor patient/Setup IV. Intra-service Time of varying clinical personnel: a vascular tech is scrubbed next to the physician the entire case, an additional individual who is not scrubbed will assist with

**CPT Code:** 36475, 36476, 36478 and 36479  
**Specialty Society(s):** SVS, ACS, SIR, ACR, ACC, SCAI and ACP

the imaging equipment and opening supplies. Monitor patient following service/Check tubes, monitors, drains. The patients are recovered before being discharged. Check dressings and wound/home care instructions/coordinated office visits/prescriptions. In addition to checking the dressings and reviewing at home instructions the clinical staff will also discuss pain prescriptions for the patients and review the medications with them. Other clinical activities: The vascular tech post procedure annotates the images, processes them, and then either hangs the films for interpretation or sends digital images to PACS and ensures they are received.

Post-Service Clinical Labor Activities:

Conducts phone calls/call in prescription.

**CPT Codes 36476 & 36479:**

Pre-Service Clinical Labor Activities:

N/A

DAY OF Service Clinical Labor Activities:

A vascular tech is scrubbed next to the physician and an additional individual who is not scrubbed will assist with the imaging equipment and opening supplies.

Post-Service Clinical Labor Activities:

N/A

	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06	Recommend	Existing Feb-06	Recommend				
2	<i>"*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code"</i>			<b>36475</b>				<b>36476</b>			
3	<b>Meeting Date: April 2014</b> <b>Tab: 38 Endovenous Ablation</b> <b>Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP</b>	<b>CMS Code</b>	<b>Staff Type</b>	<i>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated</i>				<i>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and</i>			
4	<b>LOCATION</b>			<b>OFF</b>	<b>FAC</b>	<b>OFF</b>	<b>FAC</b>	<b>OFF</b>	<b>FAC</b>	<b>OFF</b>	<b>FAC</b>
5	<b>GLOBAL PERIOD</b>			<b>000</b>	<b>000</b>	<b>000</b>	<b>000</b>	<b>ZZZ</b>	<b>ZZZ</b>	<b>ZZZ</b>	<b>ZZZ</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>			<b>150</b>	<b>18</b>	<b>146</b>	<b>18</b>	<b>77</b>	<b>0</b>	<b>60</b>	<b>0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>			<b>12</b>	<b>15</b>	<b>16</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
8		L037D	RN/LPN/MTA	<b>12</b>	<b>15</b>	<b>12</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
9		L054A	VasTech			<b>4</b>				<b>0</b>	
10	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>			<b>135</b>		<b>127</b>		<b>77</b>		<b>60</b>	
11		L037D	RN/LPN/MTA	<b>19</b>		<b>39</b>		<b>0</b>		<b>7</b>	
12		L042A	RN/LPN	<b>64</b>		<b>47</b>		<b>45</b>		<b>30</b>	
13		L054A	VasTech	<b>52</b>		<b>41</b>		<b>32</b>		<b>23</b>	
14	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>			<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
15		L037D	RN/LPN/MTA	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
16	<b>PRE-SERVICE</b>										
17	<b>Start: Following visit when decision for surgery or procedure made</b>										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	<b>3</b>	<b>5</b>	<b>3</b>	<b>5</b>				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		<b>5</b>		<b>5</b>				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>4</b>		<b>4</b>					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>				
23	Availability of prior images confirmed	L054A	VasTech			<b>2</b>					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocol by radiologist	L054A	VasTech			<b>2</b>					
25	*Other Clinical Activity - specify:										
26	<b>End: When patient enters office/facility for surgery/procedure</b>										
27	<b>SERVICE PERIOD</b>										
28	<b>Start: When patient enters office/facility for surgery/procedure:</b>										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	<b>3</b>		<b>3</b>					
30	Obtain vital signs	L037D	RN/LPN/MTA	<b>5</b>		<b>5</b>					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	<b>2</b>		<b>2</b>					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	<b>2</b>		<b>2</b>					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	<b>2</b>		<b>2</b>					
35	Sedate/apply anesthesia	L042A	RN/LPN	<b>2</b>							
37	<b>Intra-service</b>										
38	Assist physician in performing procedure	L042A	RN/LPN	<b>60</b>		<b>45</b>		<b>45</b>		<b>30</b>	
39	Assisting with image acquisition (75%)	L054A	VasTech	<b>45</b>		<b>34</b>		<b>30</b>		<b>23</b>	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			<b>11</b>				<b>7</b>	
41	<b>Post-Service</b>										
42	<b>Apply multi-layer comprehensive dressing</b>	L037D	RN/LPN/MTA			<b>5</b>					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	<b>3</b>		<b>7</b>					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	<b>3</b>		<b>3</b>					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	<b>3</b>		<b>3</b>					
51	Technologist QC's images <b>US machine</b> , in PACS, checking for all images, reformats, and dose page	L054A	VasTech			<b>2</b>				<b>0</b>	
52	Review examination with interpreting MD	L054A	VasTech			<b>2</b>				<b>0</b>	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			<b>1</b>					
54	*Other Clinical Activity - specify: <i>Process images, complete data sheet, present images and data to the interpreting physician</i>	L054A	VasTech	<b>5</b>				<b>2</b>			
58	<b>End: Patient leaves office</b>										
59	<b>POST-SERVICE Period</b>										
60	<b>Start: Patient leaves office/facility</b>										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>				
70	<b>End: with last office visit before end of global period</b>										

	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	***Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code			36475				36476			
3	Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP	CMS Code	Staff Type	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and			
4	LOCATION			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC
5	GLOBAL PERIOD			000	000	000	000	ZZZ	ZZZ	ZZZ	ZZZ
71	MEDICAL SUPPLIES**	CODE	UNIT								
72	pack, minimum multi-specialty visit	SA048	pack	1		1					
73	catheter, RF endovenous ablatiion occlusion	SD155	item	1		1					
74	kit, endovascular laser treatment	SA074	kit								
75	kit, RF introducer	SA026	kit	1		1					
76	tray, catheter insertion	SA063	tray	1		1					
77	cap, surgical	SB001	item	3		3					
78	drape, sterile barrier 16in x 29in	SB007	item	1		1					
79	drape, sterile, femoral	SB009	item	1		1		1		1	
80	drape-towel, sterile 18inx26in	SB019	item	4		4		4		4	
81	gloves, sterile	SB024	pair	2		2					
82	gown, staff, impervious	SB027	item	3		3					
83	surgical mask, with face shield	SB034	item	3		3					
84	shoe covers, surgical	SB039	pair	3		3					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	1		1					
86	needle, spinal 18-26g	SC028	item	1		1		1		1	
87	needle, butterfly 20-25g	SC030	item	1		1					
88	stop cock, 3-way	SC049	item	1		1					
89	syringe 20ml	SC053	item	1		1					
90	syringe 30 ml	SC054	item	1		1					
91	syringe 3ml	SC055	item	1		1					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	1		1					
93	syringe, pressure 200ml	SC060	iten	1		1		1		1	
94	iv pressure infusor bag	SC074	item	1		1					
95	dilator, vessel, angiographic	SD043	item	1		1					
96	guidewire, hydrophilic (Glidewire)	SD089	item	1		1					
97	tubing, pressure	SD131	item	1		1					
98	vascular sheath	SD136	item	1		1		1		1	
99	scalpel with blade, surgical (#10-20)	SF033	item	1		1					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	1		1		1		1	
101	bandage, strip 0.75in x 3in	SG021	item	1		1		1		1	
102	steri-strips	SG074	item	1		1		1		1	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	12		12		12		12	
104	stockings, knee length, 20-30mm compression	SG087	pair	1		1					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	60		60					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1		1	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	2		2		2		2	
108	basin, irrigation	SJ009	item	1		1					
109	basin, emesis	SJ010	item	1		1					
110	hydrogen peroxide	SJ028	ml	100		100		100		100	
111	povidone surgical scrub (Betadine)	SJ042	ml	100		100		100		100	
112	swab-pad, alcohol	SJ053	item	2		2					
113	ultrasound transmission gel	SJ062	ml	60		60		60		60	
114	paper, photo printing (8.5 x 11)	SK058	item	10		10		10		10	
115	skin marking pen, sterile (Skin Scribe)	SK075	item	1		1					
116	video tape, VHS	SK086	item	1		1					
117	sanitizing cloth-wipe (patient)	SM021	item	1		1		1		1	
118											
119	EQUIPMENT	CODE									
120	ultrasound room, general	EL015		85		63		45		30	
121	table, tilt (w-trendelnberg)	EF032		85				45			
122	radiofrequency generator (vascular)	EQ215		85		63		45		30	
123	stretcher chair	EF019		60		31					
124	laser, endovascular ablation (ELVS)	EQ160									

	A	B	C	N	O	P	Q	R	S	T	U
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	***Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code			36478				36479			
3	Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP	CMS Code	Staff Type	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent			
4	LOCATION			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC
5	GLOBAL PERIOD			000	000	000	000	ZZZ	ZZZ	ZZZ	ZZZ
6	TOTAL CLINICAL LABOR TIME			137	18	146	18	77	0	60	0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			12	15	16	15	0	0	0	0
8		L037D	RN/LPN/MTA	12	15	12	15	0	0	0	0
9		L054A	VasTech			4				0	
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			122		127		77		60	
11		L037D	RN/LPN/MTA	19		39		0		7	
12		L042A	RN/LPN	59		47		45		30	
13		L054A	VasTech	44		41		32		23	
14	TOTAL POST-SERV CLINICAL LABOR TIME			3	3	3	3	0	0	0	0
15		L037D	RN/LPN/MTA	3	3	3	3	0	0	0	0
16	PRE-SERVICE										
17	Start: Following visit when decision for surgery or procedure made										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	2	2	2	2				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	4		4					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3				
23	Availability of prior images confirmed	L054A	VasTech			2					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L054A	VasTech			2					
25	*Other Clinical Activity - specify:										
26	End: When patient enters office/facility for surgery/procedure										
27	SERVICE PERIOD										
28	Start: When patient enters office/facility for surgery/procedure:										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3					
30	Obtain vital signs	L037D	RN/LPN/MTA	5		5					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	2		2					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	2		2					
35	Sedate/apply anesthesia	L042A	RN/LPN	2							
37	Intra-service										
38	Assist physician in performing procedure	L042A	RN/LPN	55		45		45		30	
39	Assisting with image acquisition (75%)	L054A	VasTech	37		34		30		23	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			11				7	
41	Post-Service										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			5					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	3		7					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3					
51	Technologist QC's images US machine, in PACS, checking for all images, reformats, and dose page	L054A	VasTech			2				0	
52	Review examination with interpreting MD	L054A	VasTech			2				0	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1					
54	*Other Clinical Activity - specify: Process images, complete data sheet, present images and data to the interpreting physician	L054A	VasTech	5				2			
58	End: Patient leaves office										
59	POST-SERVICE Period										
60	Start: Patient leaves office/facility										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3				
70	End: with last office visit before end of global period										



	A	B	C	N	O	P	Q	R	S	T	U
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	***Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code			36478				36479			
3	Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP	CMS Code	Staff Type	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent			
4	LOCATION			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC
5	GLOBAL PERIOD			000	000	000	000	ZZZ	ZZZ	ZZZ	ZZZ
71	MEDICAL SUPPLIES**	CODE	UNIT								
72	pack, minimum multi-specialty visit	SA048	pack	1		1					
73	catheter, RF endovenous ablatiion occlusion	SD155	item								
74	kit, endovascular laser treatment	SA074	kit	1		1					
75	kit, RF introducer	SA026	kit								
76	tray, catheter insertion	SA063	tray	1		1					
77	cap, surgical	SB001	item	3		3					
78	drape, sterile barrier 16in x 29in	SB007	item								
79	drape, sterile, femoral	SB009	item	1		1		1		1	
80	drape-towel, sterile 18inx26in	SB019	item	4		4		4		4	
81	gloves, sterile	SB024	pair	2		2					
82	gown, staff, impervious	SB027	item	3		3					
83	surgical mask, with face shield	SB034	item	3		3					
84	shoe covers, surgical	SB039	pair	3		3					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	1		1					
86	needle, spinal 18-26g	SC028	item	1		1		1		1	
87	needle, butterfly 20-25g	SC030	item	1		1					
88	stop cock, 3-way	SC049	item	1		1					
89	syringe 20ml	SC053	item	1		1					
90	syringe 30 ml	SC054	item	1		1					
91	syringe 3ml	SC055	item	1		1					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	1		1					
93	syringe, pressure 200ml	SC060	iten	1		1		1		1	
94	iv pressure infusor bag	SC074	item								
95	dilator, vessel, angiographic	SD043	item								
96	guidewire, hydrophilic (Glidewire)	SD089	item								
97	tubing, pressure	SD131	item	1		1					
98	vascular sheath	SD136	item					1		1	
99	scalpel with blade, surgical (#10-20)	SF033	item	1		1					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	1		1		1		1	
101	bandage, strip 0.75in x 3in	SG021	item	1		1		1		1	
102	steri-strips	SG074	item	1		1		1		1	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	12		12		12		12	
104	stockings, knee length, 20-30mm compression	SG087	pair	1		1					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	60		60					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1		1	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	2		2		2		2	
108	basin, irrigation	SJ009	item	1		1					
109	basin, emesis	SJ010	item	1		1					
110	hydrogen peroxide	SJ028	ml	100		100		100		100	
111	povidone surgical scrub (Betadine)	SJ042	ml	100		100		100		100	
112	swab-pad, alcohol	SJ053	item	2		2					
113	ultrasound transmission gel	SJ062	ml	60		60		60		60	
114	paper, photo printing (8.5 x 11)	SK058	item	10		10		10		10	
115	skin marking pen, sterile (Skin Scribe)	SK075	item	1		1					
116	video tape, VHS	SK086	item	1		1					
117	sanitizing cloth-wipe (patient)	SM021	item	1		1		1		1	
118											
119	EQUIPMENT	CODE									
120	ultrasound room, general	EL015		90		63		45		30	
121	table, tilt (w-trendelnberg)	EF032		90				45			
122	radiofrequency generator (vascular)	EQ215									
123	stretcher chair	EF019		60		31					
124	laser, endovascular ablation (ELVS)	EQ160		90		63		45		30	



	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06	Recommend	Existing Feb-06	Recommend				
2	**Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code			36475				36476			
3	Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP	CMS Code	Staff Type	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and			
4	LOCATION			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC
5	GLOBAL PERIOD			000	000	000	000	ZZZ	ZZZ	ZZZ	ZZZ
6	TOTAL CLINICAL LABOR TIME			150	18	146	18	77	0	62	0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			12	15	16	15	0	0	0	0
8		L037D	RN/LPN/MTA	12	15	12	15	0	0	0	0
9		L054A	VasTech			4				0	
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			135		127		77		62	
11		L037D	RN/LPN/MTA	19		39		0		7	
12		L042A	RN/LPN	64		47		45		30	
13		L054A	VasTech	52		41		32		25	
14	TOTAL POST-SERV CLINICAL LABOR TIME			3	3	3	3	0	0	0	0
15		L037D	RN/LPN/MTA	3	3	3	3	0	0	0	0
16	PRE-SERVICE										
17	Start: Following visit when decision for surgery or procedure made										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	2	2	2	2				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	4		4					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3				
23	Availability of prior images confirmed	L054A	VasTech			2					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocol by radiologist	L054A	VasTech			2					
25	*Other Clinical Activity - specify:										
26	End: When patient enters office/facility for surgery/procedure										
27	SERVICE PERIOD										
28	Start: When patient enters office/facility for surgery/procedure:										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3					
30	Obtain vital signs	L037D	RN/LPN/MTA	5		5					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	2		2					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	2		2					
35	Sedate/apply anesthesia	L042A	RN/LPN	2							
37	Intra-service										
38	Assist physician in performing procedure	L042A	RN/LPN	60		45		45		30	
39	Assisting with image acquisition (75%)	L054A	VasTech	45		34		30		23	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			11				7	
41	Post-Service										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			5					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	3		7					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3					
51	Technologist QC's images US machine, in PACS, checking for all images, reformats, and dose page	L054A	VasTech			2				1	
52	Review examination with interpreting MD	L054A	VasTech			2				1	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1					
54	*Other Clinical Activity - specify: Process images, complete data sheet, present images and data to the interpreting physician	L054A	VasTech	5				2			
58	End: Patient leaves office										
59	POST-SERVICE Period										
60	Start: Patient leaves office/facility										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3				
70	End: with last office visit before end of global period										

	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	**Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code			36475				36476			
3	Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP	CMS Code	Staff Type	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and			
4	LOCATION			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC
5	GLOBAL PERIOD			000	000	000	000	ZZZ	ZZZ	ZZZ	ZZZ
71	MEDICAL SUPPLIES**	CODE	UNIT								
72	pack, minimum multi-specialty visit	SA048	pack	1		1					
73	catheter, RF endovenous ablatiion occlusion	SD155	item	1		1					
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79	drape, sterile, femoral	SB009	item	1		1		1		1	
80	drape-towel, sterile 18inx26in	SB019	item	4		4		4		4	
81	gloves, sterile	SB024	pair	2		2					
82	gown, staff, impervious	SB027	item	3		3					
83	surgical mask, with face shield	SB034	item	3		3					
84	shoe covers, surgical	SB039	pair	3		3					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	1		1					
86	needle, spinal 18-26g	SC028	item	1		1		1		1	
87	needle, butterfly 20-25g	SC030	item	1		1					
88	stop cock, 3-way	SC049	item	1		1					
89	syringe 20ml	SC053	item	1		1					
90	syringe 30 ml	SC054	item	1		1					
91	syringe 3ml	SC055	item	1		1					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	1		1					
93	syringe, pressure 200ml	SC060	iten	1		1		1		1	
94	iv pressure infusor bag	SC074	item	1		1					
95	dilator, vessel, angiographic	SD043	item	1		1					
96	guidewire, hydrophilic (Glidewire)	SD089	item	1		1					
97	tubing, pressure	SD131	item	1		1					
98	vascular sheath	SD136	item	1		1		1		1	
99	scalpel with blade, surgical (#10-20)	SF033	item	1		1					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	1		1		1		1	
101	bandage, strip 0.75in x 3in	SG021	item	1		1		1		1	
102	steri-strips	SG074	item	1		1		1		1	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	12		12		12		12	
104	stockings, knee length, 20-30mm compression	SG087	pair	1		1					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	60		60					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1		1	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	2		2		2		2	
108	basin, irrigation	SJ009	item	1		1					
109	basin, emesis	SJ010	item	1		1					
110	hydrogen peroxide	SJ028	ml	100		100		100		100	
111	povidone surgical scrub (Betadine)	SJ042	ml	100		100		100		100	
112	swab-pad, alcohol	SJ053	item	2		2					
113	ultrasound transmission gel	SJ062	ml	60		60		60		60	
114	paper, photo printing (8.5 x 11)	SK058	item	10		10		10		10	
115	skin marking pen, sterile (Skin Scribe)	SK075	item	1		1					
116	video tape, VHS	SK086	item	1		1					
117	sanitizing cloth-wipe (patient)	SM021	item	1		1		1		1	
118											
119	EQUIPMENT	CODE									
120	ultrasound room, general	EL015		85		63		45		32	
121	table, tilt (w-trendelnberg)	EF032		85				45			
122	radiofrequency generator (vascular)	EQ215		85		63		45		32	
123	stretcher chair	EF019		60		30					
124	laser, endovascular ablation (ELVS)	EQ160									

	A	B	C	N	O	P	Q	R	S	T	U
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	<del>***Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code</del>			36478				36479			
3	Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP	CMS Code	Staff Type	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent			
4	LOCATION			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC
5	GLOBAL PERIOD			000	000	000	000	ZZZ	ZZZ	ZZZ	ZZZ
6	TOTAL CLINICAL LABOR TIME			137	18	146	18	77	0	62	0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			12	15	16	15	0	0	0	0
8		L037D	RN/LPN/MTA	12	15	12	15	0	0	0	0
9		L054A	VasTech			4				0	
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			122		127		77		62	
11		L037D	RN/LPN/MTA	19		39		0		7	
12		L042A	RN/LPN	59		47		45		30	
13		L054A	VasTech	44		41		32		25	
14	TOTAL POST-SERV CLINICAL LABOR TIME			3	3	3	3	0	0	0	0
15		L037D	RN/LPN/MTA	3	3	3	3	0	0	0	0
16	PRE-SERVICE										
17	Start: Following visit when decision for surgery or procedure made										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	2	2	2	2				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	4		4					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3				
23	Availability of prior images confirmed	L054A	VasTech			2					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L054A	VasTech			2					
25	*Other Clinical Activity - specify:										
26	End: When patient enters office/facility for surgery/procedure										
27	SERVICE PERIOD										
28	Start: When patient enters office/facility for surgery/procedure:										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3					
30	Obtain vital signs	L037D	RN/LPN/MTA	5		5					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	2		2					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	2		2					
35	Sedate/apply anesthesia	L042A	RN/LPN	2							
37	Intra-service										
38	Assist physician in performing procedure	L042A	RN/LPN	55		45		45		30	
39	Assisting with image acquisition (75%)	L054A	VasTech	37		34		30		23	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			11				7	
41	Post-Service										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			5					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	3		7					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3					
51	Technologist QC's images US machine, in PACS, checking for all images, reformats, and dose page	L054A	VasTech			2				1	
52	Review examination with interpreting MD	L054A	VasTech			2				1	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1					
54	*Other Clinical Activity - specify: Process images, complete data sheet, present images and data to the interpreting physician	L054A	VasTech	5				2			
58	End: Patient leaves office										
59	POST-SERVICE Period										
60	Start: Patient leaves office/facility										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3				
70	End: with last office visit before end of global period										



	A	B	C	N	O	P	Q	R	S	T	U
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	***Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code					36478		36479			
3	Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP	CMS Code	Staff Type	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent			
4	LOCATION			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC
5	GLOBAL PERIOD			000	000	000	000	ZZZ	ZZZ	ZZZ	ZZZ
71	MEDICAL SUPPLIES**	CODE	UNIT								
72	pack, minimum multi-specialty visit	SA048	pack	1		1					
73	catheter, RF endovenous ablatiion occlusion	SD155	item								
74	kit, endovascular laser treatment	SA074	kit	1		1					
75	kit, RF introducer	SA026	kit								
76	tray, catheter insertion	SA063	tray	1		1					
77	cap, surgical	SB001	item	3		3					
78	drape, sterile barrier 16in x 29in	SB007	item								
79	drape, sterile, femoral	SB009	item	1		1		1		1	
80	drape-towel, sterile 18inx26in	SB019	item	4		4		4		4	
81	gloves, sterile	SB024	pair	2		2					
82	gown, staff, impervious	SB027	item	3		3					
83	surgical mask, with face shield	SB034	item	3		3					
84	shoe covers, surgical	SB039	pair	3		3					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	1		1					
86	needle, spinal 18-26g	SC028	item	1		1		1		1	
87	needle, butterfly 20-25g	SC030	item	1		1					
88	stop cock, 3-way	SC049	item	1		1					
89	syringe 20ml	SC053	item	1		1					
90	syringe 30 ml	SC054	item	1		1					
91	syringe 3ml	SC055	item	1		1					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	1		1					
93	syringe, pressure 200ml	SC060	iten	1		1		1		1	
94	iv pressure infusor bag	SC074	item								
95	dilator, vessel, angiographic	SD043	item								
96	guidewire, hydrophilic (Glidewire)	SD089	item								
97	tubing, pressure	SD131	item	1		1					
98	vascular sheath	SD136	item					1		1	
99	scalpel with blade, surgical (#10-20)	SF033	item	1		1					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	1		1		1		1	
101	bandage, strip 0.75in x 3in	SG021	item	1		1		1		1	
102	steri-strips	SG074	item	1		1		1		1	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	12		12		12		12	
104	stockings, knee length, 20-30mm compression	SG087	pair	1		1					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	60		60					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1		1	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	2		2		2		2	
108	basin, irrigation	SJ009	item	1		1					
109	basin, emesis	SJ010	item	1		1					
110	hydrogen peroxide	SJ028	ml	100		100		100		100	
111	povidone surgical scrub (Betadine)	SJ042	ml	100		100		100		100	
112	swab-pad, alcohol	SJ053	item	2		2					
113	ultrasound transmission gel	SJ062	ml	60		60		60		60	
114	paper, photo printing (8.5 x 11)	SK058	item	10		10		10		10	
115	skin marking pen, sterile (Skin Scribe)	SK075	item	1		1					
116	video tape, VHS	SK086	item	1		1					
117	sanitizing cloth-wipe (patient)	SM021	item	1		1		1		1	
118											
119	EQUIPMENT	CODE									
120	ultrasound room, general	EL015		90		63		45		32	
121	table, tilt (w-trendelenberg)	EF032		90				45			
122	radiofrequency generator (vascular)	EQ215									
123	stretcher chair	EF019		60		30					
124	laser, endovascular ablation (ELVS)	EQ160		90		63		45		32	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS High Expenditure Procedures Screen*

January 2017

**Therapeutic Apheresis**

In the Proposed Rule for 2016, CPT code 36516 was nominated for review as potentially misvalued. The nominator stated that the code is misvalued because of incorrect direct and indirect practice expense (PE) inputs and an incorrect work RVU. In the Final Rule for CY 2016, CMS continued the desire for specific review of 36516. At the April 2016 RUC meeting, therapeutic apheresis code 36516 was discussed. During the discussion, the Renal Physicians Association (RPA) and the College of American Pathologists (CAP) indicated there is a concern that the service is misplaced within the CPT coding structure and this misplacement may have resulted in recent inaccuracy of coding. Specifically, the service is an extracorporeal therapy that is more akin to dialysis services (CPT codes 90935-90999) than to surgical procedures, and the code may need to reside in the 909XX series of codes within the CPT coding structure. The two specialties indicated they would submit a code change proposal that will address CPT code 36516 as well as any others in the coding family that may be impacted by a change. The RUC referred CPT code 36516 to the CPT Editorial Panel.

In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to include immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services.

**Compelling Evidence**

The specialty societies presented compelling evidence for CPT codes 36511-36514, 36516, and 36522. The specialty societies noted that the current work RVUs undervalue these services, which are supported by the results of the survey. The specialty societies provided evidence that incorrect assumptions were made in the previous valuation of all of these services. The previous survey in 2002 was conducted by two specialties (hematology and nephrology) to obtain the values of 36511-36516, but pathologists were not included in this survey. At that time, pathology was the dominant provider for CPT codes 36511, 36512, and a dominant provider for CPT codes 36514, 36516, and 36522, and in 2015 pathology was the dominant provider for CPT codes 36511, 36512, 36514, 36516, and 36522. The specialties added that Pathology's exclusion from the original survey also led to the creation of new vignettes, which were not updated since 2002.

Furthermore, CPT code 36522 has never gone through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies. The dominant provider in 2002 was dermatology. In 2015, the dominant provider was pathology. For code 36522, the specialties noted that the patient population has changed since the code was originally valued. When this was originally valued by the Harvard study, the patients typically had mycosis fungoides; currently, these are bone marrow transplant patients who have graft versus host disease.

The RUC accepted that there is compelling evidence based on the change in dominant provider 36511-36522 and also based on a change in patient population for code 36522.

**36511 Therapeutic apheresis; for white blood cells**

The RUC reviewed the survey results from 59 physicians and agreed with the following physician time components: pre-service time of 40 minutes, intra-service time of 30 minutes, and post-service time of 15 minutes. The specialty societies indicated that the survey respondents overestimated the pre-service time. Therefore, the specialty societies requested and the RUC agreed to maintain the pre-service time at 40 minutes as nothing changed to justify an increase.

For CPT code 36512, the red blood cell apheresis physician workload intra-service time is slightly less in comparison to CPT codes 36511 and 36513 because the procedure runs slightly quicker for red blood cell exchanges than for white blood cells. However, the physician workload intensity for red blood cell exchange is slightly more than that for white blood cell and platelet depletion apheresis because the infusion of replacement packed red blood cells back into a patient is associated with a higher risk for a transfusion reaction.

The RUC reviewed the 25<sup>th</sup> percentile work RVU of 2.00 and agreed that this value appropriately accounts for the physician work involved. The specialty society noted that incorrect assumptions were made in the previous valuation of all of these services. To justify a work RVU of 2.00, the RUC compared the survey code to top key reference code 90947 *Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription* (work RVU= 2.52, intra-service time of 50 minutes, and total time of 70 minutes) and noted that although the reference code includes more intra-service time, the survey code includes more total time. The RUC noted that 96 percent of the survey respondents that selected 90947 as a key reference indicated that the surveyed code is more intense, supporting the work RVU of the survey code at 2.00 RVUs. To further justify the work RVU, the RUC compared the survey code to CPT code 99205 *Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family* (work RVU= 3.17, intra-service time of 45 minutes, and total time of 67 minutes) and agreed that the survey code has more total time and that the survey respondents indicated that the survey code involves more intense physician work, supporting the work RVU of the survey code at 2.00. **The RUC recommends a work RVU of 2.00 for CPT code 36511.**

### **36512 Therapeutic apheresis; for red blood cells**

The RUC reviewed the survey results from 62 physicians and agreed with the following physician time components: pre-service time of 40 minutes, intra-service time of 20 minutes, and post-service time of 15 minutes. The specialty societies indicated that the survey respondents overestimated the pre-service time. Therefore, the specialty societies requested and the RUC agreed to maintain the pre-service time at 40 minutes as nothing changed to justify an increase.

For CPT code 36512, the red blood cell apheresis physician workload intra-service time is slightly less in comparison to CPT codes 36511 and 36513 because the procedure runs slightly quicker for red blood cell exchanges than for white blood cells. However, the physician workload intensity for red blood cell exchange is slightly more than that for white blood cell and platelet depletion apheresis because the infusion of replacement packed red blood cells back into a patient is associated with a higher risk for a transfusion reaction.

The RUC reviewed the 25<sup>th</sup> percentile work RVU of 2.00 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 2.00, the RUC compared the survey code to CPT code 19283 *Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance* (work RVU= 2.00, intra-service time of 20 minutes, post-service time of 15 minutes, and total time of 57 minutes) and noted that both codes have identical intra-service times and involve a similar amount of physician work, supporting the work RVU of the survey code at 2.00. To further justify the work RVU, the RUC compared the survey code to CPT code 45337 *Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed* (work RVU= 2.10, intra-service time of 25 minutes, and total time of 68 minutes) and noted that both services have similar work RVUs, intra-service times, and total times, supporting the work RVU of the survey code at 2.00. **The RUC recommends a work RVU of 2.00 for CPT code 36512.**

### **36513 Therapeutic apheresis; for platelets**

The RUC reviewed the survey results from 36 physicians and agreed with the following physician time components: pre-service time of 40 minutes, intra-service time of 25 minutes, and the existing post-time of 15 minutes. The specialty societies indicated that the survey respondents overestimated the pre-service time. Therefore, the specialty societies requested and the RUC agreed to maintain the pre-service time at 40 minutes as nothing changed to justify an increase.

For CPT code 36512, the red blood cell apheresis physician workload intra-service time is slightly less in comparison to CPT codes 36511 and 36513 because the procedure runs slightly quicker for red blood cell exchanges than for white blood cells. However, the physician workload intensity for red blood cell exchange is slightly more than that for white blood cell and platelet depletion apheresis because the infusion of replacement packed red blood cells back into a patient is associated with a higher risk for a transfusion reaction.

The RUC reviewed the 25<sup>th</sup> percentile work RVU of 2.00 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 2.00, the RUC compared the survey code to CPT code 19283 *Placement of breast localization device(s) (eg, clip, metallic pellet,*

wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance (work RVU= 2.00, intra-service time of 20 minutes, post-service time of 15 minutes, and total time of 57 minutes) and noted that both codes have similar intra-service times, identical post-service times, and involve a similar amount of physician work, supporting the work RVU of the survey code at 2.00 RVUs. To further justify the work RVU, the RUC compared the survey code to CPT code 36002 *Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm* (work RVU= 1.96, intra-service time of 30 minutes, post-time of 15 minutes, and total time of 80 minutes) and noted that both services have similar intra-services times, identical post-times and total-times. **The RUC recommends a work RVU of 2.00 for CPT code 36513.**

#### **36514 Therapeutic apheresis; for plasma pheresis**

The RUC reviewed the survey results from 69 physicians and agreed with the following physician time components: pre-service time of 29 minutes, intra-service time of 20 minutes, and post-time of 15 minutes.

The RUC reviewed the 25<sup>th</sup> percentile work RVU of 2.00 and agreed that the survey respondents overvalued the physician work involved in performing this service. To find an appropriate work RVU crosswalk for CPT code 36514, the RUC compared the survey code to CPT code 64446 *Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)* (work RVU= 1.81, intra-service time of 20 minutes, and total time of 64 minutes) and noted that both services had identical intra-service times of 20 minutes and involve a similar amount of physician work. Therefore, the RUC recommends a direct RVU crosswalk from code 64446 to 36514. To further support a work RVU of 1.81, the RUC compared the survey code to CPT code 64416 *Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)* (work RVU= 1.81, intra-service time of 20 minutes, and total time of 60 minutes) and CPT code 45990 *Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic* (work RVU= 1.80, intra-service time of 20 minutes, and total time of 95 minutes) and noted that both services had similar intra-service times and 64416 has a similar total time, supporting the work RVU of the survey code at 1.81. **The RUC recommends a work RVU of 1.81 for CPT code 36514.**

#### **36516 Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion**

The RUC reviewed the survey results from 35 physicians and agreed with the following physician time components: pre-service time of 25 minutes, intra-service time of 15 minutes, and post-time of 10 minutes. The pre-service time was cross walked from existing pre-times for this code. The specialty societies indicated that the survey respondents overestimated the pre-service time. Therefore, the specialty societies requested and the RUC agreed to maintain the pre-service time at 25 minutes as nothing changed to justify an increase.

The RUC reviewed the 25<sup>th</sup> percentile work RVU of 1.56 and agreed that this value appropriately accounts for the physician work involved. To compare the relativity of other services, the RUC assimilated the overall work of CPT code 90945 *Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional* (work RVU= 1.56, total time of 47 minutes) to 36516. The RUC also justified a work RVU of 1.56, by comparing the survey code to CPT code 45333 *Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps* (work RVU= 1.55, intra-service time of 15 minutes, post-time of 10 minutes, and total time of 47 minutes) and noted that both services had identical intra-service and post-



times, and similar total time, supporting the work RVU of the survey code at 1.56 RVUs. To further justify the work RVU, the RUC compared the survey code to CPT code 44386 *Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple* (work RVU= 1.50, intra-service time of 17 minutes, post-time of 10 minutes, and total time of 49 minutes) and noted that both services had similar intra-service times, identical post-times, and similar total times, further supporting the work RVU of the survey code. **The RUC recommends a work RVU of 1.56 for CPT code 36516.**

### **36522 Photopheresis, extracorporeal**

The RUC reviewed the survey results from 36 physicians and agreed on the following physician time components: pre-service time of 33 minutes, intra-service time of 18 minutes, and post-time of 10 minutes. The pre-service time was cross walked from CPT code 50387.

The RUC reviewed the 25<sup>th</sup> percentile work RVU of 1.50 and agreed that this undervalued the physician work involved. To find an appropriate work RVU crosswalk for CPT code 36522, the RUC compared the survey code to CPT code 50387 *Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation*. CPT code 50387 was last reviewed by the RUC in April 2005, and for CY 2017 CMS extracted the physician work and time of moderate sedation from this procedure which reduced the work RVU from 2.00 to 1.75 and reduced the pre-service time from 38 minutes to 33. The intra-service time and post-service times are identical to the surveyed code, 18 minutes and 10 minutes respectively. The RUC determined that the overall physician work of CPT code 50387 is identical to 36522 by the multispecialty expert panel and the RUC. **The RUC recommends a work RVU of 1.75 for CPT code 36522.**

### **Practice Expense**

The PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to *Assist physician in performing procedure* in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for *Clean room/equipment by physician staff; remove disposables from machine* from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that *albumin saline* (SH004) which is 5% albumin is separately reportable and new supply item *calcium gluconate* is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. **The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies.** The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

### Referral to the CPT Editorial Panel

During the RUC's discussion, an issue was raised regarding miscoding for code 36513 *Therapeutic apheresis; for platelets*. The RUC noted and the specialties concurred that this code is only intended for therapeutic platelet depletion. The 2015 Medicare Claims data suggested that there was a portion of claims with miscoding. When platelets are harvested for other purposes (i.e. for donor collections), it would be inappropriate to use 36513. The RUC refers this issue to the CPT Editorial Panel for consideration of changes to the coding language to prevent the miscoding (i.e. a parenthetical or changes to the introductory language). The RUC noted that the following clinical vignette, which was used to value this service, was appropriate and that 94 percent of respondents had found the vignette to be typical: "A 65 year old man with essential thrombocythemia presents with a markedly elevated platelet count and mental status changes, consistent with poor brain perfusion. Emergent reduction of his platelet count is indicated."

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Surgery</b> <b>Cardiovascular System</b> <b>Vascular Injection Procedure</b>				
(f) 36511	W1	Therapeutic apheresis; for white blood cells	000	2.00
(f) 36512	W2	for red blood cells	000	2.00
(f) 36513	W3	for platelets	000	2.00
(f) 36514	W4	for plasma pheresis	000	1.81

<b>D</b> 36515	-	<del>with extracorporeal immunoadsorption and plasma reinfusion</del> <u>(36515 has been deleted. For therapeutic apheresis with extracorporeal immunoadsorption and plasma reinfusion, use 36516)</u>	-	<del>1.74</del>
<b>▲</b> 36516	W5	with extracorporeal <u>immunoadsorption</u> , selective adsorption or selective filtration and plasma reinfusion <i>(For professional evaluation, use modifier 26)</i>	000	1.56
<b>(f)</b> 36522	W6	<i>Photopheresis, extracorporeal</i> <u>(For dialysis services, see 90935-90999)</u> <u>(For ultrafiltration, use 90999)</u> <u>(For therapeutic apheresis for white blood cells, red blood cells, platelets and plasma pheresis, see 36511, 36512, 36513, 36514)</u> <u>(For therapeutic apheresis extracorporeal adsorption procedures, use 36516)</u>	000	1.75

**Medicine****Dialysis**

(For therapeutic apheresis for white blood cells, red blood cells, platelets and plasma pheresis, see 36511, 36512, 36513, 36514)

(For therapeutic apheresis extracorporeal adsorption procedures, use 36516)

*(90918, 90922 have been deleted. To report ESRD-related services for patients younger than 2 years of age, see 90951-90953, 90963, 90967)*

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36511      Tracking Number   W1

Original Specialty Recommended RVU: **2.00**Presented Recommended RVU: **2.00**

Global Period: 000

RUC Recommended RVU: **2.00**

CPT Descriptor: Therapeutic apheresis; for white blood cells

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 40 year old woman with acute leukemia presents with a high blast count and symptoms of leukostasis.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: [to be performed before every apheresis treatment, including the initial treatment]: The apheresis medicine physician evaluates the general clinical status of the patient (including current medications), ascertaining whether he/she remains sufficiently stable to undergo the therapeutic extracorporeal procedure. In addition, the physician reviews the patient's hematological status to confirm that the treatments are having the desired effect on the hyperleukocytosis and whether the patient is clinically improving as expected. This assessment may include reviewing evaluations by other attending physicians including hematologists, nephrologists and intensivists involved in the patient's management. Current diagnostic laboratory studies are reviewed, including complete blood count and differential count, renal and liver function studies, total protein and albumin and other relevant serum chemistry studies. The patient's fluid status including, urine output and the accumulation of edema fluid are assessed. The physician discusses the state of the patient's venous access with, and confirms the initial assessment of, the apheresis nurse. Finally, after determining that the parameters of the treatment (whole blood processing volume, anticoagulant-to-whole blood flow ratio, target extent of leukoreduction, etc.) as reflected in the orders are still appropriate, the physician authorizes that the treatment should proceed.

Pre-service work unique to the first treatment, in addition to all of the above, typically includes reviewing the patient's chest x-ray report to determine proper placement of the venous access device (this is ultimately the responsibility of the apheresis medicine physician), obtaining and reviewing the history and diagnostic studies; an examination of previous study reports; communicating with other professionals prior to the actual performance of the evaluation and procedure; and explaining the procedure to the patient or healthcare proxy and obtaining informed consent.

Description of Intra-Service Work: During the procedure, the apheresis medicine physician is responsible for the wellbeing of the patient on the machine. The physician periodically assesses the clinical status of the patient, paying particular attention to the vital signs flow sheet, the patient's color, urine output, mental status (if patient is awake), and other relevant parameters. The physician monitors the decline in white cell count to determine whether the goals of the procedure are being met by the current treatment parameters as ordered, and ascertains that other formed elements of the blood are not being inappropriately altered as a result of the procedure. Variations in clinical status or vital signs are repeatedly evaluated to determine whether to continue the procedure to its intended extent of whole blood processing. Given the inherent level of acuity of patients undergoing this procedure, the apheresis medicine physician is the first responder in

case of adverse clinical events or emergencies that arise during the procedure. Communications with other physicians and patient care providers during this phase are performed as needed by the apheresis medicine physician predicated on the clinical status of the patient and the need for any changes in the care plan due to clinical instability.

Description of Post-Service Work: At the conclusion of the procedure the apheresis physician reviews final hematological parameters and assesses the extent to which goals for the procedure were met. The apheresis medicine physician, in collaboration with the apheresis nurse ascertains that venous access has been properly de-accessed and that no new problems (hemorrhage, trauma, infection, etc.) have occurred as a result of the procedure. The physician prepares a final written report about the procedure for the medical record, and writes post-procedure orders should they be necessary and not already included in the apheresis orders that have been ordered prior to the treatment series. The apheresis medicine physician typically communicates in writing in the patient's electronic health record, as well as in person and/or by telephone with other healthcare personnel regarding the patient's treatment and may discuss the progress of the series of treatments with the patient's family. The physician assesses the clinical condition of the patient and ascertains that no adverse effects have resulted from the procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jonathan Myles, MD, Karla Murphy, MD, Jeffery Giullian, MD, MBA, Chester Andrzejewski, PhD, MD, Walter Linz, MD, Joseph Schwartz, MD, MPH				
<b>Specialty(s):</b>	College of American Pathologists and Renal Physicians Association				
<b>CPT Code:</b>	36511				
<b>Sample Size:</b>	4419	<b>Resp N:</b>	59	<b>Response:</b> 1.3 %	
<b>Description of Sample:</b>	Random sample of CAP and RPA members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	3.00	5.00	10.00	100.00
<b>Survey RVW:</b>	0.48	2.00	2.75	3.17	4.50
<b>Pre-Service Evaluation Time:</b>			50.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	15.00	30.00	100.00	240.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	36511	<b>Recommended Physician Work RVU: 2.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	3.00	-3.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	20.00	-20.00	
<b>Intra-Service Time:</b>	30.00			
Please, pick the <b>post-service time package</b> that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90947	000	2.52	RUC Time

CPT Descriptor Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99205	XXX	3.17	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64483	000	1.90	RUC Time	991,128

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90937	000	2.11	RUC Time	59,798

CPT Descriptor 2 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
19283	000	2.00	RUC Time



CPT Descriptor Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 18      **% of respondents:** 30.5 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 13      **% of respondents:** 22.0 %

### **TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <b><u>36511</u></b>	<b>Top Key Reference CPT Code:</b> <b><u>90947</u></b>	<b>2nd Key Reference CPT Code:</b> <b><u>99205</u></b>
Median Pre-Service Time	40.00	10.00	7.00
Median Intra-Service Time	30.00	50.00	45.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>85.00</b>	<b>70.00</b>	<b>67.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.67	0.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.61	0.54
Urgency of medical decision making	1.17	1.31

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.50	0.31
Physical effort required	0.28	0.15

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.83	1.08
Outcome depends on the skill and judgment of physician	0.67	0.69
Estimated risk of malpractice suit with poor outcome	0.56	0.54

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.17	1.15
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background: 36511, 36512, 36513, 36514, 36516, 36522**

Before CY2016, the apheresis code family included 36511, 36512, 36513, 36514, 36515, 36516, and 36522. In the CMS proposed and final physician fee schedule rulings, CPT code 36516 was nominated for review as potentially misvalued. The nominator stated 36516 is misvalued because of inaccurate direct and indirect PE inputs and "that the current work RVU undervalues a physician's time and expertise". After comments, the CMS added CPT code 36516 to the list of potentially misvalued codes. At the September 2016 CPT Editorial Panel meeting, CPT code 36516 was revised to include immunoabsorption and CPT code 36515 was deleted. The family of codes now includes:

36511 – Therapeutic apheresis; for white blood cells

36512 – Therapeutic apheresis; for red blood cells

36513 – Therapeutic apheresis; for platelets

36514 – Therapeutic apheresis; for plasma pheresis

▲ 36516 - Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion

36522 - Photopheresis, extracorporeal

(36515 has been deleted. For therapeutic apheresis with extracorporeal immunoabsorption and plasma reinfusion use, 36516)

**Survey Process**

In 2002, CPT codes 36511-36516 were originally developed and surveyed by the American Society of Hematology (ASH) and the Renal Physicians Association (RPA). Although pathology was a dominate provider of these services at that time, no pathologists were included in the survey effort. CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies.

For the January 2017 RUC meeting, the College of American Pathologists led the survey effort with assistance from ASH and RPA. Due to changes in the typical patient and service, revised vignettes were created, reviewed, and approved by the RUC's Research Subcommittee. The Subcommittee also approved a reference service list and minor changes to

question 2 of the zero day global survey instrument. Since the majority of pathologists typically do not perform zero day global services and the references to “surgery” and “operative” procedure was of concern, these terms were either deleted or replaced with the word “procedure” where appropriate.

CAP and RPA conducted a random physician work survey of each society’s membership for all six codes, while ASH conducted a random physician work survey of its membership for codes 36512 and 36522 only. The work surveys asked for respondents to only respond to questions for survey code(s) that they have familiarity with or have experience performing. An expert panel representing all three specialties was formed to address the direct practice expense inputs for the entire family of codes.

### Summary of Recommendations

January 2017 Recommendations	36511: White BC	36512: Red BC	36513: Platelets	36514: Plasma	36516: Extracorp	36522: Photo
Pre Time Total	40	40	40	40	35	40
Intra Time	30	20	25	20	15	18
Post Time	15	15	15	15	10	10
Total Time	85	75	80	75	60	68
Recommended Work RVU	2.00	2.00	2.00	2.00	1.56	1.75
Current WRVU	1.74	1.74	1.74	1.74	1.22	1.67

### Compelling Evidence:

The specialties believe that the current work RVUs undervalue these services, which are supported by the results of the survey. The specialties believe that compelling evidence exists in order to increase the work RVUs from their current values. According to the RUC’s definition, compelling evidence can be met if there is:

- “Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as:
  - a misleading vignette, survey and/or flawed crosswalk assumptions in a previous evaluation;
  - a flawed mechanism or methodology used in the previous valuation, for example, evidence that no pediatricians were consulted in assigning pediatric values; and/or
  - a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.”

We believe there is indeed evidence that incorrect assumptions were made in the previous valuation of all of these services. The previous survey in 2002 was conducted by two specialties (hematology and nephrology) to obtain the values of 36511-36516, but pathologists were not included in this survey. At that time pathology was the dominate provider for codes 36511, 36512, and a dominate provider for codes 36514, 36516, and 36522, and in 2015, pathology was the dominate provider for codes 36511, 36512, 36514, 36516, and 36522. Pathology’s exclusion from the original survey also affected the creation of the vignette, which has been updated since 2002.

Furthermore, CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies, which we believe is a flawed methodology. Therefore the work RVU and physician time are invalid. The dominate provider in 2002 was obstetrics/gynecology. In 2015, the dominate provider was pathology.

Therefore, these facts demonstrate that a flawed methodology used in the previous valuation of these services, which fulfills the requirements of compelling evidence.

### Recommendation for 36511:

**We recommend the survey 25<sup>th</sup> percentile work RVU of 2.00 for code 36511.**

**PRE-TIME Package 4:** The RUC’s physician work instructions directed us to select the package that “best corresponds to the data which was collected in the survey process”. The survey’s indicated pre-service evaluation time above 40 minutes and therefore package 4 was selected.

**Evaluation (total = 40 minutes):** The package accounts for the extensive review of the patient history, diagnostic studies, physical assessments, therapy parameter determinations, and documentation requirements,

**Positioning (total = 0 minutes):** The survey results indicate little or no positioning time. All positioning time has been subtracted from the package time.

**Scrub, dress, wait (total = 0 minutes):** The survey results indicated little or no scrub, dress, and wait time. 5 minutes of scrub, dress, wait time has been subtracted from the package time.

**INTRA TIME:** Survey median of 30 minutes.

#### **POST-TIME Package 7A**

**Total = 15 minutes:** Default to the survey value of 15 minutes which is 3 minutes less than the package time.

#### **MPC 000 Day Global Code Comparisons**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Work RVU</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>RUC Review</b>	<b>IWPUT</b>
52000	Cystourethroscopy (separate procedure)	1.53	20	10	10	40	Jan17	0.0930
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	24	15	10	49	Oct09	0.0816
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	2.11	10	40	10	60	Oct09	0.0415
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	24	15	10	49	Oct09	0.1076
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	2.50	25	15	10	50	Apr03	0.1192
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.53	15	30	15	66	Jan15	0.0636
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	41	30	15	86	Apr03	0.0506
31500	Intubation, endotracheal, emergency procedure	3.00	12	10	10	32	Jan17	0.2522

#### **Other 000 Day Global Code Comparisons**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Work RVU</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>RUC Review</b>	<b>IWPUT</b>
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	23	20	10	63	Oct13	0.0546
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	1.80	50	20	25	95	Apr05	0.0131
49084	Peritoneal lavage, including imaging guidance, when performed	2.00	23	20	15	58	Oct10	0.0610
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	2.00	22	20	15	57	Apr13	0.0628
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	2.10	28	25	15	78	Oct13	0.0483
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing	2.49	51	20	15	86	Oct12	0.0577

	when performed (separate procedure)							
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	2.64	43	28	15	86	Feb10	0.0530
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.04	33	20	20	83	Apr12	0.0998
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	43	30	15	88	Feb10	0.0711

### Summary

The specialties agree that the survey results support a higher relative value for this code, and therefore the specialties recommend the 25<sup>th</sup> percentile RVU of 2.00, which is consistent with other apheresis procedures and presents proper rank order. Compelling evidence indicates a flawed methodology was use in the original valuation of this service. **We recommend a physician work RVU of 2.00 for code 36511.**

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36511

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology                      How often? Sometimes

Specialty Nephrology                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1012

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 253 claims for 2015. Medicare procedures represent approximately 25% of the total volume for these types of procedures (253\*4=1012). Percentages are from the RUC database for the year 2015.

Specialty Pathology	Frequency 488	Percentage 48.22 %
Specialty Nephrology	Frequency 100	Percentage 9.88 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 253

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 253 claims for 2015. Percentages are from the RUC database for the year 2015.

Specialty Pathology	Frequency 122	Percentage 48.22 %
Specialty Nephrology	Frequency 25	Percentage 9.88 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36511

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36512      Tracking Number   W2

Original Specialty Recommended RVU: **2.00**Presented Recommended RVU: **2.00**

Global Period: 000

RUC Recommended RVU: **2.00**

CPT Descriptor: Therapeutic apheresis; for red blood cells

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 21 year old man with sickle cell disease presents with acute chest syndrome. Replacement of his red blood cells with normal donor red blood cells is indicated.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: to be performed before every apheresis treatment, including the initial treatment]: The apheresis medicine physician evaluates the general clinical status of the patient (including current medications), and performs an interval history and brief physical assessment as needed in order to confirm the clinical impression and ascertain whether the patient is medically able to undergo the therapeutic extracorporeal procedure. In addition, the physician typically reviews the patient's current hematological status to create apheresis orders based upon hematocrit, and desired effect on the ratio of hemoglobin (HgbA:HgbS, for example) in the case of sickle cell chest syndrome. This assessment may also include reviewing evaluations by other physicians including hematologists, nephrologists, intensivists and neurologists involved in the patient's management. The physician confirms the adequacy of vascular access and confirms the initial assessment of the apheresis nurse. Current diagnostic laboratory studies available are reviewed, which may include complete blood count and differential count, renal and liver function studies, ionized calcium, and other relevant serum chemistry studies. The physician determines that the patient's blood group, antibody screen and Rh type have been properly determined and that sufficient compatible packed red blood cells have been ordered for the procedure. Finally, the apheresis medicine physician will write orders for the desired parameters of the treatment (whole blood processing volume, anticoagulant-to-whole blood flow ratio, units of red packed red cells to be used, target hemoglobin ratio, final desired hemoglobin and hematocrit, etc.). Additional orders may include calcium replacement and timed laboratory draws.

Pre-service work unique to the first treatment, in addition to all of the above, may include arranging placement of a venous access device and then reviewing the patient's chest x-ray to determine proper placement of the venous access device and confirm that the impression of Chest X-ray findings are consistent with acute sickle chest syndrome. The apheresis medicine physician may also obtain and review other relevant patient history and diagnostic studies given potential co-morbidities. Finally, the apheresis medicine physician determines the suitability of apheresis therapy for that particular patient, documents that impression in the medical record, communicates with other professionals prior to the actual performance of the evaluation and procedure; and explaining the procedure to the patient or healthcare proxy and obtaining informed consent.

Description of Intra-Service Work: During the procedure, the apheresis medicine physician is responsible for the wellbeing of the patient on the machine. The physician typically periodically assesses the clinical status of the patient, which may

include review of vital signs the patient's color, urine output, mental status (if patient is awake), and other relevant parameters. The physician and/or nurse also monitors the patient for hemolysis (as detected in the extracorporeal circuit or in the color of the patient's urine), and carefully monitors the patient for intolerance to the procedure or development of signs and symptoms of a transfusion reaction. In concert with the apheresis nurse, the physician monitors the patient for the development of symptoms of hypocalcemic toxicity and, if necessary, prescribes appropriate treatment. The physician may also have ordered prophylactic measures to mitigate a fall in ionized calcium in the patient's plasma. Variations in clinical status or vital signs are repeatedly evaluated to determine whether to continue the procedure to its intended extent of whole blood processing. Given the inherent potential level of acuity of patients undergoing this procedure, the apheresis medicine physician is the first responder in case of adverse clinical events or emergencies that arise during the procedure.

Description of Post-Service Work: At the conclusion of the procedure the apheresis medicine physician reviews final hematological parameters and assesses the extent to which goals for the procedure were met. This may include ordering post-procedure laboratory tests to be interpreted before the following procedure (*vide supra*). The physician, in collaboration with the apheresis nurse ascertains that venous access has been properly de-accessed and that no new problems (hemorrhage, trauma, infection, etc.) have occurred as a result of the procedure. The physician prepares a final written report about the procedure for the medical record, and, if necessary writes additional post-procedure orders beyond those already included in the main apheresis orders for the treatment series. The physician communicates in writing, in person and/or by telephone with other healthcare personnel regarding the patient's treatment and may discuss the progress of the series of treatments with the patient's family. The physician assesses the clinical condition of the patient and ascertains that no adverse effects have resulted from the procedure.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jonathan Myles, MD, Karla Murphy, MD, Jeffery Giullian, MD, MBA, and Robert Weinstein, MD, Chester Andrzejewski, PhD, MD, Walter Linz, MD, Joseph Schwartz, MD, MPH				
<b>Specialty(s):</b>	College of American Pathologists, Renal Physicians Association, and American Society of Hematology				
<b>CPT Code:</b>	36512				
<b>Sample Size:</b>	6419	<b>Resp N:</b>	62	<b>Response:</b>	0.9 %
<b>Description of Sample:</b>	Random sample of CAP and RPA members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	5.00	18.00	50.00	400.00
<b>Survey RVW:</b>	0.40	2.00	2.50	3.00	5.00
<b>Pre-Service Evaluation Time:</b>			45.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	15.00	20.00	60.00	180.00
<b>Immediate Post Service-Time:</b>	15.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	36512	<b>Recommended Physician Work RVU: 2.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	3.00	-3.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	20.00	-20.00	
<b>Intra-Service Time:</b>	20.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90947	000	2.52	RUC Time

CPT Descriptor Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99205	XXX	3.17	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64483	000	1.90	RUC Time	991,128

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90937	000	2.11	RUC Time	59,798

CPT Descriptor 2 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
19283	000	2.00	RUC Time

CPT Descriptor Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 21      % of respondents: 33.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 19.3 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>36512</u>	<b>Top Key Reference CPT Code:</b> <u>90947</u>	<b>2nd Key Reference CPT Code:</b> <u>99205</u>
Median Pre-Service Time	40.00	10.00	7.00
Median Intra-Service Time	20.00	50.00	45.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>75.00</b>	<b>70.00</b>	<b>67.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.52	0.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.48	0.92
Urgency of medical decision making	0.76	1.42

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.38	0.17
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Physical effort required	0.10	0.17
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.86	0.83
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Outcome depends on the skill and judgment of physician	0.71	0.58
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Estimated risk of malpractice suit with poor outcome	0.33	0.58
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.86	0.83
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background: 36511, 36512, 36513, 36514, 36516, 36522**

Before CY2016, the apheresis code family included 36511, 36512, 36513, 36514, 36515, 36516, and 36522. In the CMS proposed and final physician fee schedule rulings, CPT code 36516 was nominated for review as potentially misvalued. The nominator stated 36516 is misvalued because of inaccurate direct and indirect PE inputs and "that the current work RVU undervalues a physician's time and expertise". After comments, the CMS added CPT code 36516 to the list of potentially misvalued codes. At the September 2016 CPT Editorial Panel meeting, CPT code 36516 was revised to include immunoabsorption and CPT code 36515 was deleted. The family of codes now includes:

36511 – Therapeutic apheresis; for white blood cells

36512 – Therapeutic apheresis; for red blood cells

36513 – Therapeutic apheresis; for platelets

36514 – Therapeutic apheresis; for plasma pheresis

▲ 36516 - Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion

36522 - Photopheresis, extracorporeal

(36515 has been deleted. For therapeutic apheresis with extracorporeal immunoabsorption and plasma reinfusion use, 36516)

**Survey Process**

In 2002, CPT codes 36511-36516 were originally developed and surveyed by the American Society of Hematology (ASH) and the Renal Physicians Association (RPA). Although pathology was a dominate provider of these services at that time, no pathologists were included in the survey effort. CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies.

For the January 2017 RUC meeting, the College of American Pathologists led the survey effort with assistance from ASH and RPA. Due to changes in the typical patient and service, revised vignettes were created, reviewed, and approved by the RUC's Research Subcommittee. The Subcommittee also approved a reference service list and minor changes to

question 2 of the zero day global survey instrument. Since the majority of pathologists typically do not perform zero day global services and the references to “surgery” and “operative” procedure was of concern, these terms were either deleted or replaced with the word “procedure” where appropriate.

CAP and RPA conducted a random physician work survey of each society’s membership for all six codes, while ASH conducted a random physician work survey of its membership for codes 36512 and 36522 only. The work surveys asked for respondents to only respond to questions for survey code(s) that they have familiarity with or have experience performing. An expert panel representing all three specialties was formed to address the direct practice expense inputs for the entire family of codes.

### Summary of Recommendations

January 2017 Recommendations	36511: White BC	36512: Red BC	36513: Platelets	36514: Plasma	36516: Extracorp	36522: Photo
Pre Time Total	40	40	40	40	35	40
Intra Time	30	20	25	20	15	18
Post Time	15	15	15	15	10	10
Total Time	85	75	80	75	60	68
Recommended Work RVU	2.00	2.00	2.00	2.00	1.56	1.75
Current WRVU	1.74	1.74	1.74	1.74	1.22	1.67

### Compelling Evidence:

The specialties believe that the current work RVUs undervalue these services, which are supported by the results of the survey. The specialties believe that compelling evidence exists in order to increase the work RVUs from their current values. According to the RUC’s definition, compelling evidence can be met if there is:

- “Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as:
  - a misleading vignette, survey and/or flawed crosswalk assumptions in a previous evaluation;
  - a flawed mechanism or methodology used in the previous valuation, for example, evidence that no pediatricians were consulted in assigning pediatric values; and/or
  - a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.”

We believe there is indeed evidence that incorrect assumptions were made in the previous valuation of all of these services. The previous survey in 2002 was conducted by two specialties (hematology and nephrology) to obtain the values of 36511-36516, but pathologists were not included in this survey. At that time pathology was the dominate provider for codes 36511, 36512, and a dominate provider for codes 36514, 36516, and 36522, and in 2015, pathology was the dominate provider for codes 36511, 36512, 36514, 36516, and 36522. Pathology’s exclusion from the original survey also affected the creation of the vignette, which has been updated since 2002.

Furthermore, CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies, which we believe is a flawed methodology. Therefore the work RVU and physician time are invalid. The dominate provider in 2002 was obstetrics/gynecology. In 2015, the dominate provider was pathology.

Therefore, these facts demonstrate that a flawed methodology used in the previous valuation of these services, which fulfills the requirements of compelling evidence.

### Recommendation for 36512:

**We recommend the survey 25<sup>th</sup> percentile work RVU of 2.00 for code 36512.**

**PRE-TIME Package 4:** The RUC’s physician work instructions directed us to select the package that “best corresponds to the data which was collected in the survey process”. The survey’s indicated pre-service evaluation time above 40 minutes and therefore package 4 was selected.

**Evaluation (total = 40 minutes):** The package accounts for the extensive review of the patient history, diagnostic studies, physical assessments, therapy parameter determinations, and documentation requirements,

**Positioning (total = 0 minutes):** The survey results indicate little or no positioning time. All positioning time has been subtracted from the package time.

**Scrub, dress, wait (total = 0 minutes):** The survey results indicated little or no scrub, dress, and wait time. 5 minutes of scrub, dress, wait time has been subtracted from the package time.

**INTRA TIME:** Survey median of 20 minutes.

### **POST-TIME Package 7A**

**Total = 15 minutes:** Default to the survey value of 15 minutes which is 3 minutes less than the package time.

### **MPC 000 Day Global Code Comparisons**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Work RVU</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>RUC Review</b>	<b>IWPUT</b>
52000	Cystourethroscopy (separate procedure)	1.53	20	10	10	40	Jan17	0.0930
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	24	15	10	49	Oct09	0.0816
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	2.11	10	40	10	60	Oct09	0.0415
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	24	15	10	49	Oct09	0.1076
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	2.50	25	15	10	50	Apr03	0.1192
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.53	15	30	15	66	Jan15	0.0636
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	41	30	15	86	Apr03	0.0506
31500	Intubation, endotracheal, emergency procedure	3.00	12	10	10	32	Jan17	0.2522

### **Other 000 Day Global Code Comparisons**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Work RVU</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>RUC Review</b>	<b>IWPUT</b>
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	23	20	10	63	Oct13	0.0546
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	1.80	50	20	25	95	Apr05	0.0131
49084	Peritoneal lavage, including imaging guidance, when performed	2.00	23	20	15	58	Oct10	0.0610
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	2.00	22	20	15	57	Apr13	0.0628
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	2.10	28	25	15	78	Oct13	0.0483
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	2.49	51	20	15	86	Oct12	0.0577

31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	2.64	43	28	15	86	Feb10	0.0530
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.04	33	20	20	83	Apr12	0.0998
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	43	30	15	88	Feb10	0.0711

## Summary

The specialties agree that the survey results support a higher relative value for this code, and therefore the specialties recommend the 25<sup>th</sup> percentile RVU of 2.00, which is consistent with other apheresis procedures and presents proper rank order. Compelling evidence indicates a flawed methodology was use in the original valuation of this service. **We recommend a physician work RVU of 2.00 for code 36512.**

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36512

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology                      How often? Sometimes

Specialty Hematology                      How often? Sometimes

Specialty Nephrology                      How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 5728

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 1,432 claims for 2015. Medicare procedures represent approximately 25% of the total volume for these types of procedures (1,432\*4=5,728). Percentages are from the RUC database for the year 2015.

Specialty Pathology	Frequency 2096	Percentage 36.59 %
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Specialty Hematology	Frequency 1736	Percentage 30.30 %
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Specialty Nephrology	Frequency 868	Percentage 15.15 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,432

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 1,432 claims for 2015. Percentages are from the RUC database for the year 2015.

Specialty Pathology	Frequency 524	Percentage 36.59 %
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Specialty Hematology	Frequency 434	Percentage 30.30 %
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Specialty Nephrology	Frequency 217	Percentage 15.15 %
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Do many physicians perform this service across the United States? No

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36512

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36513      Tracking Number   W3

Original Specialty Recommended RVU: **2.00**Presented Recommended RVU: **2.00**

Global Period: 000

RUC Recommended RVU: **2.00**

CPT Descriptor: Therapeutic apheresis; for platelets

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65 year old man with essential thrombocythemia presents with a markedly elevated platelet count and mental status changes, consistent with poor brain perfusion. Emergent reduction of his platelet count is indicated.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: [to be performed before every apheresis treatment, including the initial treatment]:

The apheresis medicine physician evaluates the general clinical status of the patient (including current medications), ascertaining whether he/she remains sufficiently stable to undergo the therapeutic extracorporeal procedure. In addition, the physician reviews the patient's hematological status to confirm that the treatments are having the desired effect on the thrombocytosis and whether the patient is clinically improving as expected. This assessment may include reviewing evaluations by other attending physicians including hematologists, nephrologists and intensivists involved in the patient's management. Current diagnostic laboratory studies are reviewed, including complete blood count and differential count, renal and liver function studies, total protein and albumin and other relevant serum chemistry studies. The patient's fluid status including, urine output and the accumulation of edema fluid are assessed. The physician discusses and if necessary secures the vascular access and confirms the initial assessment of the apheresis nurse. Finally, after determining that the parameters of the treatment (whole blood processing volume, anticoagulant-to-whole blood flow ratio, target extent of thromboreduction, etc.) as reflected in the orders are appropriate, the physician authorizes that the treatment should proceed.

Pre-service work unique to the first treatment, in addition to all of the above, typically includes reviewing the patient's chest x-ray report to determine proper placement of the venous access device (this is ultimately the responsibility of the apheresis medicine physician), obtaining and reviewing the history and diagnostic studies; an examination of previous study reports; communicating with other professionals prior to the actual performance of the evaluation and procedure; and explaining the procedure to the patient or healthcare proxy and obtaining informed consent.

Description of Intra-Service Work: During the procedure, the apheresis medicine physician is responsible for the wellbeing of the patient on the machine. The physician periodically assesses the clinical status of the patient, paying particular attention to the vital signs flow sheet, the patient's color, urine output, mental status (if patient is awake), and other relevant parameters. The physician monitors the decline in platelet count to determine whether the goals of the procedure are being met by the current treatment parameters as ordered, and ascertains that other formed elements of the blood are not being inappropriately altered as a result of the procedure. Variations in clinical status or vital signs are repeatedly evaluated to determine whether to continue the procedure to its intended extent of whole blood processing. Given the inherent level of

acuity of patients undergoing this procedure, the apheresis medicine physician is the first responder in case of adverse clinical events or emergencies that arise during the procedure. Communications with other physicians and patient care providers during this phase are performed as needed by the apheresis medicine physician predicated on the clinical status of the patient and the need for any changes in the care plan due to clinical instability.

Description of Post-Service Work: At the conclusion of the procedure the apheresis physician reviews final hematological parameters and assesses the extent to which goals for the procedure were met. The apheresis medicine physician, in collaboration with the apheresis nurse ascertains that venous access has been properly closed or removed and that no new problems (hemorrhage, trauma, infection, etc.) have occurred as a result of the procedure. The apheresis medicine physician prepares a final written report about the procedure for the medical record, and writes post-procedure orders should they be necessary and have not already been included in the apheresis orders prior to the start of the intervention. The apheresis medicine physician typically communicates in writing in the patient's electronic health record, as well as in person and/or by telephone with other healthcare personnel regarding the patient's treatment and may discuss the progress of the series of treatments with the patient's family. The physician assesses the clinical condition of the patient and ascertains that no adverse effects have resulted from the procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jonathan Myles, MD, Karla Murphy, MD, Jeffery Giullian, MD, Chester Andrzejewski, PhD, MD, Walter Linz, MD, Joseph Schwartz, MD, MPH				
<b>Specialty(s):</b>	College of American Pathologists and Renal Physicians Association				
<b>CPT Code:</b>	36513				
<b>Sample Size:</b>	4419	<b>Resp N:</b>	36	<b>Response:</b>	0.8 %
<b>Description of Sample:</b>	Random sample of CAP and RPA members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	2.00	3.00	5.00	30.00
<b>Survey RVW:</b>	0.48	2.00	2.51	3.00	5.00
<b>Pre-Service Evaluation Time:</b>			48.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	13.00	25.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	<b>18.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	36513	<b>Recommended Physician Work RVU: 2.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	3.00	-3.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	20.00	-20.00	
<b>Intra-Service Time:</b>	25.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90947	000	2.52	RUC Time

CPT Descriptor Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99205	XXX	3.17	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64483	000	1.90	RUC Time	991,128

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90937	000	2.11	RUC Time	59,798

CPT Descriptor 2 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
19283	000	2.00	RUC Time

CPT Descriptor Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 11      % of respondents: 30.5 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 19.4 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>36513</u></b>	<b>Top Key Reference CPT Code: <u>90947</u></b>	<b>2nd Key Reference CPT Code: <u>99205</u></b>
Median Pre-Service Time	40.00	10.00	7.00
Median Intra-Service Time	25.00	50.00	45.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>80.00</b>	<b>70.00</b>	<b>67.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.91	-0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.64	0.43
Urgency of medical decision making	0.73	1.14

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.45	0.14
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Physical effort required	0.27	0.14
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.73	1.00
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Outcome depends on the skill and judgment of physician	0.91	0.86
--	------	------

Estimated risk of malpractice suit with poor outcome	0.73	0.86
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.18	1.14
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background: 36511, 36512, 36513, 36514, 36516, 36522**

Before CY2016, the apheresis code family included 36511, 36512, 36513, 36514, 36515, 36516, and 36522. In the CMS proposed and final physician fee schedule rulings, CPT code 36516 was nominated for review as potentially misvalued. The nominator stated 36516 is misvalued because of inaccurate direct and indirect PE inputs and "that the current work RVU undervalues a physician's time and expertise". After comments, the CMS added CPT code 36516 to the list of potentially misvalued codes. At the September 2016 CPT Editorial Panel meeting, CPT code 36516 was revised to include immunoabsorption and CPT code 36515 was deleted. The family of codes now includes:

36511 – Therapeutic apheresis; for white blood cells

36512 – Therapeutic apheresis; for red blood cells

36513 – Therapeutic apheresis; for platelets

36514 – Therapeutic apheresis; for plasma pheresis

▲ 36516 - Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion

36522 - Photopheresis, extracorporeal

(36515 has been deleted. For therapeutic apheresis with extracorporeal immunoabsorption and plasma reinfusion use, 36516)

**Survey Process**

In 2002, CPT codes 36511-36516 were originally developed and surveyed by the American Society of Hematology (ASH) and the Renal Physicians Association (RPA). Although pathology was a dominate provider of these services at that time, no pathologists were included in the survey effort. CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies.

For the January 2017 RUC meeting, the College of American Pathologists led the survey effort with assistance from ASH and RPA. Due to changes in the typical patient and service, revised vignettes were created, reviewed, and approved by the RUC's Research Subcommittee. The Subcommittee also approved a reference service list and minor changes to

question 2 of the zero day global survey instrument. Since the majority of pathologists typically do not perform zero day global services and the references to “surgery” and “operative” procedure was of concern, these terms were either deleted or replaced with the word “procedure” where appropriate.

CAP and RPA conducted a random physician work survey of each society’s membership for all six codes, while ASH conducted a random physician work survey of its membership for codes 36512 and 36522 only. The work surveys asked for respondents to only respond to questions for survey code(s) that they have familiarity with or have experience performing. An expert panel representing all three specialties was formed to address the direct practice expense inputs for the entire family of codes.

### Summary of Recommendations

January 2017 Recommendations	36511: White BC	36512: Red BC	36513: Platelets	36514: Plasma	36516: Extracorp	36522: Photo
Pre Time Total	40	40	40	40	35	40
Intra Time	30	20	25	20	15	18
Post Time	15	15	15	15	10	10
Total Time	85	75	80	75	60	68
Recommended Work RVU	2.00	2.00	2.00	2.00	1.56	1.75
Current WRVU	1.74	1.74	1.74	1.74	1.22	1.67

### Compelling Evidence:

The specialties believe that the current work RVUs undervalue these services, which are supported by the results of the survey. The specialties believe that compelling evidence exists in order to increase the work RVUs from their current values. According to the RUC’s definition, compelling evidence can be met if there is:

- “Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as:
  - a misleading vignette, survey and/or flawed crosswalk assumptions in a previous evaluation;
  - a flawed mechanism or methodology used in the previous valuation, for example, evidence that no pediatricians were consulted in assigning pediatric values; and/or
  - a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.”

We believe there is indeed evidence that incorrect assumptions were made in the previous valuation of all of these services. The previous survey in 2002 was conducted by two specialties (hematology and nephrology) to obtain the values of 36511-36516, but pathologists were not included in this survey. At that time pathology was the dominate provider for codes 36511, 36512, and a dominate provider for codes 36514, 36516, and 36522, and in 2015, pathology was the dominate provider for codes 36511, 36512, 36514, 36516, and 36522. Pathology’s exclusion from the original survey also affected the creation of the vignette, which has been updated since 2002.

Furthermore, CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies, which we believe is a flawed methodology. Therefore the work RVU and physician time are invalid. The dominate provider in 2002 was obstetrics/gynecology. In 2015, the dominate provider was pathology.

Therefore, these facts demonstrate that a flawed methodology used in the previous valuation of these services, which fulfills the requirements of compelling evidence.

### Recommendation for 36513:

**We recommend the survey 25<sup>th</sup> percentile work RVU of 2.00 for code 36513.**

**PRE-TIME Package 4:** The RUC’s physician work instructions directed us to select the package that “best corresponds to the data which was collected in the survey process”. The survey’s indicated pre-service evaluation time above 40 minutes and therefore package 4 was selected.

**Evaluation (total = 40 minutes):** The package accounts for the extensive review of the patient history, diagnostic studies, physical assessments, therapy parameter determinations, and documentation requirements,

**Positioning (total = 0 minutes):** The survey results indicate little or no positioning time. All positioning time has been subtracted from the package time.

**Scrub, dress, wait (total = 0 minutes):** The survey results indicated little or no scrub, dress, and wait time. 5 minutes of scrub, dress, wait time has been subtracted from the package time.

**INTRA TIME:** Survey median of 25 minutes.

#### **POST-TIME Package 7A**

**Total = 15 minutes:** 15 minutes which is 3 minutes less than the package time.

#### **MPC 000 Day Global Code Comparisons**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Work RVU</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>RUC Review</b>	<b>IWPUT</b>
52000	Cystourethroscopy (separate procedure)	1.53	20	10	10	40	Jan17	0.0930
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	24	15	10	49	Oct09	0.0816
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	2.11	10	40	10	60	Oct09	0.0415
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	24	15	10	49	Oct09	0.1076
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	2.50	25	15	10	50	Apr03	0.1192
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.53	15	30	15	66	Jan15	0.0636
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	41	30	15	86	Apr03	0.0506
31500	Intubation, endotracheal, emergency procedure	3.00	12	10	10	32	Jan17	0.2522

#### **Other 000 Day Global Code Comparisons**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Work RVU</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>RUC Review</b>	<b>IWPUT</b>
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	23	20	10	63	Oct13	0.0546
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	1.80	50	20	25	95	Apr05	0.0131
49084	Peritoneal lavage, including imaging guidance, when performed	2.00	23	20	15	58	Oct10	0.0610
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	2.00	22	20	15	57	Apr13	0.0628
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	2.10	28	25	15	78	Oct13	0.0483



43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	2.49	51	20	15	86	Oct12	0.0577
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	2.64	43	28	15	86	Feb10	0.0530
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.04	33	20	20	83	Apr12	0.0998
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	43	30	15	88	Feb10	0.0711

## Summary

The specialties agree that the survey results support a higher relative value for this code, and therefore the specialties recommend the 25<sup>th</sup> percentile RVU of 2.00, which is consistent with other apheresis procedures and presents proper rank order. Compelling evidence indicates a flawed methodology was use in the original valuation of this service. **We recommend a physician work RVU of 2.00 for code 36513.**

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36513

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology                      How often? Sometimes

Specialty Nephrology                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 688

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 344 claims for 2015. Medicare procedures represent approximately 50% of the total volume for these types of procedures ( $344 \times 2 = 688$ ). We do not believe that the percentages in the RUC database for the year 2015 will continue to be accurate in the future, and therefore we have adjusted these percentages to align them better with the rest of the family.

Specialty Pathology	Frequency 274	Percentage 39.82 %
Specialty Nephrology	Frequency 137	Percentage 19.91 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 344

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 344 claims for 2015. We do not believe that the percentages in the RUC database for the year 2015 will continue to be accurate in the future, and therefore we have adjusted these percentages to align them better with the rest of the family.

Specialty Pathology	Frequency 137	Percentage 39.82 %
Specialty Nephrology	Frequency 69	Percentage 20.05 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Procedures

BETOS Sub-classification:  
Minor procedure

BETOS Sub-classification Level II:  
Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. We believe that the specialty utilization mix will change and that the appropriate crosswalk would be CPT Code 36514.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36514      Tracking Number   W4

Original Specialty Recommended RVU: **2.00**Presented Recommended RVU: **1.81**

Global Period: 000

RUC Recommended RVU: **1.81**

CPT Descriptor: Therapeutic apheresis; for plasma pheresis

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 55 year old man presents with a three-month history of progressive, symmetric weakness in both upper and lower extremities involving proximal and distal muscles, sensory loss, and diminished reflexes. A diagnosis of chronic inflammatory demyelinating polyneuropathy is made.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: [to be performed before every apheresis treatment, including the initial treatment]:

The apheresis medicine physician evaluates the general clinical status of the patient (including current medications), and performs an interval history and brief physical assessment as needed in order to confirm the clinical impression and ascertain whether the patient is medically able to undergo the therapeutic extracorporeal procedure. In addition, the physician reviews disease-specific parameters (when relevant) to confirm that the treatments are having the desired effect. In the case of TTP, for example, particular attention is paid to platelet count, serum LDH and the morphology of the red blood cells on the peripheral blood film. The physician confirms that the patient's blood group has been correctly recorded and that the plasma replacement fluid is compatible with the patient if albumin is not used. . In the case of the patient described in the vignette, the physician assures that human serum albumin is ordered as the colloid replacement fluid. This assessment also includes reviewing evaluations by other attending physicians including hematologists, nephrologists, neurologists and intensivists that may be involved in the patient's management. Current diagnostic laboratory studies are reviewed, which may include complete blood count and differential count, renal and liver function studies, ionized calcium, total protein and albumin and other relevant serum chemistry studies. Urine output and the accumulation of edema fluid may be assessed. The physician discusses the state of the patient's venous access with, and confirms the initial assessment of, the apheresis nurse. When necessary the apheresis orders may include supplemental treatments to be applied during the procedure (for example, H1 and H2 blocking drugs and corticosteroids for patients susceptible to allergic reactions to plasma or colloid replacement fluid, or supplemental intravenous calcium to mitigate hypocalcemic toxicity during the treatment). Finally, after determining that the parameters of the treatment with the nurse operator (whole blood processing volume, anticoagulant-to-whole blood flow ratio, plasma volumes to be exchanged, etc.) as reflected in the orders are still appropriate, the physician ensure apheresis orders are written and authorizes that the treatment should proceed.

Pre-service work unique to the first treatment, in addition to all of the above, may include arranging placement of a venous access device and then reviewing the patient's chest x-ray to determine proper placement of the venous access device, obtaining and reviewing the history and diagnostic studies; an examination of previous study reports; communicating with other professionals prior to the actual performance of the evaluation and procedure; and explaining the procedure to the patient or healthcare proxy and obtaining informed consent.

Description of Intra-Service Work: During the procedure, the apheresis medicine physician is responsible for the wellbeing of the patient on the machine. The physician typically periodically assesses the clinical status of the patient, paying particular attention to the vital signs flow sheet, the patient's color, urine output, mental status (if patient is awake), and other relevant parameters. The physician and/or nurse operator monitors the patient for the development of reactions to the citrate or replacement fluid. Variations in clinical status or vital signs are repeatedly evaluated to determine whether to continue the procedure to its intended extent of whole blood processing. Given the inherent level of acuity of patients undergoing this procedure, the apheresis medicine physician may be the first responder in case of adverse clinical events or emergencies that arise during the procedure.

Description of Post-Service Work: At the conclusion of the procedure the apheresis medicine physician reviews final hematological parameters and assesses the extent to which goals for the procedure were met. The physician, in collaboration with the apheresis nurse ascertains that venous access has been properly de-accessed, and that no new problems (hemorrhage, trauma, infection, etc.) have occurred as a result of the procedure. The physician prepares a final written report about the procedure for the medical record and, if necessary, writes additional post-procedure orders beyond those already included in the main apheresis orders for the treatment series, (such as a culture of a catheter exit site). The physician communicates in writing, in person and/or by telephone with other healthcare personnel regarding the patient's treatment and may discuss the progress of the series of treatments with the patient's family. The physician assesses the clinical condition of the patient and ascertains that no adverse effects have resulted from the procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jonathan Myles, MD, Karla Murphy, MD, and Jeffery Giullian, MD, MBA, Chester Andrzejewski, PhD, MD, Walter Linz, MD				
<b>Specialty(s):</b>	College of American Pathologists and Renal Physicians Association				
<b>CPT Code:</b>	36514				
<b>Sample Size:</b>	4419	<b>Resp N:</b>	69	<b>Response:</b> 1.5 %	
<b>Description of Sample:</b>	Random sample of CAP and RPA members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	12.00	<b>50.00</b>	200.00	1453.00
<b>Survey RVW:</b>	0.95	2.00	<b>2.50</b>	3.00	4.75
<b>Pre-Service Evaluation Time:</b>			<b>40.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	10.00	15.00	<b>20.00</b>	40.00	180.00
<b>Immediate Post Service-Time:</b>	<b>12.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	36514	<b>Recommended Physician Work RVU: 1.81</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>29.00</b>	<b>33.00</b>	<b>-4.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>3.00</b>	<b>-3.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>15.00</b>	<b>-15.00</b>	
<b>Intra-Service Time:</b>	<b>20.00</b>			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>15.00</b>	<b>18.00</b>	<b>-3.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90947	000	2.52	RUC Time

CPT Descriptor Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99205	XXX	3.17	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64483	000	1.90	RUC Time	991,128

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90937	000	2.11	RUC Time	59,798

CPT Descriptor 2 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
19283	000	2.00	RUC Time

CPT Descriptor Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 25      % of respondents: 36.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 17.3 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <b><u>36514</u></b>	<b>Top Key Reference CPT Code:</b> <b><u>90947</u></b>	<b>2nd Key Reference CPT Code:</b> <b><u>99205</u></b>
Median Pre-Service Time	29.00	10.00	7.00
Median Intra-Service Time	20.00	50.00	45.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>64.00</b>	<b>70.00</b>	<b>67.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.64	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.64	0.92
Urgency of medical decision making	0.80	1.42

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.08	0.33
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Physical effort required	0.12	0.25
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.68	1.00
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Outcome depends on the skill and judgment of physician	0.56	0.83
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Estimated risk of malpractice suit with poor outcome	0.72	0.33
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.68	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**CHANGES at Presentation are in RED****Background: 36511, 36512, 36513, 36514, 36516, 36522**

Before CY2016, the apheresis code family included 36511, 36512, 36513, 36514, 36515, 36516, and 36522. In the CMS proposed and final physician fee schedule rulings, CPT code 36516 was nominated for review as potentially misvalued. The nominator stated 36516 is misvalued because of inaccurate direct and indirect PE inputs and "that the current work RVU undervalues a physician's time and expertise". After comments, the CMS added CPT code 36516 to the list of potentially misvalued codes. At the September 2016 CPT Editorial Panel meeting, CPT code 36516 was revised to include immunoabsorption and CPT code 36515 was deleted. The family of codes now includes:

36511 – Therapeutic apheresis; for white blood cells

36512 – Therapeutic apheresis; for red blood cells

36513 – Therapeutic apheresis; for platelets

36514 – Therapeutic apheresis; for plasma pheresis

▲36516 - Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion

36522 - Photopheresis, extracorporeal

(36515 has been deleted. For therapeutic apheresis with extracorporeal immunoabsorption and plasma reinfusion use, 36516)

**Survey Process**

In 2002, CPT codes 36511-36516 were originally developed and surveyed by the American Society of Hematology (ASH) and the Renal Physicians Association (RPA). Although pathology was a dominate provider of these services at that time, no pathologists were included in the survey effort. CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies.



For the January 2017 RUC meeting, the College of American Pathologists led the survey effort with assistance from ASH and RPA. Due to changes in the typical patient and service, revised vignettes were created, reviewed, and approved by the RUC's Research Subcommittee. The Subcommittee also approved a reference service list and minor changes to question 2 of the zero day global survey instrument. Since the majority of pathologists typically do not perform zero day global services and the references to "surgery" and "operative" procedure was of concern, these terms were either deleted or replaced with the word "procedure" where appropriate.

CAP and RPA conducted a random physician work survey of each society's membership for all six codes, while ASH conducted a random physician work survey of its membership for codes 36512 and 36522 only. The work surveys asked for respondents to only respond to questions for survey code(s) that they have familiarity with or have experience performing. An expert panel representing all three specialties was formed to address the direct practice expense inputs for the entire family of codes.

### Summary of Recommendations

January 2017 Recommendations	36511: White BC	36512: Red BC	36513: Platelets	36514: Plasma	36516: Extracorp	36522: Photo
Pre Time Total	40	40	40	29	25	33
Intra Time	30	20	25	20	15	18
Post Time	15	15	15	15	10	10
Total Time	85	75	80	64	50	61
Recommended Work RVU	2.00	2.00	2.00	1.81	1.56	1.75
Current WRVU	1.74	1.74	1.74	1.74	1.22	1.67

### Compelling Evidence:

The specialties believe that the current work RVUs undervalue these services, which are supported by the results of the survey. The specialties believe that compelling evidence exists in order to increase the work RVUs from their current values. According to the RUC's definition, compelling evidence can be met if there is:

- "Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as:
  - a misleading vignette, survey and/or flawed crosswalk assumptions in a previous evaluation;
  - a flawed mechanism or methodology used in the previous valuation, for example, evidence that no pediatricians were consulted in assigning pediatric values; and/or
  - a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data."

We believe there is indeed evidence that incorrect assumptions were made in the previous valuation of all of these services. The previous survey in 2002 was conducted by two specialties (hematology and nephrology) to obtain the values of 36511-36516, but pathologists were not included in this survey. At that time pathology was the dominate provider for codes 36511, 36512, and a dominate provider for codes 36514, 36516, and 36522, and in 2015, pathology was the dominate provider for codes 36511, 36512, 36514, 36516, and 36522. Pathology's exclusion from the original survey also affected the creation of the vignette, which has been updated since 2002.

Furthermore, CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies, which we believe is a flawed methodology. Therefore the work RVU and physician time are invalid. The dominate provider in 2002 was obstetrics/gynecology. In 2015, the dominate provider was pathology.

Therefore, these facts demonstrate that a flawed methodology used in the previous valuation of these services, which fulfills the requirements of compelling evidence.

### Recommendation for 36514:

**We recommend a crosswalk of the time and the work RVU of CPT code 64416 - Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) (WRVU = 1.81) to 36514, for code 36514.**

**PRE-TIME Package 3:** The RUC's physician work instructions directed us to select the package that "best corresponds to the data which was collected in the survey process". The survey's indicated pre-service evaluation time above 40 minutes and therefore package 4 was selected initially **however this was changed to package 3 at presentation.**

**Evaluation (total = 29 minutes):** The package accounts for the extensive review of the patient history, diagnostic studies, physical assessments, therapy parameter determinations, and documentation requirements,

**Positioning (total = 0 minutes):** The survey results indicate little or no positioning time. All positioning time has been subtracted from the package time.

**Scrub, dress, wait (total = 0 minutes):** The survey results indicated little or no scrub, dress, and wait time. 5 minutes of scrub, dress, wait time has been subtracted from the package time.

**INTRA TIME:** Survey median of 20 minutes.

#### **POST-TIME Package 7A**

**Total = 15 minutes:** 15 minutes which is 3 minutes less than the package time.

#### **MPC 000 Day Global Code Comparisons**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Work RVU</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>RUC Review</b>	<b>IWPUT</b>
52000	Cystourethroscopy (separate procedure)	1.53	20	10	10	40	Jan17	0.0930
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	24	15	10	49	Oct09	0.0816
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	2.11	10	40	10	60	Oct09	0.0415
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	24	15	10	49	Oct09	0.1076
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	2.50	25	15	10	50	Apr03	0.1192
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.53	15	30	15	66	Jan15	0.0636
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	41	30	15	86	Apr03	0.0506
31500	Intubation, endotracheal, emergency procedure	3.00	12	10	10	32	Jan17	0.2522

#### **Other 000 Day Global Code Comparisons**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Work RVU</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>RUC Review</b>	<b>IWPUT</b>
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	23	20	10	63	Oct13	0.0546
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	1.80	50	20	25	95	Apr05	0.0131
49084	Peritoneal lavage, including imaging guidance, when performed	2.00	23	20	15	58	Oct10	0.0610
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	2.00	22	20	15	57	Apr13	0.0628
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	2.10	28	25	15	78	Oct13	0.0483

43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	2.49	51	20	15	86	Oct12	0.0577
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	2.64	43	28	15	86	Feb10	0.0530
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.04	33	20	20	83	Apr12	0.0998
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	43	30	15	88	Feb10	0.0711

## Summary

The specialties agree that the survey results support a higher relative value for this code, and therefore the specialties recommend **a crosswalk of the time and WRVU of CPT code 64416 - Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) to 36514**, which is consistent with other apheresis procedures and presents proper rank order. Compelling evidence indicates a flawed methodology was use in the original valuation of this service. **We recommend a physician work RVU of 1.81 for code 36514.**

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36514

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology

How often? Sometimes

Specialty Nephrology

How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 110768

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 27692 claims for 2015. Medicare procedures represent approximately 25% of the total volume for these types of procedures (27692\*4=110768). Percentages are from the RUC database for the year 2015.

Specialty Pathology	Frequency 48804	Percentage 44.05 %
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Specialty Nephrology	Frequency 39267	Percentage 35.44 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

27,692 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 27692 claims for 2015. Percentages are from the RUC database for the year 2015

Specialty Pathology	Frequency 12201	Percentage 44.05 %
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Specialty Nephrology	Frequency 9817	Percentage 35.45 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? No

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Procedures

BETOS Sub-classification:  
Minor procedure

BETOS Sub-classification Level II:  
Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36514

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 36516      Tracking Number   W5

Original Specialty Recommended RVU: **1.56**Presented Recommended RVU: **1.56**

Global Period: 000

RUC Recommended RVU: **1.56**

CPT Descriptor: Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35 year old man with familial hypercholesterolemia has atherosclerosis and elevated LDL cholesterol that has not been satisfactorily controlled with maximum medical therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: - [to be performed before every apheresis treatment, including the initial treatment]: The apheresis medicine physician evaluates the general clinical status of the patient (including current medications), ascertaining whether he/she remains sufficiently stable to undergo the therapeutic extracorporeal procedure and is clinically responding to treatment as expected. Particular attention is paid to potential symptoms of unstable coronary disease which may have appeared in the interval since the last treatment. In addition, the physician reviews disease-specific parameters (e.g. the total cholesterol and/or triglyceride level) to confirm that the treatments are having the desired effect. This assessment also includes reviewing evaluations by other attending physicians including cardiologists, nephrologists, neurologists and the primary care physician involved in the patient's management, and determining whether the patient has been started on medications, since the previous treatment, that would increase the risk of adverse effects of treatment. Current diagnostic laboratory studies are reviewed, including complete blood count and differential count, renal and liver function studies, total protein and albumin and other relevant serum chemistry studies. The patient's fluid status including urine output and the accumulation of edema are assessed. The physician discusses and if necessary secures the patient's vascular access and confirms the initial assessment of, the apheresis nurse. Finally, after determining that the parameters of the treatment (whole blood processing volume, anticoagulant-to-whole blood flow ratio, plasma volume to be adsorbed, supplements to be added to the crystalloid fluids to be returned to the patient, etc.) as reflected in the orders are still appropriate, the physician authorizes that the treatment should proceed.

Pre-service work unique to the first treatment, in addition to all of the above, typically includes reviewing the patient's chest x-ray report to determine proper placement of the venous access device (this is ultimately the responsibility of the apheresis medicine physician), obtaining and reviewing the history and diagnostic studies; an examination of previous study reports; communicating with other professionals prior to the actual performance of the evaluation and procedure; and explaining the procedure to the patient or healthcare proxy and obtaining informed consent.

Description of Intra-Service Work: During the procedure, the apheresis medicine physician is responsible for the wellbeing of the patient on the machine. The physician periodically assesses the clinical status of the patient, paying particular attention to the vital signs flow sheet, the patient's color, urine output, mental status (if patient is awake), and other relevant parameters. The physician monitors the patient for the development of reactions to the infusion of adsorbed autologous

plasma or for complaints suggestive of active coronary disease and orders supplemental treatments as necessary. Variations in clinical status or vital signs are repeatedly evaluated to determine whether to continue the procedure to its intended extent of whole blood processing. Given the inherent level of acuity of patients undergoing this procedure, the apheresis medicine physician is the first responder in case of adverse clinical events or emergencies that arise during the procedure. Communications with other physicians and patient care providers during this phase are performed as needed by the apheresis medicine physician predicated on the clinical status of the patient and the need for any changes in the care plan due to clinical instability.

Description of Post-Service Work: At the conclusion of the procedure the apheresis medicine physician reviews final fluid parameters and assesses the extent to which goals for the procedure were met. The apheresis medicine physician, in collaboration with the apheresis nurse ascertains that venous access has been properly de-accessed and that no new problems (hemorrhage, trauma, infection, etc.) have occurred as a result of the procedure. The apheresis medicine physician prepares a final written report about the procedure for the medical record, and writes post-procedure orders should they be necessary provided they have not already been included in the apheresis orders written prior for the treatment series. The apheresis medicine physician typically communicates in writing in the patient's electronic health record, as well as in person and/or by telephone with other healthcare personnel regarding the patient's treatment and may discuss the progress of the series of treatments with the patient's family. The physician assesses the clinical condition of the patient and ascertains that no adverse effects have resulted from the procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jonathan Myles, MD, Karla Murphy, MD, and Jeffery Giullian, MD, MBA, Chester Andrzejewski, PhD, MD, Walter Linz, MD				
<b>Specialty(s):</b>	College of American Pathologists and Renal Physicians Association				
<b>CPT Code:</b>	36516				
<b>Sample Size:</b>	4419	<b>Resp N:</b>	35	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random sample of CAP and RPA members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	5.00	25.00	666.00
<b>Survey RVW:</b>	0.45	1.56	2.00	2.80	3.25
<b>Pre-Service Evaluation Time:</b>			35.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	10.00	15.00	60.00	240.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

<b>CPT Code:</b>	36516	<b>Recommended Physician Work RVU: 1.56</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	25.00	17.00	8.00	
<b>Pre-Service Positioning Time:</b>	0.00	1.00	-1.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	5.00	-5.00	
<b>Intra-Service Time:</b>	15.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	18.00	-8.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90947	000	2.52	RUC Time

CPT Descriptor Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99205	XXX	3.17	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57452	000	1.50	RUC Time	7,497

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55876	000	1.73	RUC Time	15,566

CPT Descriptor 2 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90945	000	1.56	RUC Time



CPT Descriptor Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional

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**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 10      **% of respondents:** 28.5 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 4      **% of respondents:** 11.4 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>36516</u>	<b>Top Key Reference CPT Code:</b> <u>90947</u>	<b>2nd Key Reference CPT Code:</b> <u>99205</u>
Median Pre-Service Time	25.00	10.00	7.00
Median Intra-Service Time	15.00	50.00	45.00
Median Immediate Post-service Time	10.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>50.00</b>	<b>70.00</b>	<b>67.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.60	-0.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.60	0.50
Urgency of medical decision making	0.60	0.25

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.40	0.50
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Physical effort required	0.30	0.25
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.70	0.50
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Outcome depends on the skill and judgment of physician	0.60	0.75
--	------	------

Estimated risk of malpractice suit with poor outcome	0.70	0.25
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.50	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**CHANGES are in RED****Background: 36511, 36512, 36513, 36514, 36516, 36522**

Before CY2016, the apheresis code family included 36511, 36512, 36513, 36514, 36515, 36516, and 36522. In the CMS proposed and final physician fee schedule rulings, CPT code 36516 was nominated for review as potentially misvalued. The nominator stated 36516 is misvalued because of inaccurate direct and indirect PE inputs and "that the current work RVU undervalues a physician's time and expertise". After comments, the CMS added CPT code 36516 to the list of potentially misvalued codes. At the September 2016 CPT Editorial Panel meeting, CPT code 36516 was revised to include immunoabsorption and CPT code 36515 was deleted. The family of codes now includes:

36511 – Therapeutic apheresis; for white blood cells

36512 – Therapeutic apheresis; for red blood cells

36513 – Therapeutic apheresis; for platelets

36514 – Therapeutic apheresis; for plasma pheresis

▲36516 - Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion

36522 - Photopheresis, extracorporeal

(36515 has been deleted. For therapeutic apheresis with extracorporeal immunoabsorption and plasma reinfusion use, 36516)

**Survey Process**

In 2002, CPT codes 36511-36516 were originally developed and surveyed by the American Society of Hematology (ASH) and the Renal Physicians Association (RPA). Although pathology was a dominate provider of these services at that time, no pathologists were included in the survey effort. CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies.

For the January 2017 RUC meeting, the College of American Pathologists led the survey effort with assistance from ASH and RPA. Due to changes in the typical patient and service, revised vignettes were created, reviewed, and approved by the RUC's Research Subcommittee. The Subcommittee also approved a reference service list and minor changes to question 2 of the zero day global survey instrument. Since the majority of pathologists typically do not perform zero day global services and the references to "surgery" and "operative" procedure was of concern, these terms were either deleted or replaced with the word "procedure" where appropriate.

CAP and RPA conducted a random physician work survey of each society's membership for all six codes, while ASH conducted a random physician work survey of its membership for codes 36512 and 36522 only. The work surveys asked for respondents to only respond to questions for survey code(s) that they have familiarity with or have experience performing. An expert panel representing all three specialties was formed to address the direct practice expense inputs for the entire family of codes.

### Summary of Recommendations

January 2017 Recommendations	36511: White BC	36512: Red BC	36513: Platelets	36514: Plasma	36516: Extracorp	36522: Photo
Pre Time Total	40	40	40	29	25	33
Intra Time	30	20	25	20	15	18
Post Time	15	15	15	15	10	10
Total Time	85	75	80	64	50	61
Recommended Work RVU	2.00	2.00	2.00	1.81	1.56	1.75
Current WRVU	1.74	1.74	1.74	1.74	1.22	1.67

### Compelling Evidence:

The specialties believe that the current work RVUs undervalue these services, which are supported by the results of the survey. The specialties believe that compelling evidence exists in order to increase the work RVUs from their current values. According to the RUC's definition, compelling evidence can be met if there is:

- "Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as:
  - a misleading vignette, survey and/or flawed crosswalk assumptions in a previous evaluation;
  - a flawed mechanism or methodology used in the previous valuation, for example, evidence that no pediatricians were consulted in assigning pediatric values; and/or
  - a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data."

We believe there is indeed evidence that incorrect assumptions were made in the previous valuation of all of these services. The previous survey in 2002 was conducted by two specialties (hematology and nephrology) to obtain the values of 36511-36516, but pathologists were not included in this survey. At that time pathology was the dominate provider for codes 36511, 36512, and a dominate provider for codes 36514, 36516, and 36522, and in 2015, pathology was the dominate provider for codes 36511, 36512, 36514, 36516, and 36522. Pathology's exclusion from the original survey also affected the creation of the vignette, which has been updated since 2002.

Furthermore, CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies, which we believe is a flawed methodology. Therefore the work RVU and physician time are invalid. The dominate provider in 2002 was obstetrics/gynecology. In 2015, the dominate provider was pathology.

Therefore, these facts demonstrate that a flawed methodology used in the previous valuation of these services, which fulfills the requirements of compelling evidence.

### Recommendation for 36516:

**We recommend the survey 25<sup>th</sup> percentile work RVU of 1.56 for code 36516.**

**PRE-TIME Package 6:** The RUC's physician work instructions directed us to select the package that "best corresponds to the data which was collected in the survey process". For Medicare beneficiaries, therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion services are typically

performed in the physician's office. The survey respondents indicated pre-service evaluation time of 35 minutes and therefore package 6 was selected.

**Evaluation (total = 25 minutes):** Additional 8 minutes added to package to account for the extensive review of the patient history, diagnostic studies, physical assessments, therapy parameter determinations, and documentation requirements,

**Positioning (total = 0 minutes):** The survey results indicate little or no positioning time. All positioning time has been subtracted from the package time.

**Scrub, dress, wait (total = 0 minutes):** The survey results indicated little or no scrub, dress, and wait time. 5 minutes of scrub, dress, wait time has been subtracted from the package time.

**INTRA TIME:** Survey median of 15 minutes.

#### **POST-TIME Package 7A**

**Total = 10 minutes:** Default to the survey value of 10 minutes which is 8 minutes less than the package time.

#### **MPC 000 Day Global Code Comparisons**

CPT Code	Long Descriptor	Work RVU	Pre Time	Intra Time	Post Time	Total Time	RUC Review	IWPUT
57452	Colposcopy of the cervix including upper/adjacent vagina;	1.50	15	15	10	40	Apr02	0.0627
52000	Cystourethroscopy (separate procedure)	1.53	20	10	10	40	Jan17	0.0930
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	1.56	10	27	10	47	Oct09	0.0412
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	24	15	10	49	Oct09	0.0816
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	2.11	10	40	10	60	Oct09	0.0415
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	24	15	10	49	Oct09	0.1076
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	2.50	25	15	10	50	Apr03	0.1192
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.53	15	30	15	66	Jan15	0.0636
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	41	30	15	86	Apr03	0.0506

#### **Other 000 Day Global Code Comparisons**

CPT Code	Long Descriptor	Work RVU	Pre Time	Intra Time	Post Time	Total Time	RUC Review	IWPUT
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1.36	30	10	10	50	Sept07	0.0536
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	1.50	40	35	20	95	Sept02	0.0045

CPT Code: 36516							
57410	Pelvic examination under anesthesia (other than local)	1.75	30	15	25	70	Aug05 0.0345
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	23	20	10	63	Oct13 0.0546
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	1.80	50	20	25	95	Apr05 0.0131
49084	Peritoneal lavage, including imaging guidance, when performed	2.00	23	20	15	58	Oct10 0.0610
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	2.00	22	20	15	57	Apr13 0.0628
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	2.10	28	25	15	78	Oct13 0.0483
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	2.49	51	20	15	86	Oct12 0.0577

## Summary

The specialties agree that the survey results support a higher relative value for this code, and therefore the specialties recommend the 25<sup>th</sup> percentile RVU of 1.56, which is consistent with other apheresis procedures and presents proper rank order. Compelling evidence indicates a flawed methodology was used in the original valuation of this service. **We recommend a physician work RVU of 1.56 for code 36516.**

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36515 (now deleted) or 36516

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology                      How often? Sometimes

Specialty Nephrology                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7168

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 1792 claims for 2015. Medicare procedures represent approximately 25% of the total volume for these types of procedures (1792\*4=7168). Percentages are from the RUC database for the year 2015.

Specialty Pathology                      Frequency 1412                      Percentage 19.69 %

Specialty Nephrology                      Frequency 888                      Percentage 12.38 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,792

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 1792 claims for 2015. Percentages are from the RUC database for the year 2015.

Specialty Pathology                      Frequency 353                      Percentage 19.69 %

Specialty Nephrology                      Frequency 222                      Percentage 12.38 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? No

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36516

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36522      Tracking Number   W6

Original Specialty Recommended RVU: **1.75**Presented Recommended RVU: **1.75**

Global Period: 000

RUC Recommended RVU: **1.75**

CPT Descriptor: Photopheresis, extracorporeal

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 60 year old woman develops Graft vs Host Disease after bone marrow transplantation.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: [to be performed before every apheresis treatment, including the initial treatment]: The apheresis medicine physician evaluates the general clinical status of the patient (including current medications), and performs an interval history and brief physical assessment in order to ascertain whether the patient is medically able to undergo the therapeutic extracorporeal procedure.

This assessment may also include reviewing evaluations by other physicians including Bone marrow transplant physicians, hematologists, nephrologists, gastroenterologists, intensivists and neurologists involved in the patient's management (depend on the systems affected by the GVHD). The physician confirms the adequacy of vascular access and confirms the initial assessment of, the apheresis nurse. Current diagnostic laboratory studies are reviewed, including complete blood count and differential count, renal and liver function studies, total protein and albumin and other relevant serum chemistry studies such as lipids. Finally, after determining that the parameters of the treatment (whole blood processing volume, anticoagulant-to-whole blood flow ratio) as reflected in the orders are still appropriate, the physician authorizes that the treatment should proceed.

Pre-service work unique to the first treatment, in addition to all of the above, may include evaluation of the need for the procedure, meaning did the patient fail first line therapy for ECP such as steroids or MMF before being considered for ECP. In addition, arranging placement of a venous access device and then reviewing the patient's chest x-ray to determine proper placement of the venous access device (this is ultimately the responsibility of the apheresis medicine physician), obtaining and reviewing the history and diagnostic studies; an examination of previous study reports; communicating with other professionals prior to the actual performance of the evaluation and procedure; and explaining the procedure to the patient or healthcare proxy and obtaining informed consent.

Description of Intra-Service Work: The physician determines specific apheresis prescription setting treatment parameters and goals, directs the initiation of the treatment and provides procedure oversight. During the procedure the apheresis medicine physician is responsible for the wellbeing of the patient on the machine. The physician periodically assesses the clinical status of the patient, paying particular attention to the vital signs flow sheet, the patient's color, urine output, mental status (if patient is awake), and other relevant parameters. The patient's vascular access is connected to the extracorporeal circuit and blood is actively pumped through the circuit where it is undergoes anticoagulation and separation of the white blood cells from the other blood components. Red cells and plasma are returned to the patient. The white blood cell collection, which contains peripheral lymphocytes, is then incubated with 8-methoxypsoralen and exposed to ultraviolet irradiation extracorporeally. The treated autologous peripheral lymphocytes are then re-infused into the

patient. The patient is actively monitored during the lymphocyte collection period for hemodynamic stability, coagulation parameters, and absence of treatment side effects. The patient is monitored for post-treatment hemodynamic stability and any needed laboratory studies are obtained. A report of the treatment is given to the patient's care providers.

**Description of Post-Service Work:** At the conclusion of the procedure the apheresis medicine physician reviews final hematological parameters and assesses the extent to which goals for the procedure were met. The physician, in collaboration with the apheresis nurse ascertains that venous access has been properly de-accessed, and that no new problems (hemorrhage, trauma, infection, etc.) have occurred as a result of the procedure. The physician prepares a final written report about the procedure for the medical record, and writes post-procedure orders should they be necessary and not already included in the apheresis orders that have already been written (for example: a culture of a catheter exit site). The physician communicates in writing, in person and by telephone with other healthcare personnel regarding the patient's treatment. The physician assesses the clinical condition of the patient and ascertains that no adverse effects have resulted from the procedure. The physician also communicates with the patient and/or family as appropriate.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jonathan Myles, MD, Karla Murphy, MD, Jeffery Giullian, MD, MBA. and Robert Weinstein, MD, Chester Andrzejewski, PhD, MD, Walter Linz, MD, Joseph Schwartz, MD, MPH				
<b>Specialty(s):</b>	College of American Pathologists, Renal Physicians Association, and American Society of Hematology				
<b>CPT Code:</b>	36522				
<b>Sample Size:</b>	6419	<b>Resp N:</b>	36	<b>Response:</b>	0.5 %
<b>Description of Sample:</b>	Random sample of CAP, RPA, and ASH members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	33.00	<b>65.00</b>	150.00	700.00
<b>Survey RVW:</b>	0.40	1.50	<b>2.16</b>	2.90	4.25
<b>Pre-Service Evaluation Time:</b>			<b>45.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	10.00	<b>18.00</b>	60.00	300.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	36522	<b>Recommended Physician Work RVU: 1.75</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>33.00</b>	<b>40.00</b>	<b>-7.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>3.00</b>	<b>-3.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>20.00</b>	<b>-20.00</b>	
<b>Intra-Service Time:</b>	<b>18.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>10.00</b>	<b>18.00</b>	<b>-8.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90947	000	2.52	RUC Time

CPT Descriptor Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99205	000	3.17	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64483	000	1.90	RUC Time	991,128

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90937	000	2.11	RUC Time	59,798

CPT Descriptor 2 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
57410	000	1.75	RUC Time

CPT Descriptor Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 9      % of respondents: 25.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 19.4 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>36522</u>	<b>Top Key Reference CPT Code:</b> <u>90947</u>	<b>2nd Key Reference CPT Code:</b> <u>99205</u>
Median Pre-Service Time	33.00	10.00	7.00
Median Intra-Service Time	18.00	50.00	45.00
Median Immediate Post-service Time	10.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>61.00</b>	<b>70.00</b>	<b>67.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.56	1.00
Urgency of medical decision making	0.11	0.29

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.44	0.29
--------------------------	------	------

Physical effort required	0.22	0.14
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.22	1.14
---	------	------

Outcome depends on the skill and judgment of physician	0.44	0.57
--	------	------

Estimated risk of malpractice suit with poor outcome	0.33	0.43
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.44	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**CHANGES are in RED****Background: 36511, 36512, 36513, 36514, 36516, 36522**

Before CY2016, the apheresis code family included 36511, 36512, 36513, 36514, 36515, 36516, and 36522. In the CMS proposed and final physician fee schedule rulings, CPT code 36516 was nominated for review as potentially misvalued. The nominator stated 36516 is misvalued because of inaccurate direct and indirect PE inputs and "that the current work RVU undervalues a physician's time and expertise". After comments, the CMS added CPT code 36516 to the list of potentially misvalued codes. At the September 2016 CPT Editorial Panel meeting, CPT code 36516 was revised to include immunoabsorption and CPT code 36515 was deleted. The family of codes now includes:

36511 – Therapeutic apheresis; for white blood cells

36512 – Therapeutic apheresis; for red blood cells

36513 – Therapeutic apheresis; for platelets

36514 – Therapeutic apheresis; for plasma pheresis

▲36516 - Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion

36522 - Photopheresis, extracorporeal

(36515 has been deleted. For therapeutic apheresis with extracorporeal immunoabsorption and plasma reinfusion use, 36516)

**Survey Process**

In 2002, CPT codes 36511-36516 were originally developed and surveyed by the American Society of Hematology (ASH) and the Renal Physicians Association (RPA). Although pathology was a dominate provider of these services at that time, no pathologists were included in the survey effort. CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies.

For the January 2017 RUC meeting, the College of American Pathologists led the survey effort with assistance from ASH and RPA. Due to changes in the typical patient and service, revised vignettes were created, reviewed, and approved by the RUC's Research Subcommittee. The Subcommittee also approved a reference service list and minor changes to question 2 of the zero day global survey instrument. Since the majority of pathologists typically do not perform zero day global services and the references to "surgery" and "operative" procedure was of concern, these terms were either deleted or replaced with the word "procedure" where appropriate.

CAP and RPA conducted a random physician work survey of each society's membership for all six codes, while ASH conducted a random physician work survey of its membership for codes 36512 and 36522 only. The work surveys asked for respondents to only respond to questions for survey code(s) that they have familiarity with or have experience performing. An expert panel representing all three specialties was formed to address the direct practice expense inputs for the entire family of codes.

### Summary of Recommendations

January 2017 Recommendations	36511: White BC	36512: Red BC	36513: Platelets	36514: Plasma	36516: Extracorp	36522: Photo
Pre Time Total	40	40	40	29	25	33
Intra Time	30	20	25	20	15	18
Post Time	15	15	15	15	10	10
Total Time	85	75	80	64	50	61
Recommended Work RVU	2.00	2.00	2.00	1.81	1.56	1.75
Current WRVU	1.74	1.74	1.74	1.74	1.22	1.67

### Compelling Evidence:

The specialties believe that the current work RVUs undervalue these services, which are supported by the results of the survey. The specialties believe that compelling evidence exists in order to increase the work RVUs from their current values. According to the RUC's definition, compelling evidence can be met if there is:

- "Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as:
  - a misleading vignette, survey and/or flawed crosswalk assumptions in a previous evaluation;
  - a flawed mechanism or methodology used in the previous valuation, for example, evidence that no pediatricians were consulted in assigning pediatric values; and/or
  - a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data."

We believe there is indeed evidence that incorrect assumptions were made in the previous valuation of all of these services. The previous survey in 2002 was conducted by two specialties (hematology and nephrology) to obtain the values of 36511-36516, but pathologists were not included in this survey. At that time pathology was the dominate provider for codes 36511, 36512, and a dominate provider for codes 36514, 36516, and 36522, and in 2015, pathology was the dominate provider for codes 36511, 36512, 36514, 36516, and 36522. Pathology's exclusion from the original survey also affected the creation of the vignette, which has been updated since 2002.

Furthermore, CPT code 36522 has never been through the RUC process for the valuation of physician work. The work RVU and its time components were determined through the Harvard studies, which we believe is a flawed methodology. Therefore the work RVU and physician time are invalid. The dominate provider in 2002 was obstetrics/gynecology. In 2015, the dominate provider was pathology.

Therefore, these facts demonstrate that a flawed methodology used in the previous valuation of these services, which fulfills the requirements of compelling evidence.

### Recommendation for 36522:

**We recommend a work RVU of 1.75 for code 36522.** The median survey RVU is 2.16 which the multispecialty expert panel agreed was too high for the procedure provided and in relation to the rest of the family of apheresis procedures. The panel also agreed that the 25<sup>th</sup> percentile value of 1.50 RVUs is too low to properly value the procedure. In addition, the panel considered the current Harvard generated value of 1.67 WRVUs as invalid. The recommended work RVU of 1.75 is based on a crosswalk to CPT code 50387 - *Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation.*

CPT code 50387 was last reviewed by the RUC in April 2005, and for CY 2017 the CMS extracted the physician work and time of moderate sedation from this procedure which reduced the work RVU from 2.00 to 1.75 and reduced the pre-service time from 38 minutes to 33. The intra-service time and post service times are identical to the surveyed code, 18 minutes and 10 minutes respectively. The overall physician work of 50387 is considered to be identical to 36522 by the multispecialty expert panel.

	36522 Survey Results (Median)	CPT Code 50387
Work RVU	2.16	1.75*
Pre Time	40	33*
Intra Time	18	18
Post Time	10	10

\*The WRVU for 50387 for 2017 is 1.75. In 2016 the value was 2.00. For CY 2017 the CMS finalized work RVUs for 4 new moderate sedation codes and extracted the physician work from codes that contained moderate sedation. The CMS subtracted 0.25 RVUs from 50387 for CY 2017 based on the GI societies' survey data included in RUC recommendations that reported a median valuation of 0.25 work RVUs for moderate sedation furnished by the same person furnishing the base procedure. Pre time was also lowered from 38 minutes to 33 minutes.

We believe that the overall work and time for 50387 and 36522 is very similar, which allows for the WRVU value for 36522 to be crosswalked from code 50387.

**PRE-TIME Package 4:** The RUC's physician work instructions directed us to select the package that "best corresponds to the data which was collected in the survey process". The survey's indicated pre-service evaluation time above 40 minutes and therefore package 4 was selected.

**Evaluation (total = 33 minutes):** The package accounts for the extensive review of the patient history, diagnostic studies, physical assessments, therapy parameter determinations, and documentation requirements,

**Positioning (total = 0 minutes):** The survey results indicate little or no positioning time. All positioning time has been subtracted from the package time.

**Scrub, dress, wait (total = 0 minutes):** The survey results indicated little or no scrub, dress, and wait time. 5 minutes of scrub, dress, wait time has been subtracted from the package time.

**INTRA TIME:** Survey median of 18 minutes.

#### **POST-TIME Package 7A**

**Total = 10 minutes:** Default to the survey value 10 minutes which is 8 minutes less than the package time.

#### **MPC 000 Day Global Code Comparisons**

CPT Code	Long Descriptor	Work RVU	Pre Time	Intra Time	Post Time	Total Time	RUC Review	IWPUT
57452	Colposcopy of the cervix including upper/adjacent vagina;	1.50	15	15	10	40	Apr02	0.0627
52000	Cystourethroscopy (separate procedure)	1.53	20	10	10	40	Jan17	0.0930
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	1.56	10	27	10	47	Oct09	0.0412
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	24	15	10	49	Oct09	0.0816
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	2.11	10	40	10	60	Oct09	0.0415

64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	24	15	10	49	CPT Code: 36522 Oct09 0.1076	
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	2.50	25	15	10	50	Apr03	0.1192
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.53	15	30	15	66	Jan15	0.0636
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	41	30	15	86	Apr03	0.0506

### Other 000 Day Global Code Comparisons

CPT Code	Long Descriptor	Work RVU	Pre Time	Intra Time	Post Time	Total Time	RUC Review	IWPUT
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1.36	30	10	10	50	Sept07	0.0536
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	1.50	40	35	20	95	Sept02	0.0045
57410	Pelvic examination under anesthesia (other than local)	1.75	30	15	25	70	Aug05	0.0345
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	23	20	10	63	Oct13	0.0546
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	1.80	50	20	25	95	Apr05	0.0131
49084	Peritoneal lavage, including imaging guidance, when performed	2.00	23	20	15	58	Oct10	0.0610
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	2.00	22	20	15	57	Apr13	0.0628
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	2.10	28	25	15	78	Oct13	0.0483
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	2.49	51	20	15	86	Oct12	0.0577

**BETOS:** CMS lists BETOS for CPT code 36522 as: Procedure, Major Procedure, Other. We recommend that the BETOS for CPT code 36522 be Procedure, Minor Procedure, Other, to be consistent with the other procedures in the family.

### Summary

The specialties agree that the survey results support a higher relative value for this code, and therefore the specialties recommend a crosswalk of CPT code 36522 to 50387. Compelling evidence indicates a flawed methodology was used in the original valuation of this service. **We recommend a physician work RVU of 1.75 for code 36522.**

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36522

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology                      How often? Sometimes

Specialty Hematology                      How often? Sometimes

Specialty Nephrology                      How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 36220

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 9055 claims for 2015. Medicare procedures represent approximately 25% of the total volume for these types of procedures (9055\*4=36220). Percentages are from the RUC database for the year 2015.

Specialty Pathology                      Frequency 13633                      Percentage 37.63 %

Specialty Hematology                      Frequency 7211                      Percentage 19.90 %

Specialty Nephrology                      Frequency 1521                      Percentage 4.19 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,055

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 V2.1 RUC Database indicates 9055 claims for 2015. Percentages are from the RUC database for the year 2015.

Specialty Pathology                      Frequency 3408                      Percentage 37.63 %

Specialty Hematology                      Frequency 1803                      Percentage 19.91 %

Specialty Nephrology                      Frequency 380                      Percentage 4.19 %

Do many physicians perform this service across the United States? Yes



**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36522

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	36511	<b># of Respondents:</b>	59
<b>Survey Code Descriptor:</b>	Therapeutic apheresis; for white blood cells		

<b>Top Ref Code:</b>	90947	<b># of Respondents:</b>	18	<b>% of Respondents:</b>	31%
<b>Top Ref Code Descriptor:</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	6%	72%	22%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 17%	<b>Identical</b> 17%	<b>More</b> 67%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 6%	<b>Identical</b> 33%	<b>More</b> 61%		
	Urgency of medical decision making	<b>Less</b> 0%	<b>Identical</b> 28%	<b>More</b> 72%		
<b>Technical Skill:</b>		<b>Less</b> 0%	<b>Identical</b> 50%	<b>More</b> 50%		
<b>Physical Effort:</b>		<b>Less</b> 0%	<b>Identical</b> 72%	<b>More</b> 28%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 6%	<b>Identical</b> 22%	<b>More</b> 72%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 11%	<b>Identical</b> 22%	<b>More</b> 67%		
	Estimated risk of malpractice suit with poor outcome	<b>Less</b> 6%	<b>Identical</b> 39%	<b>More</b> 56%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	36512	<b># of Respondents:</b>	62
<b>Survey Code Descriptor:</b>	Therapeutic apheresis; for red blood cells		

<b>Top Ref Code:</b>	90947	<b># of Respondents:</b>	21	<b>% of Respondents:</b>	34%
<b>Top Ref Code Descriptor:</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	24%	67%	10%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		5%	43%	52%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		0%	52%	48%		
	Urgency of medical decision making	Less	Identical	More		
		0%	38%	62%		
Technical Skill:		Less	Identical	More		
		0%	67%	33%		
Physical Effort:		Less	Identical	More		
		10%	71%	19%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		0%	38%	62%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		5%	33%	62%		
	Estimated risk of malpractice suit with poor outcome	Less	Identical	More		
		5%	62%	33%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	36513	<b># of Respondents:</b>	36
<b>Survey Code Descriptor:</b>	Therapeutic apheresis; for platelets		

<b>Top Ref Code:</b>	90947	<b># of Respondents:</b>	11	<b>% of Respondents:</b>	31%
<b>Top Ref Code Descriptor:</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	9%	64%	27%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 0%	<b>Identical</b> 27%	<b>More</b> 73%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 0%	<b>Identical</b> 45%	<b>More</b> 55%		
	Urgency of medical decision making	<b>Less</b> 0%	<b>Identical</b> 45%	<b>More</b> 55%		
<b>Technical Skill:</b>		<b>Less</b> 0%	<b>Identical</b> 55%	<b>More</b> 45%		
<b>Physical Effort:</b>		<b>Less</b> 0%	<b>Identical</b> 73%	<b>More</b> 27%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 9%	<b>Identical</b> 27%	<b>More</b> 64%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 0%	<b>Identical</b> 27%	<b>More</b> 73%		
	Estimated risk of malpractice suit with poor outcome	<b>Less</b> 0%	<b>Identical</b> 36%	<b>More</b> 64%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	36514	<b># of Respondents:</b>	69
<b>Survey Code Descriptor:</b>	Therapeutic apheresis; for plasma pheresis		

<b>Top Ref Code:</b>	90947	<b># of Respondents:</b>	25	<b>% of Respondents:</b>	36%
<b>Top Ref Code Descriptor:</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription				

Overall Intensity and Complexity:		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	40%	52%	8%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 0%	Identical 40%	More 60%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 0%	Identical 48%	More 52%		
	Urgency of medical decision making	Less 0%	Identical 36%	More 64%		
<b>Technical Skill:</b>		Less 8%	Identical 72%	More 20%		
<b>Physical Effort:</b>		Less 4%	Identical 80%	More 16%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 4%	Identical 36%	More 60%		
	Outcome depends on the skill and judgment of physician	Less 8%	Identical 32%	More 60%		
	Estimated risk of malpractice suit with poor outcome	Less 4%	Identical 32%	More 64%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	36516	<b># of Respondents:</b>	35
<b>Survey Code Descriptor:</b>	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion		

<b>Top Ref Code:</b>	90947	<b># of Respondents:</b>	10	<b>% of Respondents:</b>	29%
<b>Top Ref Code Descriptor:</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription				

Overall Intensity and Complexity:		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	50%	50%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 0%	Identical 40%	More 60%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 0%	Identical 40%	More 60%		
	Urgency of medical decision making	Less 10%	Identical 30%	More 60%		
Technical Skill:		Less 0%	Identical 60%	More 40%		
Physical Effort:		Less 0%	Identical 70%	More 30%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 0%	Identical 40%	More 60%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 40%	More 60%		
	Estimated risk of malpractice suit with poor outcome	Less 0%	Identical 40%	More 60%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	36522	<b># of Respondents:</b>	36
<b>Survey Code Descriptor:</b>	Photopheresis, extracorporeal		

<b>Top Ref Code:</b>	90947	<b># of Respondents:</b>	9	<b>% of Respondents:</b>	25%
<b>Top Ref Code Descriptor:</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription				

Overall Intensity and Complexity:		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	11%	33%	56%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		11%	44%	44%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		0%	44%	56%		
	Urgency of medical decision making	Less	Identical	More		
		22%	44%	33%		
<b>Technical Skill:</b>		Less	Identical	More		
		0%	56%	44%		
<b>Physical Effort:</b>		Less	Identical	More		
		0%	78%	22%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		22%	44%	33%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		11%	33%	56%		
	Estimated risk of malpractice suit with poor outcome	Less	Identical	More		
		11%	44%	44%		

SS Req Summary										C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AU	AV	AW
13	ISSUE: Therapeutic Apheresis																													
14	TAB: 12																													
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD										
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST										
17	1st REF	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	18	0.041			2.52			70	10	0	0			50			10										
18	2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health	13	0.059			3.17			67	7	0	0			45			15										
19	CURRENT	36511	Therapeutic apheresis; for white blood cells		0.025			1.74			75	40	0	0			20			15										
20	SVY	36511	Therapeutic apheresis; for white blood cells	59	0.043	0.48	2.00	2.75	3.17	4.50	95	50	0	0	5	15	30	100	240	15										
21	REC	36511	Therapeutic apheresis; for white blood cells		0.0256	2.00					85	40	0	0			30			15										
22																														
23						RVW					Total	PRE-TIME			INTRA-TIME					IMMD										
24	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST										
25	1st REF	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	21	0.041			2.52			70	10	0	0			50			10										
26	2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health	12	0.059			3.17			67	7	0	0			45			15										
27	CURRENT	36512	Therapeutic apheresis; for red blood cells		0.025			1.74			75	40	0	0			20			15										
28	SVY	36512	Therapeutic apheresis; for red blood cells	62	0.058	0.40	2.00	2.50	3.00	5.00	80	45	0	0	5	15	20	60	180	15										
29	REC	36512	Therapeutic apheresis; for red blood cells		0.0384	2.00					75	40	0	0			20			15										
30																														
31						RVW					Total	PRE-TIME			INTRA-TIME					IMMD										
32	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST										
33	1st REF	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	11	0.041			2.52			70	10	0	0			50			10										
34	2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health	7	0.059			3.17			67	7	0	0			45			15										
35	CURRENT	36513	Therapeutic apheresis; for platelets		0.025			1.74			75	40	0	0			20			15										
36	SVY	36513	Therapeutic apheresis; for platelets	36	0.041	0.48	2.00	2.51	3.00	5.00	91	48	0	0	1	13	25	75	180	18										
37	REC	36513	Therapeutic apheresis; for platelets		0.0307	2.00					80	40	0	0			25			15										
38																														
39						RVW					Total	PRE-TIME			INTRA-TIME					IMMD										
40	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST										
41	1st REF	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	25	0.041			2.52			70	10	0	0			50			10										
42	2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health	12	0.059			3.17			67	7	0	0			45			15										
43	CURRENT	36514	Therapeutic apheresis; for plasma pheresis		0.025			1.74			75	40	0	0			20			15										
44	SVY	36514	Therapeutic apheresis; for plasma pheresis	69	0.067	0.95	2.00	2.50	3.00	4.75	72	40	0	0	10	15	20	40	180	12										
45	REC	36514	Therapeutic apheresis; for plasma pheresis		0.0412	1.81					64	29	0	0			20			15										



SS Rec Summary																									C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AU			AV			AW		
15													Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD																						
16	Source	CPT	DESC										Resp		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST																						
46																																																			
47													Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD																						
48	Source	CPT	DESC										Resp		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST																						
49	1st REF	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription										10	0.041				2.52			70	10	0	0			50			10																					
	2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health										4	0.059				3.17			67	7	0	0			45			15																					
51	CURRENT	36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion											0.029				1.22			50	25	0	0			15			10																					
52	SVY	36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion										35	0.066	0.45	1.56	2.00	2.80	3.25	60	35	0	0	5	10	15	60	240	10																						
53	REC	36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion											0.0517	1.56					50	25	0	0			15			10																						
54																																																			
55													Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD																						
56	Source	CPT	DESC										Resp		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST																						
57	1st REF	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription										9	0.041				2.52			70	10	0	0			50			10																					
	2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health										7	0.059				3.17			67	7	0	0			45			15																					
59	CURRENT	36522	Photopheresis, extracorporeal											0.018				1.67			87	16	0	0			60			11																					
60	SVY	36522	Photopheresis, extracorporeal										36	0.051	0.40	1.50	2.16	2.90	4.25	73	45	0	0	5	10	18	60	300	10																						
61	REC	36522	Photopheresis, extracorporeal											0.0437	1.75					61	33	0	0			18			10																						

12\_\_\_\_\_  
Tab Number

\_\_\_\_\_  
Apheresis  
Issue

\_\_\_\_\_  
36511-36522  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Jeff Giullian, M.D.  
Printed Signature

\_\_\_\_\_  
Renal Physicians Association  
Specialty Society

\_\_\_\_\_  
12/13/2016  
Date

\_\_\_\_12  
Tab Number

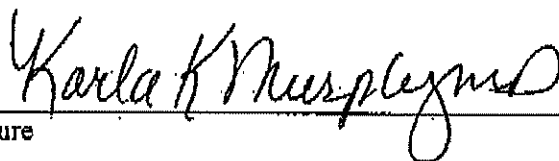
\_\_\_\_Therapeutic Apheresis  
Issue

\_\_\_\_36511-36522  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
\_\_\_\_\_  
Signature

\_\_\_\_Karla Murphy, MD  
Printed Signature

\_\_\_\_College of American Pathologists  
Specialty Society

\_\_\_\_12/13/2016  
Date

\_\_\_\_12  
Tab Number

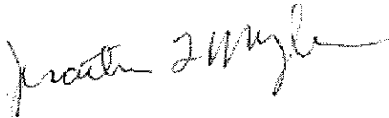
\_\_Therapeutic Apheresis  
Issue

\_36511-36522  
Code Range

### Attestation Statement

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Signature

\_\_\_\_Jonathan Myles, MD  
Printed Signature

\_\_College of American Pathologists  
Specialty Society

\_\_12/13/2016  
Date

12  
Tab Number

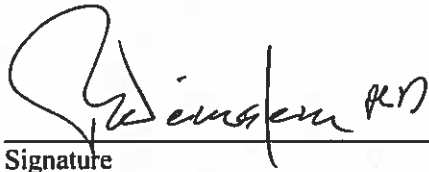
Therapeutic Apheresis  
Issue

36512, 36522  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

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Signature

Robert Weinstein, MD  
Printed Signature

American Society of Hematology  
Specialty Society

13 December 2016  
Date



**AMA/Specialty Society RVS Update Committee (RUC)  
Financial Disclosure Statement For  
Specialty Society Presenters**

I certify that my personal or my family members'\* direct financial interest in, and my personal or my family members' affiliation with or involvement in any organization or entity with a direct financial interest in the development of relative value recommendations in which I am participating are noted below. Otherwise, my signature indicates I have no such direct financial interest or affiliation with an organization with a direct financial interest, other than providing these services in the course of patient care.

For purposes of this disclosure "direct financial interest" means:

- A financial ownership interest in an organization\*\* of 5% or more; or
- A financial ownership interest in an organization\*\* which contributes materially\*\*\* to your income; or
- Ownership of stock options in an organization\*\*; or
- A position as proprietor, director, managing partner, or key employee in an organization\*\*; or
- Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization\*\* or participate in a clinical trial that involves the services being reviewed, where payment contributes materially\*\*\* to your income.

*\*Family member means spouse, domestic partner, parent, child, brother or sister. Disclosure of family member's interest applies to the extent known by the representative or presenter..*

*\*\* Organization means any entity that makes or distributes the product that is utilized in performing the service, and not the physician group or facility in which you work or perform the service.*

*\*\*\*Materially means \$10,000 or more in income (excluding any reimbursement for expenses) for the past twenty-four months.*

**Include only interests that relate to the specific issue that you are presenting at this RUC meeting.**

Specific Disclosure (i.e., list organization)	Explain relationship between the service(s) that you are presenting and your disclosure	Identify interest for the past 24 months (circle one)	Identify cumulative lifetime interest (circle one)	If disclosure relates to stock, please list number of shares owned, options or warrants
N/A		N/A < \$10,000 ≥ \$10,000	< \$10,000 ≥ \$10,000	
N/A		N/A < \$10,000 ≥ \$10,000	< \$10,000 ≥ \$10,000	
N/A		N/A < \$10,000 ≥ \$10,000	< \$10,000 ≥ \$10,000	

Agenda Tab/Issue

Signature

Robert Weinstein, MD

Print Name

13 December 2016

Date

American Society of Hematology

Specialty Society





**AMERICAN MEDICAL ASSOCIATION/SPECIALTY SOCIETY  
RELATIVE VALUE SCALE UPDATE COMMITTEE ("RUC")  
CONFLICT OF INTEREST POLICY**

No RUC or other Committee, Subcommittee or Workgroup representative will vote or participate in any deliberation on a specific issue in the event the representative, or the representative's family member, has a direct financial interest in the outcome of the vote or deliberation other than the representative in the course of their practice performing the procedure or service at issue. Every RUC or other Committee, Subcommittee or Workgroup representative shall disclose his or her, or family member's, direct financial interest(s) prior to any vote or deliberation and shall not vote or participate in the deliberation in which he or she has a direct financial interest. Any known disclosure should be made to the RUC chair in writing prior to the meeting.

Any individual who is presenting or discussing relative value recommendations before the RUC shall disclose on a Financial Disclosure Form his or her direct financial interest(s) if any, prior to any presentation(s). The Administrative Subcommittee will review financial disclosure documents in advance of the meeting. If a direct financial interest is identified on the financial disclosure form, the individual may be precluded from presenting.

For purposes of this Policy, direct financial interest means: (i) a financial ownership interest in an organization (i.e., "organization" shall mean any entity with an interest in the development of relative value recommendations) of 5% or more; or (ii) a financial ownership interest in an organization which contributes materially (i.e., "materially" shall mean income *(excluding any reimbursement for expenses)* for the past twenty-four months of at least \$10,000) to your income; or (iii) ownership of stock options in an organization that is related to issues at the RUC, or (iv) a position as proprietor, director, managing partner, or key employee in an organization; or (v) a consultant, expert witness, speaker or writer for an organization, where payment contributes materially to your income.

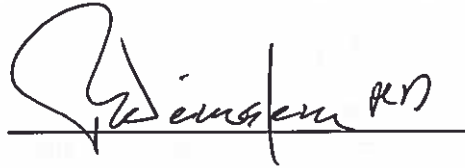
For purposes of the Policy "family member" means spouse, domestic partner, parent, child, brother or sister. Disclosure of a family member's interest applies to the extent known by the representative or presenter.

**STATEMENT OF COMPLIANCE WITH  
RELATIVE VALUE SCALE UPDATE COMMITTEE ("RUC")  
CONFLICT OF INTEREST POLICY**

I understand that I am expected to comply with the Conflict of Interest Policy of the RUC. To my knowledge and belief, I am in compliance with the Conflict of Interest Policy. I will disclose any direct financial interests in specific issues considered by the RUC, or any subcommittee or workgroup of the RUC, and I will recuse myself from deliberation and vote on any issue in which I or any family member have a direct financial interest. I understand that I have a continuing responsibility to comply with the Conflict of Interest Policy, and I will promptly disclose my direct financial interests required to be disclosed under this Policy.

Date: 13 December 2016

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to read 'R. Weinstein MD', written over a horizontal line.

Print Name: Robert Weinstein, MD

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

**36511 - Therapeutic apheresis; for white blood cells**

**36512 - Therapeutic apheresis; for red blood cells**

**36513 - Therapeutic apheresis; for platelets**

**36514 - Therapeutic apheresis; for plasma pheresis**

**36516 - Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

**36522 - Photopheresis, extracorporeal**

Global Period: \_000 Meeting Date: \_January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The specialty society advisors, apheresis experts, and staff from CAP, RPA, and ASH held a series of conference calls to discuss the details of the practice expense inputs. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Not applicable, current PE inputs for current codes have been used.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**Background: 36511, 36512, 36513, 36514, 36516, 36522**

Before CY2016, the apheresis code family included 36511, 36512, 36513, 36514, 36515, 36516, and 36522. In the CMS proposed and final physician fee schedule rulings, CPT code 36516 was nominated for review as potentially misvalued. The nominator stated 36516 is misvalued because of inaccurate direct and indirect PE inputs and “that the current work RVU undervalues a physician’s time and expertise”. After comments, the CMS added CPT code 36516 to the list of potentially misvalued codes. At the September 2016 CPT Editorial Panel meeting, CPT code 36516 was revised to include immunoabsorption and CPT code 36515 was deleted.

CMS currently has not priced codes 36511, 36512, and 36513 in the non-facility setting, the specialties agreed to provide these inputs for RUC review.

The specialties believe that the current work RVUs and practice expense inputs undervalue these services. According to the RUC’s definition, compelling evidence can be met if there is:

- “Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as:
  - a misleading vignette, survey and/or flawed crosswalk assumptions in a previous evaluation;
  - a flawed mechanism or methodology used in the previous valuation, for example, evidence that no pediatricians were consulted in assigning pediatric values; and/or
  - a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.”

We believe there is indeed evidence that incorrect assumptions were made in the previous valuation of all of these services. The previous survey in 2002 was conducted by two specialties (hematology and nephrology) to obtain the values of 36511-36516, but pathologists were not included in this survey or in the development of the practice expense inputs. At that time pathology was the dominate provider for codes 36511, 36512, and a dominate provider for codes 36514, 36516, and 36522, and in 2015, pathology was the dominate provider for codes 36511, 36512, 36514, 36516, and 36522. Pathology's exclusion from the original survey also affected the creation of the vignette, which has been updated since 2002.

Furthermore, the practice expense for CPT code 36522 was separately reviewed for practice expense at the September 2004 RUC meeting. This review was led by dermatology and hematology. The CMS in its 2006 Final Rule disagreed with the RUC on the assist physician time of 90 minutes and changed the line item time to 135 minutes. The facts that pathology wasn't part of this review and CMS altered the inputs, leads us to believe the PE valuation methodology from 2004 for CPT code 36522 was flawed.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: See spreadsheet notes on right side in addition to these activities.

Complete pre-service diagnostic and referral forms

All pre-service diagnostic and referral forms are reviewed in detail for accuracy. This often entails calling the dialysis service, the blood bank, and the pharmacy.

Coordinate pre-surgery services

The dialysis or pheresis service is called to arrange for patient tunnel catheter (vascular access) as necessary. The blood bank is notified to ensure that red blood cells are available. The pharmacy is called to ensure the availability of albumin and other IV, injectables, and blood are available for the patient.

Pre-service labs are drawn.

Patient charts and laboratory reports are reviewed by medical staff. Specifically, there is review of the hematocrit, plasma volume and calcium.

Provide pre-service education/obtain consent

The nursing staff reviews the consent form with the patient and provides educational information regarding the procedure.

Intra-Service Clinical Labor Activities: See spreadsheet notes on right side in addition to these activities.

Patient is greeted by Nurse and provided with gown. Nurse or other appropriate medical staff ensures that patient is properly gowned for procedure.

Medical staff must also ensure that appropriate medical records are available.

Medical staff obtains patient vital signs including; blood pressure, pulse, temperature, respiration rate, and oxygen saturation.

The medical staff inspects the catheter for integrity, sutures and signs of exit-site infection.

Medical staff prepares room, ensuring that correct equipment and necessary supplies are available.

Medical staff prepares adsorption column in preparation for apheresis procedure.

Patient is properly positioned and IVs is set up.

Nursing staff assists the physician in performing the procedures including;

- Contiguous assessment and monitoring, typically by nurse who is involved during entire procedure,
- Monitor and change replacement fluids, and
- Monitor equipment

Nurse educates the patient on the effects of citrate, including numbness and tingling and advises the patient to notify the nurse if he/she is experiencing these symptoms.

Post-Service Clinical Labor Activities: See spreadsheet notes on right side in addition to these activities.

At the conclusion of the procedure, patient is closely monitored. This includes checking tubes, monitors, drains, vital signs, and access management.

The procedure room is cleaned by physician staff. This includes flushing lines, capping tubing, removing disposables from the machine, wiping down the machine with disinfectant and putting supplies back in cart, etc.

Immediately after the procedure, nursing staff completes diagnostic forms and lab & X-ray requisitions. The medical staff also completes documentation and reporting of procedure including; plasma process and fluid balance. This information is captured on data flow sheets.

The medical staff cleans the catheter exit site, applies a sterile dressing and attaches two new catheter caps to the lumens. The nursing staff provides home care instructions. In addition, the nursing staff coordinates office visits and ensures that patient has all the necessary prescriptions.

The medical staff restocks fluids and blood products.

The machine is calibrated and if needed additional maintenance takes place.

The medical staff ensures that all of the necessary quality assurance tasks are done.

The medical staff develops a patient coordination of care plan and may follow up with patient.

**Updated Invoices and Supplies: See attachments**

The Societies have provided the following supplies and equipment updated and additional invoices:

Supply - kit, photopheresis procedure SA024

Supply - kit, apheresis treatment SA072

Supply - tubing set, plasma exchange SC085

Supply - ACD-A anticoagulant SJ071

Supply - 5% albumin saline, ml bags

Supply - 0.9% sodium chloride (normal saline) IV solution, 500 or 1000 ml bags.

Supply - Calcium gluconate, NS 250 ml

Equipment - blood warmer EQ072

Equipment - cell separator system EQ084

Equipment - photopheresor system EQ206

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor:

**36511 - Therapeutic apheresis; for white blood cells**  
**36512 - Therapeutic apheresis; for red blood cells**  
**36513 - Therapeutic apheresis; for platelets**  
**36514-Therapeutic apheresis; for plasma pheresis**  
**36516 - Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**  
**36522 - Photopheresis, extracorporeal**

Global Period: 000

Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The specialty society advisors, apheresis experts, and staff from CAP, RPA, and ASH held a series conference calls to discuss the details of the practice expense inputs. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Reference to existing code and inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Not applicable, current PE inputs for current codes have been used.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Not applicable in the facility setting

Intra-Service Clinical Labor Activities:

Not applicable in the facility setting

Post-Service Clinical Labor Activities:

Not applicable in the facility setting

	A	B	C	D	E	H	I	J	K	N	O	P	Q	T	U	V	W	Z	AA	AB	AC	AF	AG	AH	AI	AL	AM	
1				2016 Inputs		January 2017 RUC - Final		2016 Inputs		January 2017 RUC - Final		2016 Inputs		January 2017 RUC - Final		2016 Inputs, Sept 2002 RUC		January 2017 RUC - Final		2016 Inputs, Sept 2002 RUC		January 2017 RUC - Final		2016 Inputs, Sept 2004		January 2017 RUC - Final		
2				36511		36511		36512		36512		36513		36513		36514		36514		36516		36516 <sup>1</sup>		36522		36522		
3	Meeting Date: January 2017 Tab: 12 REVISED Specialty: CAP, RPA, ASH			Therapeutic apheresis; for white blood cells		Therapeutic apheresis; for white blood cells		Therapeutic apheresis; for red blood cells		Therapeutic apheresis; for red blood cells		Therapeutic apheresis; for platelets		Therapeutic apheresis; for platelets		Therapeutic apheresis; for plasma pheresis		Therapeutic apheresis; for plasma pheresis		Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion		Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion		Photopheresis, extracorporeal		Photopheresis, extracorporeal		
4		LOCATION			NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC
5		GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
6		TOTAL CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	183.0	0.0	186.0	0.0	338.0	0.0	346.0	0.0	179.0	15.0	186.0	0.0
7		TOTAL PRE-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.0	0.0	8.0	0.0	11.0	0.0	8.0	0.0	11.0	15.0	8.0	0.0
8	TOTAL SERVICE CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	164.0	0.0	176.0	0.0	317.0	0.0	336.0	0.0	162.0	0.0	176.0	0.0	
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	2.0	0.0	10.0	0.0	2.0	0.0	6.0	0.0	2.0	0.0	
10	PRE-SERVICE																											
11	Start: Following visit when decision for surgery or procedure made																											
12	Complete pre-service diagnostic & referral forms	L042A	RN/LPN			0	0			0	0			0	0	4		5	0	4		5	0			5	0	
13	Coordinate pre-surgery services	L042A	RN/LPN			0	0			0	0			0	0	3		3	0	3		3	0	5	10	3	0	
14	Schedule space and equipment in facility	L042A	RN/LPN			0	0			0	0			0	0			0	0			0	0		5	0	0	
15	Provide pre-service education/review consent	L042A	RN/LPN			0	0			0	0			0	0			0	0			0	0	6		0	0	
16	Other Clinical Activity - specify: Office visit before surgery/procedure: Review test and exam results	L042A	RN/LPN			0	0			0	0			0	0	4		0	0	4		0	0			0	0	
17	Review charts/labs	L042A	RN/LPN			0	0			0	0			0	0			0	0			0	0			0	0	
18	End: When patient enters office/facility for surgery/procedure																											
19	SERVICE PERIOD																											
20	Start: When patient enters office/facility for surgery/procedure:																											
21	Review charts/labs	L042A	RN/LPN													4				4				2				
22	Greet patient, provide gowning, ensure appropriate medical records are available	L042A	RN/LPN			0	0			0	0			0		3		3	0	3		3	0	3		3	0	
23	Obtain vital signs	L042A	RN/LPN			0	0			0	0			0		5		5	0	5		5	0	5		5	0	
24	Provide pre-service education/obtain consent	L042A	RN/LPN			0	0			0	0			0	0	5		0	0	3		0	0	5		0	0	
25	Prepare room, equipment, supplies	L042A	RN/LPN			0	0			0	0			0		10		20	0	10		30	0	2		20	0	
26	Adsorption Column Preparation	L042A	RN/LPN			0	0			0	0			0				0	0	35		30	0			0	0	
27	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN			0	0			0	0			0		10		15	0	10		15	0	2		15	0	
28	Assist physician in performing procedure - assess and monitor patient continuously - monitor and change replacement fluids - monitor equipment	L042A	RN/LPN			0	0			0	0			0		120		120	0	240		240	0	135		120	0	
29	Monitor Pt. following service/check tubes, monitors, drains, vital signs, access management	L042A	RN/LPN			0	0			0	0			0				10	0			10	0	3		10	0	
30	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L042A	RN/LPN			0	0			0	0			0				0	0			0	0			0	0	
31	Clean room/equipment by physician staff, - remove disposables from machine	L042A	RN/LPN			0	0			0	0			0	0	7		3	0	7		3	0	5		3	0	
32	Other Clinical Activity - specify:																											
33	End: Patient leaves office																											
34	POST-SERVICE Period																											
35	Start: Patient leaves office/facility																											
36	Complete diagnostic forms, lab & X-ray requisitions, documentation and reporting	L042A	RN/LPN			0	0			0	0			0	0	2		2	0	2		2	0			2	0	
37	FDA national reporting regulation	L042A	RN/LPN			0	0			0	0			0	0	0		0	0	2		0	0			0	0	
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L042A	RN/LPN			0				0				0										3				
39	Follow-up phone calls & prescriptions	L042A	RN/LPN			0	0			0	0			0	0	3		0	0	3		0	0	3		0	0	
40	Restock fluids and blood products	L042A	RN/LPN			0	0			0	0			0	0	3		0	0	3		0	0			0	0	
41	Coordinate care	L042A	RN/LPN			0	0			0	0			0	0			0	0			0	0			0	0	
42	End: with last office visit before end of global period																											



	A	B	C	D	E	H	I	J	K	N	O	P	Q	T	U	V	W	Z	AA	AB	AC	AF	AG	AH	AI	AL	AM
1				2016 Inputs		January 2017 RUC - Final		2016 Inputs		January 2017 RUC - Final		2016 Inputs		January 2017 RUC - Final		2016 Inputs, Sept 2002 RUC		January 2017 RUC - Final		2016 Inputs, Sept 2002 RUC		January 2017 RUC - Final		2016 Inputs, Sept 2004		January 2017 RUC - Final	
2				36511		36511		36512		36512		36513		36513		36514		36514		36516		36516 <sup>1</sup>		36522		36522	
3	Meeting Date: January 2017 Tab: 12 REVISED Specialty: CAP, RPA, ASH	CMS Code	Staff Type	Therapeutic apheresis; for white blood cells		Therapeutic apheresis; for white blood cells		Therapeutic apheresis; for red blood cells		Therapeutic apheresis; for red blood cells		Therapeutic apheresis; for platelets		Therapeutic apheresis; for platelets		Therapeutic apheresis; for plasma pheresis		Therapeutic apheresis; for plasma pheresis		Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion		Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion		Photopheresis, extracorporeal		Photopheresis, extracorporeal	
4	LOCATION			NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
43	MEDICAL SUPPLIES*	CODE	UNIT																								
44	kit, iv starter	SA019	kit			0	0			0	0			0	0			0	0			0	0	1		0	0
45	kit, photopheresis procedure	SA024	kit			0	0			0	0			0	0			0	0			0	0	1		1	0
46	kit, suture removal	SA031	kit			0	0			0	0			0	0	1		0	0	1		0	0			0	0
47	pack, minimum multi-specialty visit	SA048	pack			0	0			0	0			0	0			0	0			0	0	1		0	0
48	paper, exam table	SB036	foot			0	0			0	0			0	0			7	0			7	0			7	0
49	pillow case	SB037	item			0	0			0	0			0	0			1	0			1	0			1	0
50	kit, apheresis treatment	SA072	kit			0	0			0	0			0	0			0	0			0	0			0	0
51	tray, central line dressing change	SA085	tray			0	0			0	0			0	0	1		0	0	1		0	0			0	0
52	cover, thermometer probe	SB004	item			0	0			0	0			0	0	1		2	0	1		2	0			2	0
53	drape, non-sterile, sheet 40in x 60in	SB006	item			0	0			0	0			0	0			0	0			0	0	1		0	0
54	drape, sterile, fenestrated 16in x 29in	SB011	item			0	0			0	0			0	0	2		0	0	2		0	0			0	0
55	gloves, non-sterile	SB022	pair			0	0			0	0			0	0	4		0	0	4		0	0			0	0
56	gloves, sterile	SB024	pair			0	0			0	0			0	0	3		0	0	3		0	0			0	0
57	gloves, non-sterile, nitrile	SB023	pair			0	0			0	0			0	0			4	0			4	0			4	0
58	gown, patient	SB026	item			0	0			0	0			0	0	1		1	0	1		1	0			1	0
59	gown, staff, impervious	SB027	item			0	0			0	0			0	0			0	0			0	0	1		1	0
60	mask, surgical, with face shield	SB034	item			0	0			0	0			0	0	1		1	0	1		1	0			1	0
61	blood collection tube (Vacutainer)	SC006	item			0	0			0	0			0	0	1		1	0	1		1	0			1	0
62	needle, 18-27g	SC029	item			0	0			0	0			0	0	8		2	0	8		2	0			2	0
63	stop cock, 3-way	SC049	item			0	0			0	0			0	0			3	0			3	0			3	0
64	syringe 10-12ml	SC051	item			0	0			0	0			0	0			8	0			8	0	1		8	0
65	syringe 1ml	SC052	item			0	0			0	0			0	0			0	0			0	0	1	1	1	0
66	syringe 5-6ml	SC057	item			0	0			0	0			0	0	2		2	0	2		2	0			2	0
67	syringe-needle 10ml 26g	SC063	item			0	0			0	0			0	0	8		8	0	8		8	0			8	0
68	blood collection tube needle	SC068	item			0	0			0	0			0	0	1		1	0	1		1	0			1	0
69	tubing set (Liposorber)	SC083	item			0	0			0	0			0	0			0	0	1		1	0			0	0
70	tubing set, blood warmer	SC084	item			0	0			0	0			0	0	1		1	0	1		1	0			0	0
71	tubing set, plasma exchange	SC085	item			0	0			0	0			0	0	1		1	0			0	0			0	0
72	fistula needle, dialysis, 17g	SC088	item			0	0			0	0			0	0			0	0			0	0	2		2	0
73	needle, Vacutainer	SC089	item			0	0			0	0			0	0	1		1	0	1		1	0			1	0
74	Vacutainer	SC091	item			0	0			0	0			0	0	1		1	0	1		1	0			1	0
75	plasma LDL adsorption column (Liposorber)	SD186	item			0	0			0	0			0	0			0	0	1		1	0			0	0
76	plasma separator (Liposorber)	SD188	item			0	0			0	0			0	0			0	0	1		1	0			0	0
77	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item			0	0			0	0			0	0			12	0			12	0	1		12	0
78	dressing, 3in x 4in (Telfa, Release)	SG035	item			0	0			0	0			0	0			0	0			0	0	1		0	0
79	gauze, sterile 3in x 3in	SG054	item			0	0			0	0			0	0	6		4	0	6		4	0			4	0
80	gauze, sterile 4in x 4in	SG055	item			0	0			0	0			0	0	1		0	0	1		0	0	1		0	0
81	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch			0	0			0	0			0	0			12	0			12	0	1		12	0
82	heparin 1,000 units-ml inj	SH039	ml			0	0			0	0			0	0			0	0	2		0	0	1		0	0
83	lidocaine 1%-2% inj (Xylocaine)	SH047	ml			0	0																				



	A	B	C	AN	AO
1				Notes	Invoice Update
2					
3	Meeting Date: January 2017 Tab: 12 <b>REVISED</b> Specialty: CAP, RPA, ASH	CMS Code	Staff Type	1. CPT code 36515 was deleted and its utilization will be captured in CPT code 36516. Deleted code: 36515 - Therapeutic apheresis; with extracorporeal immunoabsorption and plasma reinfusion. Revised Code: 36516 - Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion.	
4	LOCATION				
5	GLOBAL PERIOD				
6	TOTAL CLINICAL LABOR TIME				
7	TOTAL PRE-SERV CLINICAL LABOR TIME				
8	TOTAL SERVICE CLINICAL LABOR TIME				
9	TOTAL POST-SERV CLINICAL LABOR TIME				
10	PRE-SERVICE				
11	Start: Following visit when decision for surgery or procedure made				
12	Complete pre-service diagnostic & referral forms	L042A	RN/LPN		
13	Coordinate pre-surgery services	L042A	RN/LPN	Includes: arranging for tunnel catheter (or other vascular access), making phone calls - dialysis services, blood bank to check red blood cells are ready, pharmacy to check albumin is	
14	Schedule space and equipment in facility	L042A	RN/LPN		
15	Provide pre-service education/review consent	L042A	RN/LPN	Nurses cannot obtain consent, so change "obtain consent" to "review consent". Includes: three minutes for education, 1 minute for consent.	
16	Other Clinical Activity - specify: Office visit before surgery/procedure: Review test and exam results	L042A	RN/LPN		
17	Review charts/labs	L042A	RN/LPN	Moved to pre-service from service period. Includes: reviewing hematocrit, plasma volume, calcium.	
18	End: When patient enters office/facility for surgery/procedure				
19	SERVICE PERIOD				
20	Start: When patient enters office/facility for surgery/procedure:				
21	Review charts/labs	L042A	RN/LPN	Moved to pre-service.	
22	Greet patient, provide gowning, ensure appropriate medical records are available	L042A	RN/LPN	RUC Standard	
23	Obtain vital signs	L042A	RN/LPN	Type of vitals obtained: pulse, blood pressure, resp. rate, O2 sats, and temperature. RUC Standard - 5 minutes for 4 to 6 vitals	
24	Provide pre-service education/obtain consent	L042A	RN/LPN		
25	Prepare room, equipment, supplies	L042A	RN/LPN		
26	Adsorption Column Preparation	L042A	RN/LPN		
27	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	Includes: obtaining venous access (which is different from obtaining peripheral access), national patient safety goals for preventing catheter infections, using sterile technique including	
28	Assist physician in performing procedure - assess and monitor patient continuously - monitor and change replacement fluids - monitor equipment	L042A	RN/LPN	Nurse has to be there the whole time, and can only work on one patient at a time typically. Nurse will be active the whole time - checking flow rate, monitoring blood rate, talking with p	
29	Monitor Pt. following service/check tubes, monitors, drains, vital signs, access management	L042A	RN/LPN		
30	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L042A	RN/LPN	Moved to service period from post service.	
31	Clean room/equipment by physician staff, - remove disposables from machine	L042A	RN/LPN	Includes: removing disposables from machine, wiping down machine with disinfectant wipe, putting supplies back in the cart, removing cart/machine, etc.	
32	Other Clinical Activity - specify:				
33	End: Patient leaves office				
34	POST-SERVICE Period				
35	Start: Patient leaves office/facility				
36	Complete diagnostic forms, lab & X-ray requisitions, documentation and reporting	L042A	RN/LPN	Includes: nurse reports clinical data on flow sheets, such as plasma process, fluid balance, etc.	
37	FDA national reporting regulation	L042A	RN/LPN		
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L042A	RN/LPN	Moved to intraservice	
39	Follow-up phone calls & prescriptions	L042A	RN/LPN		
40	Restock fluids and blood products	L042A	RN/LPN		
41	Coordinate care	L042A	RN/LPN	Includes: nurse-to-nurse communication and the handing off of patients.	
42	End: with last office visit before end of global period				

	A	B	C	AN	AO
1				Notes	Invoice Update
2					
3	Meeting Date: January 2017 Tab: 12 <b>REVISED</b> Specialty: CAP, RPA, ASH	CMS Code	Staff Type	1. CPT code 36515 was deleted and its utilization will be captured in CPT code 36516. Deleted code: 36515 - Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion. Revised Code: 36516 - Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion.	
4	LOCATION				
5	GLOBAL PERIOD				
43	MEDICAL SUPPLIES*	CODE	UNIT		
44	kit, iv starter	SA019	kit		
45	kit, photopheresis procedure	SA024	kit	The photopheresis tubing kit is different from other apheresis kits because	Invoice Update - \$1598 each
46	kit, suture removal	SA031	kit		
47	pack, minimum multi-specialty visit	SA048	pack	The minimum multi specialty pack contains the incorrect level of gloves - the procedures require nitrile gloves	
48	paper, exam table	SB036	foot	Broken out from minimum multi-specialty pack	
49	pillow case	SB037	item	Broken out from minimum multi-specialty pack	
50	kit, apheresis treatment	SA072	kit	Apheresis tubing kit (for instance Optia MNC) that is used for stems cell	Invoice Update - \$243.33 each
51	tray, central line dressing change	SA085	tray		
52	cover, thermometer probe	SB004	item		
53	drape, non-sterile, sheet 40in x 60in	SB006	item		
54	drape, sterile, fenestrated 16in x 29in	SB011	item		
55	gloves, non-sterile	SB022	pair	Procedures require nitrile gloves	
56	gloves, sterile	SB024	pair	Procedures require nitrile gloves	
57	gloves, non-sterile, nitrile	SB023	pair	Procedures require nitrile gloves	
58	gown, patient	SB026	item		
59	gown, staff, impervious	SB027	item		
60	mask, surgical, with face shield	SB034	item		
61	blood collection tube (Vacutainer)	SC006	item		
62	needle, 18-27g	SC029	item	Reduced from 8 to 2	
63	stop cock, 3-way	SC049	item		
64	syringe 10-12ml	SC051	item		
65	syringe 1ml	SC052	item	Used to add drug to photopheresis chamber	
66	syringe 5-6ml	SC057	item		
67	syringe-needle 10ml 26g	SC063	item		
68	blood collection tube needle	SC068	item		
69	tubing set (Liposorber)	SC083	item		
70	tubing set, blood warmer	SC084	item		
71	tubing set, plasma exchange	SC085	item	Apheresis tubing kit (for instance Set Exchange Spectra Optia) that is u	Invoice Update - \$273.66 each
72	fistula needle, dialysis, 17g	SC088	item		
73	needle, Vacutainer	SC089	item		
74	Vacutainer	SC091	item		
75	plasma LDL adsorption column (Liposorber)	SD186	item		
76	plasma separator (Liposorber)	SD188	item		
77	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item	Used to keep pressure over gauze	
78	dressing, 3in x 4in (Telfa, Release)	SG035	item		
79	gauze, sterile 3in x 3in	SG054	item	For cleaning during opening and closing of access	
80	gauze, sterile 4in x 4in	SG055	item		
81	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	Two 3 inch pieces of tape, both arms = 12 inches	
82	heparin 1,000 units-ml inj	SH039	ml		
83	lidocaine 1%-2% inj (Xylocaine)	SH047	ml		
84	heparin 5,000 units-ml inj	SH093	ml		
85	goggles, uv-blocking	SJ027	item		
86	povidone soln (Betadine)	SJ041	ml	Typical practice has moved to chlorahexidine (chloraprep)	
87	povidone swabsticks (3 pack uou)	SJ043	item	Typical practice has moved to chlorahexidine (chloraprep)	
88	swab, patient prep, 1.5 ml (chloraprep)	SJ081	item	Typical practice has moved to chlorahexidine (chloraprep)	
89	swab-pad, alcohol	SJ053	item		
90	ACD-A anticoagulant	SJ071	item		Invoice Update - \$7.10 each
91	methoxsalen, 10ml vial	SJ075	item		
92	sunscreen lotion (spf15)	SK078	oz		
93	label for blood tube	SL197	item	Reduced from 8 to 2	
94	albumin saline	SH004	ml	Possibly separately billable. 5% albumin saline	
95	phosphate buffered saline (PBS)	SL180	ml		
96	Calcium gluconate	Invoice	ml	Possibly separately billable with code 96365	
97	EQUIPMENT	CODE	LIFE	EQUATION	
98	chair, medical recliner	EF009	10	Total Service Period Time Clinical Labor Time	
99	blood warmer	EQ072	7	Total Service Period Time Clinical Labor Time	Invoice Update - \$4,500
100	cell separator system	EQ084	6	Total Service Period Time Clinical Labor Time	Invoice Update - \$80,000
101	liposorber system	EQ174	7	Total Service Period Time Clinical Labor Time	
102	photopheresor system	EQ206	6	Total Service Period Time Clinical Labor Time	Invoice Update - \$89,000
103	pulse oximeter w-printer	EQ211	7		
104	light assembly, photopheresis	EQ280	10	Total Service Period Time Clinical Labor Time	
105	blood pressure monitor, ambulatory, w-battery charger	EQ269	5	Total Service Period Time Clinical Labor Time	
106	IV infusion pump	EQ032	10	Total Service Period Time Clinical Labor Time	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2017

**Peri-Prostatic Implantation of Biodegradable Material**

In October 2016, the CPT Editorial Panel deleted CPT Category III code 0438T and created a new CPT code 55874 to report transperineal placement of biodegradable material.

***55874 Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed***

The RUC reviewed the survey results from 175 urologists and radiation oncologists and determined that a work RVU recommendation of 3.03 was appropriate and supported by the 25<sup>th</sup> percentile of the survey. Of the 175 survey respondents, 65 had performed the procedure in the last year which exceeds the survey threshold; these responses were combined with the 110 other respondents who had not performed the procedure in the last year but likely had contributed to the initial clinical trial. The specialty societies confirmed that the final recommendation of the 25<sup>th</sup> percentile reflected the combined survey. The specialty societies also clarified that ultrasound is performed continuously throughout the procedure. Further, they confirmed that the description of intra-service work is correct in that, after the ultrasound probe is placed and anesthesia is conducted, hydrodissection is the initial step in the procedure. Once the hydrodissection is completed, the syringe is removed but the needle is intact; at that time, the biodegradable material is prepped. It is never prepped prior to the procedure but is done after the hydrodissection which is why it is included in the intra-service time.

The RUC recommends 25 minutes pre-service time, 30 minutes intra-service time, and 15 minutes post-service time (total time 70 minutes). The RUC agreed to add five minutes of positioning time above the standard package to account for positioning the patient in the dorsal lithotomy position. The RUC compared the surveyed code to the top key reference service 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* (work RVU = 3.57, intra-service time of 40 minutes, total time 75 minutes) and noted that both services have similar physician IWPOT (0.074 and 0.071 respectively) with the surveyed code being higher due to the shorter intra-service work time. The RUC noted that the second key reference service 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple*, (work RVU = 1.73 and intra-service time of 20 minutes) requires 10 minutes less intra-service time and is less complex and intense, thus the surveyed code is appropriately valued higher.

For additional support, the RUC compared the surveyed code to CPT code 44389 *Colonoscopy through stoma; with biopsy, single or multiple* (work RVU = 3.02, intra-service time of 30 minutes, total time 65 minutes) and also considered CPT code 50386 *Removal (via snare/capture) of internally*

*dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU = 3.05, intra-service time of 30 minutes, total time 80 minutes). **The RUC recommends a work RVU of 3.03 for CPT code 55874.**

### Practice Expense

Modifications were made to the direct practice expense inputs including substantial decreases in pre-service time. The PE Subcommittee noted that the specialty is requesting a new high priced supply item *Biodegradable Material Kit – PeriProstatic*, and discussed that if there is an application for this item to be separately billable through a HCPCS code the kit will need to be removed from the direct practice expense inputs. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

### New Technology

This service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Surgery</b> <b>Prostate</b> <b>Other Procedures</b>				
●55874	X1	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, <u>when</u> performed  (Do not report 55874 in conjunction with 76942)	000	3.03
<b>Radiology</b> <b>Diagnostic Ultrasound</b> <b>Ultrasonic Guidance Procedures</b>				

<p>76942      <i>Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation</i></p> <p>(Do not report 76942 in conjunction with 10030, 19083, 19285, 20604, 20606, 20611, 27096, 32554, 32555, 32556, 32557, 37760, 37761, 43232, 43237, 43242, 45341, 45342, 64479-64484, 64490-64495, 76975, 0213T-0218T, 0228T-0231T, 0232T, 0249T, 0301T, <u>55874</u>)</p> <p><b>Category III</b></p>				
D 0438T	-	<p><del>Transperineal placement of biodegradable material, periprostatic (via needle), single or multiple, includes image guidance</del></p> <p><del>(Do not report 0438T in conjunction with 76942)</del></p> <p><del>(Report supply of material separately)</del></p> <p><del>(0438T has been deleted. To report, use 55874)</del></p>	-	-

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 55874      Tracking Number   X1

Original Specialty Recommended RVU: **3.03**Presented Recommended RVU: **3.03**

Global Period: 000

RUC Recommended RVU: **3.03**

CPT Descriptor: Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed (Do not report 55874 in conjunction with 76942)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 67-year-old male is discovered on digital rectal examination to have a prostate nodule occupying more than one half of the right lobe but no involvement of the left side. Diagnostic workup confirms presence of prostate cancer. To reduce rectal toxicity resulting from radiation therapy, an ultrasound guided transperineal implantation of a biodegradable material is performed to create a space between the prostate and the rectum.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: The patient's chart is reviewed and the plan for radiation treatment is confirmed. Ensure bowel prep was performed and prophylactic antibiotics were taken, otherwise provide bowel prep and antibiotics prior to procedure. Confirm that the patient is not taking anticoagulants. The patient is brought to the procedure suite, the patient is positioned in the dorsal lithotomy position and the perineal skin is prepped with alcohol/povidone-iodine per the standard practice. The physician prepares the transrectal ultrasound (TRUS) probe, standoff balloon and stepper for TRUS imaging. Sterile drapes are then placed on the patient legs, genitals, ultrasound probe and the stepper. The ultrasound is inserted into the patient's rectum and secured to the stepper/stabilizer. The physician provides the patient local anesthesia with a bilateral pudendal nerve block under ultrasound guidance using a standard technique (e.g. 1% lidocaine). The skin is numbed with lidocaine and then the physician advances the needle to the mid perineum region and an adequate dose of anesthetic (e.g. lidocaine) is injected. Once the area becomes anesthetized, the needle is advanced until it is proximal to the pudendal nerve, and an additional dose of anesthetic is injected. Once anesthesia is achieved the physician will turn his/her attention to the hydrogel implant.

Description of Intra-Service Work: The hydrogel implant is prepared by the physician. First, saline is drawn into a sterile syringe, which is attached to a needle and primed. This syringe/needle assembly will be used to access and hydrodissect the peri-prostatic implant site. Next, the hydrogel syringe assembly is prepared. This syringe assembly is prepared by injecting the hydrogel diluent into the powder in the vial, shaking until the powder is completely dissolved and setting aside to allow the bubbles to dissipate. Once the bubbles dissipate 5 mL of this precursor solution and 1 cc of air is withdrawn back into the precursor syringe. Next the accelerator syringe is uncapped and the amount of accelerator liquid is prepared at 5 ml liquid/1 cc air. Next the precursor solution syringe and the accelerator syringe are measured to contain the same amount of fluid and air before being assembled to the y-connector, syringe holder, and syringe plunger cap. The syringe assembly is now ready for injecting the hydrogel after the physician identifies and hydrodissects the cavity as described below.

The TRUS probe is repositioned in the rectum and the space between the prostate (mid gland) and rectum is identified and measured. The ultrasound probe will be repositioned to find the minimal probe pressure to maximize the visualization of the prostate without collapsing the periprostatic fat. The probe will be angled to prevent the rectum from being displaced superiorly which would prevent the needle from being introduced without fecal contamination. After appropriate positioning is achieved the saline syringe needle (15 cm 18 G needle) is inserted through the perineal skin under direct ultrasound guidance, through the rectourethralis muscle and past the prostate apex to the perirectal fat between Denonvilliers' fascia at prostate mid-gland and the rectal wall. Care must be taken during needle advancement not to penetrate the rectal lumen with the needle tip to avoid potential introduction of infectious material or injure the rectal wall. Care must also be taken not to transect the prostate. The needle position is confirmed in both the sagittal and axial ultrasound planes, and saline is injected to dissect the space between the Denonvilliers' fascia and anterior rectal wall ("hydrodissection"). Hydrodissection confirms proper needle location and creates space for the injection of the hydrogel material.

Additional axial and sagittal imaging is required to optimize needle position and bilateral saline distribution. While maintaining the desired position, aspiration is performed to ensure that the needle is not in an intravascular space. The saline syringe is then removed and the hydrogel syringe assembly is attached to the same 18G needle with care not to displace the needle. The needle is confirmed not to have moved during assembly on ultrasound imaging. Under ultrasound guidance (sagittal plane) the hydrogel material is then injected to expand the peri-prostatic space between the prostate and rectum. Optimal visualization of the needle during hydrogel administration is maintained at all times. Following injection the needle is removed, and the spent applicator and needle are discarded.

An axial measurement of the space between the prostate (mid gland) and rectum is performed. The TRUS probe is removed from the patient, the stirrups are lowered, and patient is then recovered.

Description of Post-Service Work: The patient is observed to ensure there is no onset of any complications. A procedure note is dictated. The patient is provided a plan to resume pre-procedure medications and to continue with antibiotics if prescribed. Questions about post-op care and the procedure are discussed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Thomas Turk, MD, James Depree, MD, Michael Kuettel, MD, PhD, David Beyer, MD and Gerald White				
<b>Specialty(s):</b>	AUA and ASTRO				
<b>CPT Code:</b>	55874				
<b>Sample Size:</b>	11370	<b>Resp N:</b>	175	<b>Response:</b> 1.5 %	
<b>Description of Sample:</b>	AUA 7,378 randomly selected practicing, US, MD/DO members ASTRO 3,992 all practicing, US, MD/DO members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	0.00	5.00	100.00
<b>Survey RVW:</b>	1.00	3.03	3.80	4.50	200.00
<b>Pre-Service Evaluation Time:</b>			35.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	0.00	15.00	30.00	35.00	150.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

<b>CPT Code:</b>	55874	<b>Recommended Physician Work RVU: 3.03</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	13.00	13.00	0.00	
<b>Pre-Service Positioning Time:</b>	6.00	1.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	6.00	6.00	0.00	
<b>Intra-Service Time:</b>	30.00			
Please, pick the <b>post-service time package</b> that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
49411	000	3.57	RUC Time

CPT Descriptor Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
55876	000	1.73	RUC Time

CPT Descriptor Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52281	000	2.75	RUC Time	82,484

CPT Descriptor 1 Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52287	000	3.20	RUC Time	24,012

CPT Descriptor 2 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 47      **% of respondents:** 26.8 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 45      **% of respondents:** 25.7 %

#### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>55874</u></b>	<b>Top Key Reference CPT Code: <u>49411</u></b>	<b>2nd Key Reference CPT Code: <u>55876</u></b>
Median Pre-Service Time	25.00	15.00	29.00
Median Intra-Service Time	30.00	40.00	20.00
Median Immediate Post-service Time	15.00	20.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>70.00</b>	<b>75.00</b>	<b>59.00</b>
<b>Other time if appropriate</b>			

#### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
--	------------------------------------	---

#### **Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.04	0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.15	0.24
Urgency of medical decision making	0.11	-0.09

#### **Technical Skill/Physical Effort (Mean)**

Technical skill required	0.68	0.71
Physical effort required	0.47	0.38

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.53	0.51
Outcome depends on the skill and judgment of physician	0.68	0.64
Estimated risk of malpractice suit with poor outcome	0.74	0.51

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.55	0.60
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

The CPT Editorial Panel has created a new code to report transperineal placement of biodegradable material (55874).

**Billed Together**

Typically no codes are reported on the same day as the new transperineal placement of biodegradable material CPT Code (55874). However, fiducials (CPT Code 55876) could be performed on the same day. The physician work described by this new procedure (i.e. intra work) is distinct work and does not represent any overlap with fiducials. It is important to note that both services (55874 and 55876) are subject to the multiple procedure reduction if both are performed on the same day (000-day global period).

**Positioning Time**

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position.

**SPR**

The median service performance rate for the survey was zero. Pursuant to RUC policy, the multispecialty group has submitted three SORs. One for all the survey data, one for the subset with a service performance rate of 0 and one for the subset with a service performance rate of greater than 0. It is important to note that the RUC survey question specifically asks for the respondent to report the number of cases performed in the past year. However, the trial for this service ran from 2012-2013. If a physician participated in that trial but did not perform this procedure in the last year, he/she had to put 0 on the survey.

**New Technology**

The specialty believes this procedure should be flagged for new technology.

**Recommendations**

The specialty societies received 175 completed RUC physician work surveys from physicians. The multispecialty RUC workgroup reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the urology and radiation oncology families as well as within the fee schedule. See below:

	<b>CPT</b>	<b>IWPUT</b>	<b>wRVU</b>	<b>Total Time</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>
Reference	55876	0.043	1.73	59	29	20	10
MPC	52281	0.112	2.75	46	16	20	10
<b>ALL/Recommendation</b>	<b>55874</b>	<b>0.074</b>	<b>3.03</b>	<b>70</b>	<b>25</b>	<b>30</b>	<b>15</b>
MPC	55287	0.120	3.20	58	22	21	15
SPR=0	55874	0.076	3.60	95	50	30	15
Reference	49411	0.072	3.82	85	25	40	20
SPR>0	55874	0.123	4.00	95	60	20	15

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain) While not typical, the possibility exists that peri-prostatic implantation of material may be performed on the same date as placement of fiducial markers (55876).

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0438T or 45999 and 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology                      How often? Sometimes

Specialty Radiation Oncology                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 12000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. According to SEER data, 180,890 new cases of prostate cancer are estimated for 2016. Approximately 1/3 will receive radiation therapy, which is approximately 60,000 patients per year. Of those, approximately 20% are likely to have rectal toxicity (Grodsky, 2015). It is estimated that about 12,000 patients will be ideal candidates for this procedure.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. According to SEER data, 180,890 new cases of prostate cancer are estimated for 2016. Approximately 1/3 will receive radiation therapy, which is approximately 60,000 patients per year. Of those, approximately 20% are likely to have rectal toxicity (Grodsky, 2015). It is estimated that about 12,000 patients will be ideal candidates for this procedure. The specialty estimates approximately 80% of those 12,000 would be in Medicare population (10,000)

Specialty urology	Frequency 6000	Percentage 60.00 %
Specialty radiation oncology	Frequency 4000	Percentage 40.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Oncology

BETOS Sub-classification Level II:

Radiation Therapy

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55876

## SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
13	ISSUE: Peri-Prostatic Implantation of Biodegradable Material																			
14	TAB: 13																			
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	47	0.071			3.57			75	9	1	5			40			20
18	2nd REF	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	45	0.043			1.73			59	19	10				20			10
19	CURRENT	0438T	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance					C			0									
20	CURRENT	45999	Unlisted procedure, rectum					0.00			0									
21	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5
22	SVY	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	175	0.079	1.00	3.03	3.80	4.50	20.00	100	35	10	10	0	15	30	35	150	15
23	REC	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		0.074	3.03					70	13	6	6			30			15
24																				
25																				
26	SPR>0																			
27						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
28	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
29	1st REF	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	16	0.071			3.57			75	9	1	5			40			20
30	2nd REF	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	14	0.043			1.73			59	19	10				20			10
31	CURRENT	0438T	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance					C			0									
32	CURRENT	45999	Unlisted procedure, rectum					0.00			0									
33	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5
34	SVY	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	65	0.123	1.73	3.50	4.00	6.00	20.00	95	40	10	10	4	15	20	30	150	15
35																				
36																				
37	SPR=0																			
38						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
39	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
40	1st REF	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	31	0.071			3.57			75	9	1	5			40			20
41	2nd REF	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	31	0.043			1.73			59	19	10				20			10
42	CURRENT	0438T	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance					C			0									
43	CURRENT	45999	Unlisted procedure, rectum					0.00			0									
44	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5
45	SVY	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	110	0.076	1.00	2.50	3.60	4.30	8.31	95	30	10	10	0	15	30	35	75	15
46																				

**#13**  
Tab Number

**Peri-Prostatic Implantation of Biodegradable Material**  
Issue

**55X87**  
Code Range

### **Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

**Michael Kuettel, MD, PhD**  
Printed Signature

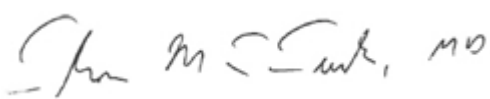
**The American Society for Radiation Oncology (ASTRO)**  
Specialty Society

**December 10, 2016**  
Date

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



---

Signature

Thomas Turk, M.D.  
Printed Signature

American Urological Association  
Specialty Society

December 9, 2016  
Date



**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

**CPT Long Descriptor:** *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed (Do not report 55874 in conjunction with 76942)*

**Global Period:** 000

**Meeting Date:** January 2017

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

AUA and ASTRO convened a panel of physicians and clinical staff to develop consensus recommendations for practice expense. The panel included a mix of physicians from various practice settings and geographic regions. They panel reviewed the physician work survey data, the existing direct PE inputs for the reference code and makes the following PE recommendations.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.  
Reference Code Rationale:**

The multispecialty group included CPT Code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* as the PE reference code. CPT Code 55876 was selected as one of the key reference codes on the physician work side.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

N/A

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

N/A

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-surgery services (including test results)
- Schedule space in facility
- Provide pre-service education/obtain consent
  - *Need to be off blood thinners for one week prior (aspirin, aleve, etc)*
  - *Need to be off anti-coagulants for 3 days (Coumadin, pradaxa, etc)*
  - *Antibiotics-taken day before, day of and day after procedure*
  - *Emla cream (apply to skin between testicles & anus 1 hour before procedure)*
  - *Fleets enema*
  - *May have light breakfast*
  - *Take 2 extra strength Tylenol before procedure*
  - *Take regular medications*
  - *Restart blood thinners the next day*
- Complete pre-procedure phone calls and prescription
  - *Rx antibiotic and Emla cream*
  - *Call patient to confirm instructions have been followed*

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

- Conduct patient communications

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

**CPT Long Descriptor:** *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed (Do not report 55874 in conjunction with 76942)*

**Global Period:** 000

**Meeting Date:** January 2017

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

AUA and ASTRO convened a panel of physicians and clinical staff to develop consensus recommendations for practice expense. The panel included a mix of physicians from various practice settings and geographic regions. They panel reviewed the physician work survey data, the existing direct PE inputs for the reference code and makes the following PE recommendations.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.  
Reference Code Rationale:**

The multispecialty group included CPT Code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* as the PE reference code. CPT Code 55876 was selected as one of the key reference codes on the physician work side.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

The multispecialty group is recommending 5 extra minutes of positioning times to put the patient in dorsal lithotomy.

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

N/A

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
  - Pre-authorization for hydrogel
- Coordinate pre-surgery services (including test results)
  - Review labs
- Provide pre-service education/obtain consent
  - *Need to be off blood thinners for one week prior (aspirin, aleve, etc)*
  - *Need to be off anti-coagulants for 3 days (Coumadin, pradaxa, etc)*
  - *Antibiotics-taken day before, day of and day after procedure*
  - *Emla cream (apply to skin between testicles & anus 1 hour before procedure)*
  - *Fleets enema*
  - *May have light breakfast*
  - *Take 2 extra strength Tylenol before procedure*
  - *Take regular medications*
  - *Restart blood thinners the next day*
- Complete pre-procedure phone calls and prescription
  - *Rx antibiotic and Emla cream*
  - *Call patient to confirm instructions have been followed*

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
  - *Pulse, BP, Temp & PulseOx*
- Prepare room, equipment and supplies
- Prepare, set-up and start IV, initial positioning and monitoring of patient
  - *Standard 2 minutes plus 5 min for dorsal lithotomy*
- Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)
  - *Nurse scrubbed in. Hip/hip with the physician 100% of the procedure (30 min intra service MD time).*
- Monitor patient following procedure/service, multitasking 1:4
  - *Recovery time 20 minutes (1:4)*
- Clean room/equipment by clinical staff

Post-Service Clinical Labor Activities:

- Conduct patient communications
  - Call referring physician

Supplies

- pack, minimum multi-specialty visit
  - exam paper, gloves NS(2), patient gown, pillow case, and thermometer cover
- drape, sterile, for mayo stand
- drape, sterile, c-arm, fluoro
  - to cover US machine
- drape, sterile barrier
  - for patient, to keep area sterile
- Endocavity Balloon (new item)
  - to cover the US probe
- gloves, sterile
  - (1) for nurse to set up sterile supplies
  - (1) MD to clean the perineum
  - (1) MD for nerve block
  - (1) MD to prepare the kit/material
  - (1) nurse to hand MD kit/material
- non-sterile gloves (2 are in the multispecialty pack – no extras requested)
  - (1) MD for rectal prep
  - (1) for nurse to clean up after procedure
- lidocaine 2% jelly, topical (Xylocaine)
  - *For rectum*
- lidocaine 1%-2% inj (Xylocaine)
  - *For nerve block:*
- Povidone soln (Betadine)
  - *Spray perineum. Repeat.*
- Sodium chloride 0.9% irrigation (500-1000ml uou)
  - *To inflate the balloon to get air out*
- syringe 50-60ml
  - (1) to put lidocaine in rectum
  - (1) to inflate the balloon with water to get air out
- syringe 20ml
  - (1) For nerve block
  - (1) For hydrodissection
- Needle, 18-27g
  - To draw up 20 cc out of syringe
- Needle, spine, sprottle
  - (1) for nerve block
- gauze, sterile 4in x 4in
  - *wipe perineum/betadine, repeat*
  - *clean perineum after procedure*

- swab-pad, alcohol
  - *clean top of lidocaine (R )*
  - *clean top of vial (nerve)*
  - *clean for hydrodissection*
- **Biodegradable Material Kit – PeriProstatic**
  - *Kit includes accelerator syringe, diluent syringe, powder vial, y-connector, syringe clip, plunger cap and needle*
- sanitizing cloth-wipe (patient)
- sanitizing cloth-wipe (surface, instruments, equipment)
  - *For the mount, stepper, and the rest of the US machine*
- glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)
  - *For U/S transducer*

### **Equipment**

- table, power
  - *Non-highly technical. Total service time. Plus 20 minutes of for recovery. The patient remains on the power table/in the procedure room*
- stepper, stabilizer, template (for brachytherapy treatment)
  - *Non-highly technical. Total service time.*
  - *Used to maintain ultrasound probe in appropriate position for hydrogel placement*
  - *Formula in the spreadsheet populates the wrong price*
- stirrups (for brachytherapy table)
  - *Non-highly technical. Total service time.*
  - *Formula in the spreadsheet populates the wrong price*
- ultrasound unit, portable
  - *Non-highly technical. Total service time.*
- endocavitary rectal US probe
  - *Non-highly technical. Total service time.*
  - *We did not see one on the equipment list, so are providing copies of paid invoices.*



102 First Street South  
Kalona, IA 52247-8688  
Ph. 319-248-8767 Fax 319-248-8880

# Invoice

REPRINT

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CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE
TOTAL AMOUNT DUE		AMOUNT ENCLOSED
399.00		

Payment Due by:

Terms:

All Payments due in US Dollars.

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CIVCO MEDICAL SOLUTIONS  
PO BOX 933598  
ATLANTA GA 31193-3598

CUSTOMER	ORDER	SLS.REP.	CUSTOMER PO NUMBER	PAGE
				1
SHIP NO.	SHIP INSTRUCTIONS		SHIP DATE	SHIP WEIGHT
				.900 LB
ITEM NUMBER/DESCRIPTION		U/M	QTY /PRICE	NET SALES AMT
Carrier . .				
610-898		BX	1.000	
ACCUCARE ENDOCAVITY BALLOON			399.000	399.00
Tracking Nbr:				
NON-STERILE LATEX FREE				
2X14CM ENDOCAVITY BALLOON				
10/BOX				
NET SALES		399.00	TRADE DISCOUNT	.00
MISC CHARGES		.00	TERMS DISCOUNT	.00
SHIPPING		.00	AMOUNT DUE USD	
TAXES		.00	399.00	



102 First Street South  
Kalona, IA 52247-8688  
Ph. 319-248-8767 Fax 319-248-8880

Thank you for your order!  
To reorder, please visit [www.civco.com](http://www.civco.com) or fax to 319-248-8880





Augmenix

**Augmenix, Inc.**  
204 Second Ave  
Lower Level  
Waltham, MA 02451

# Invoice

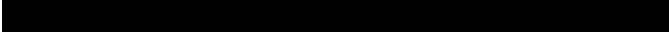
Date	Invoice #
3/29/2016	1435

Bill To	Ship To
	

**PAID**  
**05/09/2016**

Rep	S.O. No.	P.O. No.	Terms
TD	1435	032816-dz-60	Net 30

Item	Description	Qty	Rate	Amount
SO-2101	SpaceOAR System 10 ml Implant	1	2,850.00	2,850.00
Remit to: Augmenix, Inc. 204 Second Avenue Waltham, MA 02451				

	<b>Total</b>	\$2,850.00
	<b>Payments/Credits</b>	-\$2,850.00
	<b>Balance Due</b>	\$0.00

Phone #	E-mail
781-902-1623	Customerservice@augmenix.com



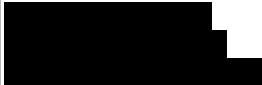



Augmenix

**Augmenix, Inc.**  
204 Second Ave  
Lower Level  
Waltham, MA 02451

# Invoice


Date	Invoice #
7/21/2016	1826

Bill To	Ship To
	

**PAID**  
**08/29/2016**

Rep	S.O. No.	P.O. No.	Terms
TV	1826	299735	Net 30

Item	Description	Qty	Rate	Amount
SO-2101	SpaceOAR System 10 ml Implant	6	2,850.00	17,100.00
Remit to: Augmenix, Inc. 204 Second Avenue Waltham, MA 02451				

	<b>Total</b>	\$17,100.00
	<b>Payments/Credits</b>	-\$17,100.00
	<b>Balance Due</b>	\$0.00

Phone #	E-mail
781-902-1623	Customerservice@augmenix.com





Augmenix

**Augmenix, Inc.**

204 Second Ave  
Lower Level  
Waltham, MA 02451

# Invoice

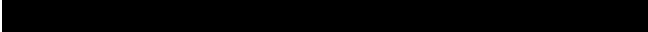
Date	Invoice #
8/16/2016	1906

Bill To	Ship To
	

**PAID**  
**09/19/2016**

Rep	S.O. No.	P.O. No.	Terms
TD	1906	45-534939	Net 30

Item	Description	Qty	Rate	Amount
SO-2101	SpaceOAR System 10 ml Implant	5	2,850.00	14,250.00
Remit to: Augmenix, Inc. 204 Second Avenue Waltham, MA 02451				

	<b>Total</b>	\$14,250.00
	<b>Payments/Credits</b>	-\$14,250.00
	<b>Balance Due</b>	\$0.00


Phone #	E-mail
781-902-1623	Customerservice@augmenix.com

# INVOICE

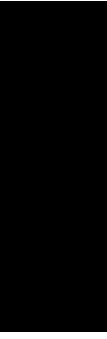
INVOICE NUMBER: 90069162  
 INVOICE DATE: 04/24/2015  
 To ensure proper credit, please reference invoice number on your remittance  
 PURCHASE ORDER NUMBER: 703893

Please note that remittance information has changed.

BK Medical Systems, Inc. now doing business as Analogic Corporation

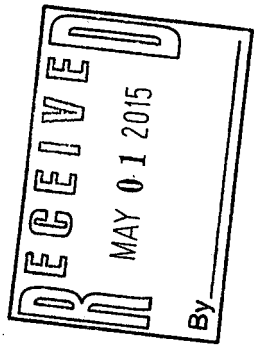
**BILL TO: 100665**  


**REMIT TO:**  
 Analogic Corporation  
 P.O. Box 847401  
 Boston MA 02284-7401

**DELIVER TO: 104374**  


SALES ORDER NUMBER: 43113  
 CURRENCY: USD  
 PAYMENT TERMS: Net due in 30 days  
 DELIVERY NUMBER: 80061499  
 INCOTERMS: Ex Works  
 FREIGHT TERMS: Prepaid/Add  
 DATE SHIPPED: 04/24/2015  
 CARRIER: UPS Orange  
 TRACKING#: 1Z0264261292485407  
 CARTONS: 1  
 WEIGHT: 16

Item	Material	Description	Quantity	Unit Price	Value
1	8848	ENDOCAVITY TRANSDUCER, 12-4 MHZ Serial No(s) 8848-3901197,8848-3901198	2 EA	16,146.00	32,292.00
Subtotal					32,292.00
Total					32,292.00



If Customer is a "cost report plan" buyer or "per-charge basis" buyer under 42 CFR 1001.952(h), Customer is reminded of its obligation to accurately report all discounts herein when making a claim for repayment under any Federal or State healthcare plan.

For: Flex S/N 1908070

RUC Practice Expense Spreadsheet				REFERENCE CODE		RECOMMENDED	
At Meeting	*Please see prior summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells			55876		55874	
				Placement of interstitial device(s) for radiation therapy guidance (eg. fiducial markers, dosimeter), prostate (via needle, any approach)		Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	
Clinical Activity Code	Meeting Date: January 2017 Tab: 13 Peri-Prostatic Implantation of Biodegradable Material Specialty: Radiation Oncology & Urology	Standards/Guidelines	Clinical Staff Type Code	Staff Type			
	LOCATION				Non Fac	Facility	Non Fac
	GLOBAL PERIOD				000	000	000
	TOTAL CLINICAL LABOR TIME		L037D	RN/LPN/MTA	61	33	60
	TOTAL PRE-SERVICE CLINICAL LABOR TIME		L037D	RN/LPN/MTA	18	30	9
	TOTAL SERVICE PERIOD CLINICAL LABOR TIME		L037D	RN/LPN/MTA	40	0	48
	TOTAL POST-SERVICE CLINICAL LABOR TIME		L037D	RN/LPN/MTA	3	3	3
PRE-SERVICE PERIOD							
	Start: Following visit when decision for surgery or procedure made						
CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA	5	5	3
CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA	3	10	3
CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA		5	0
CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA	7	7	0
CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA	3	3	3
CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	L037D	RN/LPN/MTA			
CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA			
CA008	Perform regulatory mandated quality assurance activity (pre-service)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA			
	End: When patient enters office/facility for surgery/procedure						
SERVICE PERIOD							
	Start: When patient enters office/facility for surgery/procedure:						
	Pre-Service (of service period)						
CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standard time for this activity is 3 minutes.	L037D	RN/LPN/MTA	3		3
CA010	Obtain vital signs	Vital Sign Standards Level 0 (no vital signs taken) = 0 minutes Level 1 (1-3 vitals) = 3 minutes	L037D	RN/LPN/MTA	3		3
CA011	Provide education/obtain consent	Include only the additional education/consent activities not included in the pre-service period.	L037D	RN/LPN/MTA			
CA012	Review requisition, assess for special needs	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA			
CA013	Prepare room, equipment and supplies	2 minute standard	L037D	RN/LPN/MTA	2		2
CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA			
CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the non facility setting only.	L037D	RN/LPN/MTA			
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L037D	RN/LPN/MTA	2		2
CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L037D	RN/LPN/MTA			
	Intra-service (of service period)						
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA			30
CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA	13		

	<b>Post-Service (of service period)</b>						
CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the standard is 15 minutes of RN/LPN/MTA time per 1 hour of monitoring.	L037D	RN/LPN/MTA	2		5
CA023	Monitor patient following procedure/service, no multitasking	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA			
CA024	Clean room/equipment by clinical staff	3 minute standard	L037D	RN/LPN/MTA	2		3
CA025	Clean scope	Standards For Scope Cleaning --5 minutes for a disposable scope, --10 minutes for a rigid scope, and --30 minutes for a flexible scope	L037D	RN/LPN/MTA	10		
CA026	Clean surgical instrument package	Standard for cleaning instruments *Must have instrument package included in supplies (based on guidelines) Basic Surgical Instrument Package--10 minutes <del>Medium Surgical Instrument Package--15 minutes</del>	L037D	RN/LPN/MTA			
CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA			
CA028	Review/read post-procedure x-ray, lab and pathology reports	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA			
CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	3		
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	This is NOT standard. Baseline time for this activity is 2 minute. For use in imaging services.	L037D	RN/LPN/MTA			
CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute. For use in imaging services.	L037D	RN/LPN/MTA			
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA			
CA033	Perform regulatory mandated quality assurance activity (service period)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA			
CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA			
CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes. For non-facility (office) setting use this activity instead of discharge day management activities.	L037D	RN/LPN/MTA			
CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter 6 min) Dischrg mgmt (1.0 x 99238) (enter 12 min) Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA	n/a		n/a
	<b>End: Patient leaves office</b>						

POST-SERVICE PERIOD								
Start: Patient leaves office/facility								
CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute increments Phone calls/emails/texts need to be fully justified, as the post op e/m codes already contain time for phone calls/emails/texts and adding any additional phone calls/emails/texts would be duplicative.	L037D	RN/LPN/MTA	3	3	3	3
CA038	Coordinate post-procedure services	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA				
Office visits: List Number and Level of Office Visits			MINUTES		# visits	# visits	# visits	# visits
CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0
End: with last office visit before end of global period								
Medical Supply Code	MEDICAL SUPPLIES		PRICE	UNIT				
SA048	pack, minimum multi-specialty visit		1.143	pack	1		1	
SB012	drape, sterile, for Mayo stand		1.688	item			1	
SB007	drape, sterile barrier 16in x 29in		0.494	item			1	
SB008	drape, sterile, c-arm, fluoro		4.504	item			1	
NEW	Endocavity Balloon		\$40	item			1	
SB005	cover-condom, transducer or ultrasound probe		0.35	item	2			
SB024	gloves, sterile		0.84	pair			5	
SH048	lidocaine 2% jelly, topical (Xylocaine)		0.647	ml			10	
SH047	lidocaine 1%-2% inj (Xylocaine)		0.035	ml	10		10	
SH069	sodium chloride 0.9% irrigation (500-1000ml uou)		2.074	item			1	
SJ041	povidone soln (Betadine)		0.008	ml			20	
SC056	syringe 50-60ml		0.881	item			2	
SC053	syringe 20ml		0.558	item	1		2	
SC029	needle, 18-27g		0.089	item			1	
SC042	needle, spine, Sprotte		8.6	item	1		1	
SG055	gauze, sterile 4in x 4in		0.159	item			6	
SJ053	swab-pad, alcohol		0.013	item			3	
NEW	Biodegradable Material Kit - PeriProstatic		\$2,850	item			1	
SM021	sanitizing cloth-wipe (patient)		0.037	item			2	
SM022	sanitizing cloth-wipe (surface, instruments, equipment)		0.046	item			2	
SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)		0.165	oz			10	
SA045	pack, drapes, cystoscopy		9.864	pack	1			
	Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A							
Equipment Code	EQUIPMENT	Please select the equipment formula you intend to use for each equipment item from the dropdown list in column E under equipment. If you select "Other formula" please explain in PE SoR. You must also include an excel formula adding the equipment minutes used in columns J and K (this will not be automatic). Please see key in equipment tab for clinical activities included in each equipment formula.	PRICE	EQUIPMENT FORMULA				
EF023	table, exam		1338.17					
EF031	table, power		6153.63	Non-highly Technical Equipment Formula	40		63	
ER061	stepper, stabilizer, template (for brachytherapy treatment)		18550	Non-highly Technical Equipment Formula			48	
ER062	stirrups (for brachytherapy table)		3876	Non-highly Technical Equipment Formula			48	
EQ250	ultrasound unit, portable		29999	Non-highly Technical Equipment Formula			48	
NEW	Endocavitary US probe		16146	Non-highly Technical Equipment Formula			48	
EF027	table, instrument, mobile		634					
	Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

*\*Site of Service Anomaly – 2015\**

January 2017

**Colporrhaphy with Cystourethroscopy**

In October 2015, CPT code 57240 was identified in which the Medicare data from 2011-2013 indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period. In April 2016, the specialty society indicated they are working with CMS and its contractor NCCI on issues related to the colporrhaphy codes. NCCI instituted edits that prohibit reporting a Cystourethroscopy (CPT code 52000) with these services. NCCI recommended the specialty society address this issue through the CPT process. The RUC recommended 57240, 57250, 57260 and 57265 be referred to the CPT Editorial Panel. In September 2016, the CPT Editorial Panel revised 57240, 57260 and 57265 to preclude separate reporting of follow up cystourethroscopy after colporrhaphy.

***57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed***

The RUC reviewed the survey results from 115 physicians and agreed on the following physician time components: 33 minutes of pre-service evaluation time, 8 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, intra-service time of 60 minutes, immediate post-time of 30 minutes, a half-day discharge (99238) and 2 99213 post-op office visits.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 12.00 and agreed that the survey respondents somewhat overvalued the physician work involved in performing this service. To find an appropriate work RVU crosswalk for CPT code 57240, the RUC compared the surveyed code to MPC code 53850 *Transurethral destruction of prostate tissue; by microwave thermotherapy* (work RVU of 10.08, intra-service time of 60 minutes and total time of 204) and noted that both services involve a similar amount of physician work and have identical intra-service time and similar total time. Therefore, the RUC recommends a direct RVU crosswalk from code 53850 to 57240. The RUC noted that, with this change, the code would have an IWPUT of 0.096, appropriate relative to the top and 2nd key reference codes. To further support the value, the RUC also noted that the proposed value compared favorably to CPT code 19301 *Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)*; (work RVU of 10.13, intra-service time of 60 minutes, total time of 216 minutes). **The RUC recommends a work RVU of 10.08 for CPT code 57240.**

***57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy***

The RUC reviewed the survey results from 115 physicians and agreed on the following physician time components: 33 minutes of pre-service evaluation time, 8 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, intra-service time of 60 minutes, immediate post-time of 30 minutes, a half-day discharge (99238) and 2 99213 post-op office visits.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 11.50 and agreed that the survey respondents somewhat overvalued the physician work involved in performing this service. To find an appropriate work RVU crosswalk for CPT code 57250, the RUC compared the survey code to MPC code 53850 *Transurethral destruction of prostate tissue; by microwave thermotherapy* (work RVU of 10.08, intra-service time of 60 minutes and total time of 204) and noted that both services involve a similar amount of physician work and have identical intra-service time and similar total time. Therefore, the RUC recommends a direct RVU crosswalk from code 53850 to 57250. The RUC noted that, with this change, the code would have an IWPOT of 0.096, appropriate relative to the top and 2nd key reference codes. To further support the value, the RUC also noted that the proposed value compared favorably to CPT code 19301 *Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)*; (work RVU of 10.13, intra-service time of 60 minutes, total time of 216 minutes). **The RUC recommends a work RVU of 10.08 for CPT code 57250.**

***57260 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;***

The RUC reviewed the survey results from 115 physicians and agreed on the following physician time components: 33 minutes of pre-service evaluation time, 8 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, intra-service time of 90 minutes, immediate post-time of 30 minutes, a half-day discharge (99238) and 2 99213 post-op office visits.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 13.25 and agreed that the survey respondents correctly valued the physician work involved in performing this service. To justify a work RVU of 13.25, the RUC compared the survey code to top key reference code 58570 *Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less*; (work RVU of 13.36, intra-service time of 90 minutes and total time of 241 minutes) and noted that both services have identical intra-service and total times and both are typically performed in the outpatient setting. To further support a value of 13.25, the RUC compared the surveyed code to CPT Code 58571 *Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)* (work RVU of 15.00, intra-service time of 90 minutes, total time of 241 minutes) and noted that both services have identical time components and identical post-op visit components. Both services are typically performed in the hospital outpatient setting, while the reference code involves somewhat more intense intra-service work though supports a value of 13.25 for the survey code. The RUC confirmed that the specialty's original recommendation of 13.25 is appropriate relative to the recommended values for 57240 and 57250. **The RUC recommends a work RVU of 13.25 for CPT code 57260.**

***57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair***

The RUC reviewed the survey results from 114 physicians and agreed on the following physician time components: 33 minutes of pre-service evaluation time, 8 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, intra-service time of 120 minutes, immediate post-time of 30 minutes, a half-day discharge (99238) and 2 99213 post-op office visits.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 15.00 and agreed that the survey respondents correctly valued the physician work involved in performing this service. To justify a work RVU of 15.00, the RUC compared the survey code to CPT code 58544 *Laparoscopy,*



*surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)* (work RVU of 15.60, intra-service time of 120 minutes and total time of 271 minutes) and noted that both services have identical intra-service and total times and are both typically performed in the outpatient setting. To further support a work RVU of 15.00, the RUC compared the survey code to top key reference code 58572 *Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;* (work RVU 17.71, intra-service time of 120 minutes and total time of 271 minutes) and noted that both services have identical time components and identical post-op visit components. Both services are typically performed in the hospital outpatient setting, while the reference code involves somewhat more intense intra-service work though supports a value of 15.00 for the survey code. The RUC confirmed that the specialty's original recommendation of 15.00 is appropriate relative to the recommended values for the other codes in the family. **The RUC recommends a work RVU of 15.00 for CPT code 57265.**

### Practice Expense

The RUC reviewed and approved the direct practice expense inputs as approved without modification by the Practice Expense Subcommittee.

### Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Category I</b> <b>Surgery</b> <b>Urinary System</b> <b>Laparoscopy</b>  <b>52000</b> <i>Cystourethroscopy (separate procedure)</i> <i>(Do not report 52000 in conjunction with 52001, 52320, 52325, 52327, 52330, 52332, 52334, 52341, 52342, 52343, 52356)</i> <u><i>(Do not report 57240, 57260 and 57265 in conjunction with 52000)</i></u>  <b>Vagina</b> <b>Repair</b> <b>Female Genital System</b>  <i>(For urethral suspension, Marshall-Marchetti-Krantz type, abdominal approach, see 51840, 51841)</i>				

<i>(For laparoscopic suspension, use 51990)</i>				
57200	<i>Colporrhaphy, suture of injury of vagina (nonobstetrical)</i>			
57210	<i>Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)</i>			
▲57240	Y1	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, <u>including cystourethroscopy, when performed</u>  <u>(Do not report 57240 in conjunction with 52000)</u>	090	10.08
(f) 57250	Y2	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy  (For repair of rectocele [separate procedure] without posterior colporrhaphy, use 45560)	090	10.08
▲57260	Y3	Combined anteroposterior colporrhaphy, <u>including cystourethroscopy, when performed;</u>  <u>(Do not report 57260 in conjunction with 52000)</u>	090	13.25
▲57265	Y4	with enterocele repair  <u>(Do not report 57265 in conjunction with 52000)</u>	090	15.00

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 57240      Tracking Number    Y1

Original Specialty Recommended RVU: **12.00**Presented Recommended RVU: **12.00**

Global Period: 090

RUC Recommended RVU: **10.08**

CPT Descriptor: Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed (Do not report 57240 in conjunction with 52000)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old multigravida patient presents with complaints of vaginal pressure and feeling of something protruding from her vagina. Her symptoms are worse when coughing, standing, or lifting. She denies stress urinary incontinence. Additionally she often must reduce the prolapse to complete voiding. On examination, she has an anterior compartment defect that protrudes just beyond the introitus with valsalva. The uterus and posterior vaginal wall are well supported.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 88% , In the ASC 12%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 51% , Overnight stay-less than 24 hours 46% , Overnight stay-more than 24 hours 4%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 40%

Description of Pre-Service Work: The admission history and physical exam is reviewed, signed, dated and updated. Labs and imaging studies are reviewed. The discontinuation of any high risk medication is verified. Appropriate antibiotic coverage is determined consistent with procedure risks, patient's weight and known allergies. Antibiotic administration is synchronized with expected incision time. The method and timing of DVT prophylaxis is considered and implementation is assured. Other appropriate SCIP measures are identified and addressed. The surgical site is identified and marked if required and the procedure is verified. HIPPA contact is confirmed with the patient and any remaining questions are answered. Physician changes into scrub clothes. The instruments and anticipated supplies are checked for completeness and functionality. The patient is transferred to the operating room and positioned on the table. Sequential compressive devices are applied and activated. After collaboration with anesthesia and observation of anesthesia induction, the patient is placed at the appropriate height on the table and adjusted safely into a dorsal lithotomy position while observing for possible neural injury sites. Appropriate padding is performed to minimize neural injury. Surgical lighting is positioned. The extent of surgical prep is delineated. Physician scrubs and gowns. Surgical fire risk is identified. The patient is draped. The surgical timeout is performed.

Description of Intra-Service Work: Examination under anesthesia is performed and prolapse is appropriately staged and recorded. A foley catheter is placed, and the urethrovesical neck and vaginal apex are identified. A weighted speculum is placed into the vagina. Hydro-dissection, if performed, is completed to assist with identification and development of the true vesico-vaginal space. Full thickness incision through the vaginal mucosa is made to expose the space from the urethrovesical junction to the vaginal apex. Sharp and blunt dissection is used to mobilize the vaginal tissue laterally to the descending pubic rami bilaterally and to the vaginal apex superiorly. Identification of fascial defects is completed. Plicating sutures are placed at the level of the urethrovesical junction. Lateral, paravaginal defects, if identified, are individually repaired by suture plication to the fascia over the obturator internus muscle. Midline plication of the deep vaginal tissue is performed with interrupted sutures. Redundant vaginal epithelium is excised. Hemostasis is obtained. The vaginal incision

is closed. If cystoscopy is performed, the video equipment is set up and tested and cystoscopic instruments are assembled. Foley catheter is removed and cystoscopy is performed. Mucosal integrity and bilateral ureteral patency are confirmed. The foley catheter is replaced after cystoscopy completion. Vaginal packing as needed is placed. Instrument and sponge count are confirmed.

Description of Post-Service Work: A surgical debriefing is performed with the circulating nurse for specimen identification, wound classification and procedure verification. The transfer of patient to recovery area is supervised. Vital signs are checked and immediate pain assessment is made. Recovery orders and postoperative medications are completed through computer entry. Appropriate SCIP measures are identified and addressed. Patient condition, operative findings and anticipated outcome is related to HIPPA contact. The anticipated recovery process and criteria for discharge are conveyed. Procedure documentation is created. Labeled images from the procedure are transferred to the medical record. Absence of procedural complications, adequate pain management, urine clarity and output, and volume of fluids input is verified. The patient is informed of procedural findings and anticipated hospital care plan. Vaginal packing and foley catheter are removed and a voiding trial is performed.

#### VISIT 1 (7-14 days)

Pt is questioned about her postoperative course including query of fever, nausea, vomiting, pain, bleeding, bladder function, bowel function, shortness of breath, lower extremity edema, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, vaginal cuff, lower extremity lymphatics, urethra, and mons pubis. Granulation tissue is addressed if indicated. Pathology and lab results are reviewed and discussed with the patient. Voiding activity is thoroughly reviewed with emphasis on completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function is reviewed. If failed voiding trial in the hospital, retrograde filling of the bladder is performed; Foley catheter is removed and a voiding trial is performed. Pt is counseled regarding progression of activities, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to correct any defecatory dysfunction or improve any possible voiding dysfunction.

#### VISIT 2 (4-6 weeks)

Pt is questioned about her postoperative course including query of fever, pain, bleeding, bladder function, bowel function, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, and vaginal cuff. Voiding activity is thoroughly reviewed with review of completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function is evaluated. Postoperative instructions regarding progression of daily activities, return to work, and sexual activity are discussed. Future therapies for bladder and defecatory function are discussed as needed. Corresponding documents to referring physician, if indicated, including operative reports, pathology reports, and postoperative notes are created, collated, and signed for distribution.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	George Hill, MD, Jon Hathaway, MD, PhD and Mitch Schuster, MD				
<b>Specialty(s):</b>	ACOG				
<b>CPT Code:</b>	57240				
<b>Sample Size:</b>	2236	<b>Resp N:</b>	115	<b>Response:</b> 5.1 %	
<b>Description of Sample:</b>	1000 randomly selected practicing, US, MD/DO ACOG members and all (1236) practicing, US, MD/DO members of American Urogynecologic Society				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	20.00	40.00	200.00
<b>Survey RVW:</b>	1.00	12.00	12.13	13.00	24.00
<b>Pre-Service Evaluation Time:</b>			60.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	30.00	45.00	60.00	60.00	180.00
<b>Immediate Post Service-Time:</b>	<u>30.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>46.00</u>	99211x 0.00 12x 0.00 13x 2.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	57240	<b>Recommended Physician Work RVU: 10.08</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	33.00	33.00	0.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	15.00	0.00	
<b>Intra-Service Time:</b>	60.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	30.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>46.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
57288	090	12.13	RUC Time

CPT Descriptor Sling operation for stress incontinence (eg, fascia or synthetic)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
57287	090	11.15	RUC Time

CPT Descriptor Removal or revision of sling for stress incontinence (eg, fascia or synthetic)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
50590	090	9.77	RUC Time	59,870

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33249	090	15.17	RUC Time	49,845

CPT Descriptor 2 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 44      % of respondents: 38.2 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 13.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>57240</u>	Top Key Reference CPT Code: <u>57288</u>	2nd Key Reference CPT Code: <u>57287</u>
Median Pre-Service Time	56.00	55.00	55.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	30.00	27.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	46.0	85.00	85.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>211.00</b>	<b>246.00</b>	<b>239.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.34	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	-0.20
Urgency of medical decision making	0.09	-0.13

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.48	0.00
Physical effort required	0.59	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.09	0.00
Outcome depends on the skill and judgment of physician	0.39	0.20
Estimated risk of malpractice suit with poor outcome	-0.55	-0.60

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.39	0.07
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Colporrhaphy CPT Codes 57240, 57250, 57260 and 57265 were identified in the 2015 site-of-service screen. The specialty society brought this family of colporrhaphy codes to the CPT Editorial Panel to revise the procedures to include cystourethroscopy after colporrhaphy.

**Billed Together**

CPT Codes 57240, 57260 and 57265 are used to report anterior colporrhaphy services. In the past CPT Code 52000 was used to separately report the cystourethroscopy procedure. However, NCCI now precludes the separate reporting of CPT Code 52000 with these colporrhaphy services. The Society believes that payment policy has inappropriately skewed the recent billed together data. It is important to note that it is standard practice to perform cystoscopy to detect for lower urinary tract injury.

**Positioning Time**

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. Confirmation that no compression of nerves in the arms, hands, legs and feet is performed and hip flexion is evaluated for possible nerve stretch injury.

**Intensity**

The society is recommending work RVUs for the new bundled procedure that result in higher IWP/UTs from existing intensities. There are two main clinical explanations for this increase in intensity. First, the plane of dissection in the vesicovaginal space is much closer to the viscous resulting in a greater risk of voiding dysfunction postoperatively and greater risk for viscous injury. Secondly, the extent of dissection is much greater today than when these procedures were originally described (2005).

It is also important to note that the pre service evaluation time has increased, while the mandate to use RUC pre time packages forces the pretime recommendations to decrease from current inputs, thus artificially increasing the overall intensity of the procedure.



**Post Operative Visits**

The society is requesting two level three office visits for these procedures, supported by survey data.

**VISIT 1 (7-14 days)**

Pt is questioned about her postoperative course including query of fever, nausea, vomiting, pain, bleeding, bladder function, bowel function, shortness of breath, lower extremity edema, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, vaginal cuff, lower extremity lymphatics, urethra, and mons pubis. Granulation tissue is addressed if indicated. Pathology and lab results are reviewed and discussed with the patient. Voiding activity is thoroughly reviewed with emphasis on completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function is reviewed. If failed voiding trial in the hospital, retrograde filling of the bladder is performed; Foley catheter is removed and a voiding trial is performed. Pt is counseled regarding progression of activities, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to correct any defecatory dysfunction or improve any possible voiding dysfunction.

**VISIT 2 (4-6 weeks)**

Pt is questioned about her postoperative course including query of fever, pain, bleeding, bladder function, bowel function, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, and vaginal cuff. Voiding activity is thoroughly reviewed with review of completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function is evaluated. Postoperative instructions regarding progression of daily activities, return to work, and sexual activity are discussed. Future therapies for bladder and defecatory function are discussed as needed. Corresponding documents to referring physician, if indicated, including operative reports, pathology reports, and postoperative notes are created, collated, and signed for distribution.

**Recommendations**

ACOG received over 100 completed RUC physician work surveys from physicians. The ACOG RUC workgroup reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the obstetrics/gynecology family as well as within the fee schedule. See below:

	CPT	IWPUT	wRVU	Total Time	Pre Time	Intra Time	Post Time	9923 1	9923 8	9921 3	9921 2
MPC	5059 0	0.091	9.77	207	51	60	15		0.5	2	1
Reference	5728 7	0.094	11.15	239	55	60	20		0.5	3	1
<b>SURVEY</b>	<b>5725 0</b>	<b>0.120</b>	<b>11.50</b>	<b>211</b>	<b>56</b>	<b>60</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
<b>SURVEY</b>	<b>5724 0</b>	<b>0.128</b>	<b>12.00</b>	<b>211</b>	<b>56</b>	<b>60</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference/MPC	5728 8	0.108	12.13	248	55	60	27		0.5	3	1
<b>SURVEY</b>	<b>5726 0</b>	<b>0.100</b>	<b>13.25</b>	<b>241</b>	<b>56</b>	<b>90</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference	5857 0	0.101	13.36	241	56	90	30		0.5	2	
<b>SURVEY</b>	<b>5726 5</b>	<b>0.089</b>	<b>15.00</b>	<b>271</b>	<b>56</b>	<b>120</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference	5855 0	0.079	15.10	330	60	100	30	2	1	2	1
MPC	3324 9	0.091	15.17	249	60	120				3	
Reference	5857 2	0.112	17.71	271	56	120	30		0.5	2	

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 57240 and 52000

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/Gynecology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national estimate is not available.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based off the current Medicare utilization in the existing RUC database

Specialty Obstetrics/Gynecology                      Frequency 7085                      Percentage 70.85 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 57240

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	57240	<b># of Respondents:</b>	115
<b>Survey Code Descriptor:</b>	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed (Do not report 57240 in conjunction with 52000)		

<b>Top Ref Code:</b>	57288	<b># of Respondents:</b>	44	<b>% of Respondents:</b>	38%
<b>Top Ref Code Descriptor:</b>	Sling operation for stress incontinence (eg, fascia or synthetic)				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	11%	45%	36%	7%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 11%	Identical 45%	More 43%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 20%	Identical 59%	More 20%		
	Urgency of medical decision making	Less 2%	Identical 84%	More 14%		
Technical Skill:		Less 9%	Identical 45%	More 45%		
Physical Effort:		Less 2%	Identical 43%	More 55%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 30%	Identical 52%	More 18%		
	Outcome depends on the skill and judgment of physician	Less 7%	Identical 57%	More 36%		
	Estimated risk of malpractice suite with poor outcome	Less 61%	Identical 27%	More 11%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 57250      Tracking Number   Y2

Original Specialty Recommended RVU: **11.50**Presented Recommended RVU: **11.50**

Global Period: 090

RUC Recommended RVU: **10.08**

CPT Descriptor: Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy (For repair of rectocele [separate procedure] without posterior colporrhaphy, use 45560)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 70 year-old G4 P4 presents for evaluation of a bulging mass and difficulty completely evacuating with defecation. She had a hysterectomy 10 yrs ago. This has become worse over the last several months and on exam she has a posterior midline defect, which protrudes past the introitus with valsalva. She has good anterior, apical, and lateral support. A posterior colporrhaphy is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 90% , In the ASC 10%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 43% , Overnight stay-less than 24 hours 51% , Overnight stay-more than 24 hours 6%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 36%

Description of Pre-Service Work: The admission history and physical exam is reviewed, signed, dated and updated. Labs and imaging studies are reviewed. The discontinuation of any high risk medication is verified. Appropriate antibiotic coverage is determined consistent with procedure risks, patient's weight and known allergies. Antibiotic administration is synchronized with expected incision time. The method and timing of DVT prophylaxis is considered and implementation is assured. Other appropriate SCIP measures are identified and addressed. The surgical site is identified and marked if required and the procedure is verified. HIPPA contact is confirmed with the patient and any remaining questions are answered. Physician changes into scrub clothes. The instruments and anticipated supplies are checked for completeness and functionality. The patient is transferred to the operating room and positioned on the table. Sequential compressive devices are applied and activated. After collaboration with anesthesia and observation of anesthesia induction, the patient is placed at the appropriate height on the table and adjusted safely into a dorsal lithotomy position while observing for possible neural injury sites. Appropriate padding is placed to minimize neural injury. Surgical lighting is positioned. The extent of surgical prep is delineated. Physician scrubs and gowns. Surgical fire risk is identified. The patient is draped. The surgical timeout is performed.

Description of Intra-Service Work: Examination under anesthesia is performed and the prolapse is staged and recorded. The bladder is drained, if necessary by catheter. The surgeon outlines the extent of the incision to determine the desired postoperative caliber of the vagina and introitus. An incision is made on the perineal body and the overlying skin is removed. Hydro-dissection, if performed, is completed to develop the true rectovaginal space. Incision is extended into the posterior vaginal epithelium and any pre-existing scar from prior obstetrical laceration is removed. Full thickness dissection of vaginal epithelium from underlying rectovaginal septum is accomplished to the vaginal apex and medial margins of the levator musculature. Rectal examination is performed to identify rectovaginal fascial defects laterally, superiorly, and at the perineal body. A triangular strip of full thickness vaginal wall is removed. Apical detachments, if present, are corrected by suture plication. Repair and plication of the perirectal and rectovaginal fascia is performed from the vaginal apex to the vaginal introitus. Puborectalis and levator ani are plicated distal to the rectovaginal space. Perineal

body is reconstructed by plicating the superficial and deep perineal muscles. Distal rectovaginal septum is re-attached to the perineal body. Hemostasis is obtained. Vaginal caliber is re-assessed and sutures replaced as needed. Posterior vaginal wall epithelium is closed. Perineal skin is closed. Rectal examination is performed. Vaginal packing, if used, is placed. Foley catheter, if used, is placed. Manipulators and retractors are removed. Instrument and sponge count are confirmed.

Description of Post-Service Work: A surgical debriefing is performed with the circulating nurse for specimen identification, wound classification and procedure verification. The transfer of patient to recovery area is supervised. Vital signs are checked and immediate pain assessment is made. Recovery orders and postoperative medications are completed through computer entry. Appropriate SCIP measures are identified and addressed. Patient condition, operative findings and anticipated outcome is related to HIPPA contact. The anticipated recovery process and criteria for discharge are conveyed. Procedure documentation is created. Labeled images from the procedure are transferred to the medical record. Absence of procedural complications, adequate pain management, urine clarity and output, and volume of fluids input is verified. The patient is informed of procedural findings and anticipated hospital care plan. Vaginal packing and foley catheter are removed and a voiding trial is performed.

#### VISIT 1 (7-14 days)

Pt is questioned about her postoperative course including query of fever, nausea, vomiting, pain, bleeding, bladder function, bowel function, shortness of breath, lower extremity edema, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary systems with focus on the vulva, urethra, vagina, vaginal cuff, perineum, rectum, and lower extremity lymphatics. Granulation tissue is addressed if indicated. Pathology and lab results are reviewed and discussed with the patient. Voiding activity is thoroughly reviewed with emphasis on completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function including frequency, hygiene, Bristol score, and hematochezia is queried and recommendations for improvement, if needed, are provided. Pt is counseled regarding progression of activities, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to correct any defecatory dysfunction or voiding dysfunction.

#### VISIT 2 (4-6 weeks)

Pt is questioned about her postoperative course including query of fever, pain, bleeding, bladder function, bowel function, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary systems with focus on the vulva, urethra, vagina, vaginal cuff and perineum. Voiding activity is thoroughly reviewed with assessment of completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory hygiene and function including Bristol score and hematochezia is addressed. Postoperative instructions regarding progression of daily activities, return to work, and sexual activity are discussed. Future evaluations for bladder and defecatory function are discussed as needed. Corresponding documents to referring physician, if indicated, including operative reports, pathology reports, and postoperative notes are created, collated, and signed for distribution.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	George Hill, MD, Jon Hathaway, MD, PhD and Mitch Schuster, MD				
<b>Specialty(s):</b>	ACOG				
<b>CPT Code:</b>	57250				
<b>Sample Size:</b>	2236	<b>Resp N:</b>	115	<b>Response:</b> 5.1 %	
<b>Description of Sample:</b>	1000 randomly selected practicing, US, MD/DO ACOG members and all (1236) practicing, US, MD/DO members of American Urogynecologic Society				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	13.00	20.00	40.00	200.00
<b>Survey RVW:</b>	1.00	11.50	12.13	13.50	25.50
<b>Pre-Service Evaluation Time:</b>			60.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	25.00	45.00	60.00	60.00	200.00
<b>Immediate Post Service-Time:</b>	<u>30.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>46.00</u>	99211x 0.00 12x 0.00 13x 2.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	57250	<b>Recommended Physician Work RVU: 10.08</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	33.00	33.00	0.00	
<b>Pre-Service Positioning Time:</b>	8.00	3.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	15.00	0.00	
<b>Intra-Service Time:</b>	60.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	30.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>46.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
57288	090	12.13	RUC Time

CPT Descriptor Sling operation for stress incontinence (eg, fascia or synthetic)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
57287	090	11.15	RUC Time

CPT Descriptor Removal or revision of sling for stress incontinence (eg, fascia or synthetic)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
50590	090	9.77	RUC Time	59,870

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33249	090	15.17	RUC Time	49,845

CPT Descriptor 2 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**



Number of respondents who choose Top Key Reference Code: 37      % of respondents: 32.1 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 13      % of respondents: 11.3 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>57250</u>	Top Key Reference CPT Code: <u>57288</u>	2nd Key Reference CPT Code: <u>57287</u>
Median Pre-Service Time	56.00	55.00	55.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	30.00	27.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	46.0	85.00	85.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>211.00</b>	<b>246.00</b>	<b>239.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.41	0.23
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	-0.08
Urgency of medical decision making	0.08	-0.23

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.57	0.15
Physical effort required	0.54	0.23

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.16	0.00
Outcome depends on the skill and judgment of physician	0.38	0.23
Estimated risk of malpractice suit with poor outcome	-0.57	-0.23

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.32	0.31
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Colporrhaphy CPT Codes 57240, 57250, 57260 and 57265 were identified in the 2015 site-of-service screen. The specialty society brought this family of colporrhaphy codes to the CPT Editorial Panel to revise the procedures to include cystourethroscopy after colporrhaphy.

**Billed Together**

CPT Codes 57240, 57260 and 57265 are used to report anterior colporrhaphy services. In the past CPT Code 52000 was used to separately report the cystourethroscopy procedure. However, NCCI now precludes the separate reporting of CPT Code 52000 with these colporrhaphy services. The Society believes that payment policy has inappropriately skewed the recent billed together data. It is important to note that it is standard practice to perform cystoscopy to detect for lower urinary tract injury.

**Positioning Time**

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. Confirmation that no compression of nerves in the arms, hands, legs and feet is performed and hip flexion is evaluated for nerve stretch injury potential.

**Intensity**

The society is recommending work RVUs for the new bundled procedure that results in higher IWP/UTs from existing intensities. There are two main clinical explanations for this increase in intensity. First, the plane of dissection in the rectovaginal space is much closer to the viscous resulting in a greater risk of perirectal bleeding and greater risk for viscous injury from suture placement. Secondly, the extent of dissection is much greater today than when these procedures were originally described (2005).

It is also important to note that the pre service evaluation time has increased while mandated RUC pre-time packages force the pre-time recommendations to decrease from current inputs, thus artificially increasing the overall intensity of the procedure.

**Post Operative Visits**

The society is requesting two level three office visits for these procedures, supported by survey data.

**VISIT 1 (7-14 days)**

Pt is questioned about her postoperative course including query of fever, nausea, vomiting, pain, bleeding, bladder function, bowel function, shortness of breath, lower extremity edema, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, perineum, rectum and lower extremity lymphatics. Granulation tissue is addressed if indicated. If failed voiding trial in the hospital, the foley catheter is utilized for retrograde filling, removed and a voiding trial is then performed. Rectal exam is performed when indicated. Pathology and lab results are reviewed and discussed with the patient. Pt is counseled regarding progression of activities, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to correct any voiding or defecatory dysfunction.

**VISIT 2 (4-6 weeks)**

Pt is questioned about her postoperative course including query of fever, pain, bleeding, bladder function, bowel function, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with emphasis on the vulva, urethra, vagina, perineum and rectum. Rectal exam is performed. Defecatory hygiene and function including Bristol score is addressed. Postoperative instructions regarding progression of daily activities, return to work, and sexual activity are discussed. Disability forms are completed if indicated. Future evaluations for bladder and defecatory function are discussed as needed.

Corresponding documents to referring physician, if indicated, including operative reports, pathology reports, and postoperative notes are created, collated, and signed for distribution.

**Recommendations**

ACOG received over 100 completed RUC physician work surveys from physicians. The ACOG RUC workgroup reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the obstetrics/gynecology family as well as within the fee schedule. See below:

	CPT	IWPUT	wRVU	Total Time	Pre Time	Intra Time	Post Time	99231	99238	99213	99212
MPC	50590	0.091	9.77	207	51	60	15		0.5	2	1
Reference	57287	0.094	11.15	239	55	60	20		0.5	3	1
<b>SURVEY</b>	<b>57250</b>	<b>0.120</b>	<b>11.50</b>	<b>211</b>	<b>56</b>	<b>60</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
<b>SURVEY</b>	<b>57240</b>	<b>0.128</b>	<b>12.00</b>	<b>211</b>	<b>56</b>	<b>60</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference/MPC	57288	0.108	12.13	248	55	60	27		0.5	3	1
<b>SURVEY</b>	<b>57260</b>	<b>0.100</b>	<b>13.25</b>	<b>241</b>	<b>56</b>	<b>90</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference	58570	0.101	13.36	241	56	90	30		0.5	2	
<b>SURVEY</b>	<b>57265</b>	<b>0.089</b>	<b>15.00</b>	<b>271</b>	<b>56</b>	<b>120</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference	58550	0.079	15.10	330	60	100	30	2	1	2	1
MPC	33249	0.091	15.17	249	60	120				3	
Reference	58572	0.112	17.71	271	56	120	30		0.5	2	

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

☐

The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 57250

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty obstetrics/gynecology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,600

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based off the current Medicare utilization in the existing RUC database

Specialty Obstetrics/gynecology	Frequency 6515	Percentage 85.72 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 57250

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	57250	<b># of Respondents:</b>	115
<b>Survey Code Descriptor:</b>	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy (For repair of rectocele [separate procedure] without posterior colporrhaphy, use 45560)		

<b>Top Ref Code:</b>	57288	<b># of Respondents:</b>	37	<b>% of Respondents:</b>	32%
<b>Top Ref Code Descriptor:</b>	Sling operation for stress incontinence (eg, fascia or synthetic)				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
			14%	46%	35%	5%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 11%	Identical 41%	More 49%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 24%	Identical 51%	More 24%		
	Urgency of medical decision making	Less 5%	Identical 81%	More 14%		
Technical Skill:		Less 5%	Identical 43%	More 51%		
Physical Effort:		Less	Identical 49%	More 51%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 38%	Identical 41%	More 22%		
	Outcome depends on the skill and judgment of physician	Less 5%	Identical 57%	More 38%		
	Estimated risk of malpractice suite with poor outcome	Less 57%	Identical 38%	More 5%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 57260      Tracking Number   Y3

Original Specialty Recommended RVU: **13.25**Presented Recommended RVU: **13.25**

Global Period: 090

RUC Recommended RVU: **13.25**

CPT Descriptor: Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; (Do not report 57260 in conjunction with 52000)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 73-year-old multigravid female presents for evaluation of worsening vulvar pressure and a mass that protrudes from the vagina. Her symptoms are worse when she coughs or stands for a long period of time. She denies stress urinary incontinence. Additionally she complains of incomplete emptying of bowel and bladder. On examination she has distal defects in the anterior and posterior compartments that are to the introitus with valsalva. The uterus is well supported. An anterior and posterior colporrhaphy is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 91% , In the ASC 9%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 25% , Overnight stay-less than 24 hours 65% , Overnight stay-more than 24 hours 11%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 37%

Description of Pre-Service Work: The admission history and physical exam is reviewed, signed, dated and updated. Labs and imaging studies are reviewed. The discontinuation of any high risk medication is verified. Appropriate antibiotic coverage is determined consistent with procedure risks, patient's weight and known allergies. Antibiotic administration is synchronized with expected incision time. The method and timing of DVT prophylaxis is considered and implementation is assured. Other appropriate SCIP measures are identified and addressed. The surgical site is identified and marked if required and the procedure is verified. HIPPA contact is confirmed with the patient and any remaining questions are answered. Physician changes into scrub clothes. The instruments and anticipated supplies are checked for completeness and functionality. The patient is transferred to the operating room and positioned on the table. Sequential compressive devices are applied and activated. After collaboration with anesthesia and observation of anesthesia induction, the patient is placed at the appropriate height on the table and adjusted safely into a dorsal lithotomy position while observing for possible neural injury sites. Appropriate padding is placed to minimize neural injury. Surgical lighting is positioned. The extent of surgical prep is delineated. Physician scrubs and gowns. Surgical fire risk is identified. The patient is draped. The surgical timeout is performed.

Description of Intra-Service Work: Examination under anesthesia is performed and prolapse is appropriately staged and recorded. A foley catheter is placed, and the urethrovesical neck and vaginal apex are identified. A weighted speculum is placed into the vagina. Hydro-dissection, if performed, is completed for development of the true vesico-vaginal space. A full thickness incision through the vaginal mucosa is performed. Sharp and blunt dissection is used to mobilize the vaginal tissue laterally to the descending pubic rami on each side and superiorly to the vaginal apex superiorly. Identification of fascial defects is completed. Plicating sutures are placed at the level of the urethrovesical junction. Lateral, paravaginal defects, if identified, are individually repaired by suture plication to the fascia over the obturator internus muscle. Midline plication of the deep vaginal tissue is performed with interrupted sutures. Suture correction of vaginal defects is performed. Excessive vaginal epithelium is excised. Hemostasis is obtained. If cystoscopy is performed, the video equipment is set up,

tested, and cystoscopic instruments are assembled. Foley catheter is removed. Bladder mucosal integrity and bilateral ureteral patency are confirmed. The foley catheter is replaced. The vaginal incision is closed. The posterior compartment defect is identified and demarcated. A triangular incision is made on the perineal body and the overlying skin is removed. Incision is extended into the posterior vaginal epithelium and any pre-existing scar from prior obstetrical laceration is removed. Hydro-dissection, if performed, is completed to develop the true recto-vaginal space. Incision is extended into the posterior vaginal epithelium and any pre-existing scar from prior obstetrical laceration is removed. Full thickness dissection of vaginal epithelium from underlying rectovaginal septum is accomplished to the vaginal apex and medial margins of the levator musculature. Rectal examination is performed to identify rectovaginal fascial defects laterally, superiorly, and at the perineal body. A triangular strip of full thickness vaginal wall is removed. Apical detachments, if present, are corrected by suture plication. Repair and plication of the perirectal and recto-vaginal fascia is performed from the vaginal apex to the vaginal introitus. Puborectalis and levator ani are plicated distal to the rectovaginal space. Perineal body is reconstructed by plicating the superficial and deep perineal muscles. The distal rectovaginal septum is re-attached to the perineal body. Hemostasis is obtained. Vaginal caliber is re-assessed and sutures replaced as needed. Posterior vaginal wall epithelium is closed. Perineal skin is closed. Rectal examination is performed. Vaginal packing, if used, is placed. Foley catheter is placed. Manipulators, retractors, and probes are removed. Instrument and sponge count are confirmed.

Description of Post-Service Work: A surgical debriefing is performed with the circulating nurse for specimen identification, wound classification and procedure verification. The transfer of patient to recovery area is supervised. Vital signs are checked and immediate pain assessment is made. Recovery orders and postoperative medications are completed through computer entry. Appropriate SCIP measures are identified and addressed. Patient condition, operative findings and anticipated outcome is related to HIPPA contact. The anticipated recovery process and criteria for discharge are conveyed. Procedure documentation is created. Labeled images from the procedure are transferred to the medical record. Absence of procedural complications, adequate pain management, urine clarity and output, and volume of fluids input is verified. The patient is informed of procedural findings and anticipated hospital care plan. Vaginal packing and foley catheter are removed and a voiding trial is performed.

#### VISIT 1 (7-14 days)

Pt is questioned about her postoperative course including query of fever, nausea, vomiting, pain, bleeding, bladder function, bowel function, shortness of breath, lower extremity edema, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, vaginal cuff, lower extremity lymphatics, urethra, mons pubis and perineal body. Granulation tissue is addressed if indicated. Pathology and lab results are reviewed and discussed with the patient. If failed voiding trial in the hospital, retrograde filling of the bladder is performed; Foley catheter is removed and a voiding trial is performed. Voiding activity is thoroughly reviewed with emphasis on completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function including frequency, Bristol score, and hematochezia is queried and recommendations for improvement, if needed, are provided. Pt is counseled regarding progression of activities, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to correct any defecatory or bladder dysfunction.

#### VISIT 2 (4-6 weeks)

Pt is questioned about her postoperative course including query of fever, pain, bleeding, bladder function, bowel function, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, vaginal cuff, perineum, and rectum. Voiding activity is thoroughly reviewed with review of completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function including frequency, Bristol score, and hematochezia is queried and recommendations for improvement, if needed, are provided. Postoperative instructions regarding progression of daily activities, return to work, and sexual activity are discussed. Future evaluations for bladder and defecatory function are discussed as needed. Corresponding documents to referring physician, if indicated, including operative reports, pathology reports, and postoperative notes are created, collated, and signed for distribution.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	George Hill, MD, Jon Hathaway, MD, PhD and Mitch Schuster, MD				
<b>Specialty(s):</b>	ACOG				
<b>CPT Code:</b>	57260				
<b>Sample Size:</b>	2236	<b>Resp N:</b>	115	<b>Response:</b>	5.1 %
<b>Description of Sample:</b>	1000 randomly selected practicing, US, MD/DO ACOG members and all (1236) practicing, US, MD/DO members of American Urogynecologic Society				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	<b>18.00</b>	43.00	200.00
<b>Survey RVW:</b>	1.00	13.25	<b>15.00</b>	16.84	40.00
<b>Pre-Service Evaluation Time:</b>			<b>60.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>10.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>15.00</b>		
<b>Intra-Service Time:</b>	45.00	73.00	<b>90.00</b>	120.00	210.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>46.00</b>	99211x 0.00	12x 0.00	13x 2.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	57260	<b>Recommended Physician Work RVU: 13.25</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>33.00</b>	<b>33.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>8.00</b>	<b>3.00</b>	<b>5.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>15.00</b>	<b>15.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>90.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>30.00</b>	<b>30.00</b>	<b>0.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>46.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
58570	090	13.36	RUC Time

CPT Descriptor Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
58550	090	15.10	RUC Time

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
50590	090	9.77	RUC Time	59,870

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33249	090	15.17	RUC Time	49,845

CPT Descriptor 2 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22      % of respondents: 19.1 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 16      % of respondents: 13.9 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>57260</u>	Top Key Reference CPT Code: <u>58570</u>	2nd Key Reference CPT Code: <u>58550</u>
Median Pre-Service Time	56.00	55.00	60.00
Median Intra-Service Time	90.00	90.00	100.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	78.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	46.0	46.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>241.00</b>	<b>240.00</b>	<b>330.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.41	0.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.36	0.63
Urgency of medical decision making	0.00	0.00

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.55	0.56
Physical effort required	0.41	0.25

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.18	-0.13
Outcome depends on the skill and judgment of physician	0.82	0.69
Estimated risk of malpractice suit with poor outcome	-0.09	-0.19

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.59	0.44
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Colporrhaphy CPT Codes 57240, 57250, 57260 and 57265 were identified in the 2015 site-of-service screen. The specialty society brought this family of colporrhaphy codes to the CPT Editorial Panel to revise the procedures to include cystourethroscopy after colporrhaphy.

**Billed Together**

CPT Codes 57240, 57260 and 57265 are used to report anterior colporrhaphy services. In the past CPT Code 52000 was used to separately report the cystourethroscopy procedure. However, NCCI now precludes the separate reporting of CPT Code 52000 with these colporrhaphy services. The Society believes that payment policy has inappropriately skewed the recent billed together data. It is important to note that it is standard practice to perform cystoscopy for detection of lower urinary tract injury.

**Positioning Time**

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. Confirmation that no compression of nerves in the arms, hands, legs and feet is performed and hip flexion is evaluated for potential of nerve stretch injury.

**Intensity**

The society is recommending work RVUs for the new bundled procedure that results in higher IWP/UTs from existing intensities. There are two main clinical explanations for this increase in intensity. First, the plane of dissection in the vesico-vaginal space is much closer to the viscous resulting in a greater risk of voiding dysfunction postoperatively and greater risk for viscous injury. The plane of dissection in the rectovaginal space is much closer to the viscous resulting in greater risk of perirectal bleeding and greater risk for viscous injury from suture placement. Secondly, the extent of dissection is much greater today than when these procedures were originally described (2005).

It is also important to note that the pre service evaluation time has increased while mandatory RUC pre time packages force the pre time recommendations to decrease from current inputs, thus artificially increasing the overall intensity of the procedure.

**Post Operative Visits**

The society is requesting two level three office visits for these procedures, supported by survey data.

**VISIT 1 (7-14 days)**

Pt is questioned about her postoperative course including query of fever, nausea, vomiting, pain, bleeding, bladder function, bowel function, shortness of breath, lower extremity edema, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, perineum, rectum and lower extremity lymphatics. Granulation tissue is addressed if indicated. If failed voiding trial in the hospital, the foley catheter is utilized for retrograde filling, removed and a voiding trial is then performed. Rectal exam is performed when indicated. Pathology and lab results are reviewed and discussed with the patient. Pt is counseled regarding progression of activities, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to correct any voiding or defecatory dysfunction.

**VISIT 2 (4-6 weeks)**

Pt is questioned about her postoperative course including query of fever, pain, bleeding, bladder function, bowel function, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with emphasis on the vulva, urethra, vagina, perineum and rectum. Rectal exam is performed. Defecatory hygiene and function including Bristol score is addressed. Postoperative instructions regarding progression of daily activities, return to work, and sexual activity are discussed. Future evaluations for bladder and defecatory function are discussed as needed. Corresponding documents to referring physician, if indicated, including operative reports, pathology reports, and postoperative notes are created, collated, and signed for distribution.

**Recommendations**

ACOG received over 100 completed RUC physician work surveys from physicians. The ACOG RUC workgroup reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the obstetrics/gynecology family as well as within the fee schedule. See below:

	CPT	IWPUT	wRVU	Total Time	Pre Time	Intra Time	Post Time	99231	99238	99213	99212
MPC	50590	0.091	9.77	207	51	60	15		0.5	2	1
Reference	57287	0.094	11.15	239	55	60	20		0.5	3	1
<b>SURVEY</b>	<b>57250</b>	<b>0.120</b>	<b>11.50</b>	<b>211</b>	<b>56</b>	<b>60</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
<b>SURVEY</b>	<b>57240</b>	<b>0.128</b>	<b>12.00</b>	<b>211</b>	<b>56</b>	<b>60</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference/MPC	57288	0.108	12.13	248	55	60	27		0.5	3	1
<b>SURVEY</b>	<b>57260</b>	<b>0.100</b>	<b>13.25</b>	<b>241</b>	<b>56</b>	<b>90</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference	58570	0.101	13.36	241	56	90	30		0.5	2	
<b>SURVEY</b>	<b>57265</b>	<b>0.089</b>	<b>15.00</b>	<b>271</b>	<b>56</b>	<b>120</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference	58550	0.079	15.10	330	60	100	30	2	1	2	1
MPC	33249	0.091	15.17	249	60	120				3	
Reference	58572	0.112	17.71	271	56	120	30		0.5	2	

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 57260 and 52000

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty obstetrics/gynecology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,600

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based off the current Medicare utilization in the existing RUC database

Specialty Obstetrics/gynecology	Frequency 6615	Percentage 87.03 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 57260

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	57260	<b># of Respondents:</b>	115
<b>Survey Code Descriptor:</b>	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; (Do not report 57260 in conjunction with 52000)		

<b>Top Ref Code:</b>	58570	<b># of Respondents:</b>	22	<b>% of Respondents:</b>	19%
<b>Top Ref Code Descriptor:</b>	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall Intensity and Complexity:				50%	41%	9%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 14%	Identical 36%	More 50%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 18%	Identical 36%	More 45%		
	Urgency of medical decision making	Less 9%	Identical 77%	More 14%		
Technical Skill:		Less 5%	Identical 45%	More 50%		
Physical Effort:		Less	Identical 68%	More 32%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 36%	Identical 45%	More 18%		
	Outcome depends on the skill and judgment of physician	Less	Identical 45%	More 55%		
	Estimated risk of malpractice suite with poor outcome	Less 23%	Identical 68%	More 9%		



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 57265      Tracking Number   Y4

Original Specialty Recommended RVU: **15.00**Presented Recommended RVU: **15.00**

Global Period: 090

RUC Recommended RVU: **15.00**

CPT Descriptor: Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair (Do not report 57265 in conjunction with 52000)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 66-year-old multigravida patient presents for evaluation of a mass that is protruding from the vagina. Her symptoms are worse when she coughs or stands for a long period of time. The patient had a hysterectomy 20 years ago. She denies stress incontinence. Additionally she complains of incomplete emptying of bowel and bladder. On examination, she is found to have an anterior compartment defect, a posterior compartment defect and apical descent with ballooning of the apex extending down the upper posterior wall. She has an enterocele on recto-vaginal exam. An anterior and posterior colporrhaphy with enterocele repair is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 4%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 12% , Overnight stay-less than 24 hours 70% , Overnight stay-more than 24 hours 18%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 33%

Description of Pre-Service Work: The admission history and physical exam is reviewed, signed, dated and updated. Labs and imaging studies are reviewed. The discontinuation of any high risk medication is verified. Appropriate antibiotic coverage is determined consistent with procedure risks, patient's weight and known allergies. Antibiotic administration is synchronized with expected incision time. The method and timing of DVT prophylaxis is considered and implementation is assured. Other appropriate SCIP measures are identified and addressed. The surgical site is identified and marked if required and the procedure is verified. HIPPA contact is confirmed with the patient and any remaining questions are answered. Physician changes into scrub clothes. The instruments and anticipated supplies are checked for completeness and functionality. The patient is transferred to the operating room and positioned on the table. Sequential compressive devices are applied and activated. After collaboration with anesthesia and observation of anesthesia induction, the patient is placed at the appropriate height on the table and adjusted safely into a dorsal lithotomy position while observing for possible neural injury sites. Appropriate padding is placed to minimize neural injury. Surgical lighting is positioned. The extent of surgical prep is delineated. Physician scrubs and gowns. Surgical fire risk is identified. The patient is draped. The surgical timeout is performed.

Description of Intra-Service Work: Examination under anesthesia is performed and prolapse is appropriately staged and recorded. A foley catheter is placed, and the urethrovesical neck and vaginal apex are identified. A weighted speculum is placed into the vagina. Hydro-dissection, if performed, is completed with identification and development of the true vesico-vaginal space. A full thickness incision is made through the vaginal mucosa. Sharp and blunt dissection is used to mobilize the vaginal tissue laterally to the descending pubic rami bilaterally and superiorly with complete development of the vesico-vaginal space to the vaginal apex. Identification of fascial defects is completed. Plicating sutures are placed at the level of the urethrovesical junction. Lateral, paravaginal defects, if identified, are individually repaired by suture plication to the fascia over the obturator internus muscle. Midline plication of the deep vaginal tissue is performed. Excessive vaginal epithelium is excised. Hemostasis is obtained. Foley catheter is removed. Cystoscopy is performed and the video

equipment is set up, tested, and cystoscopic instruments are assembled. Bladder mucosal integrity and bilateral ureteral patency are confirmed. Vaginal incision is closed. The posterior compartment defect is identified and demarcated. A triangular incision is made on the perineal body and the overlying skin is removed. Hydro-dissection, if performed, is completed to develop the true recto-vaginal space. Incision is extended into the posterior vaginal epithelium and any pre-existing scar from prior obstetrical laceration is removed. Full thickness dissection of vaginal epithelium from underlying recto-vaginal septum is accomplished to the vaginal apex and medial margins of the levator musculature. Further dissection is performed above the vaginal apex to delineate the enterocele sac. The peritoneum is freed from the pubocervical tissue anteriorly and rectovaginal tissue posteriorly. The posterior vaginal wall is dissected from the enterocele sac, anterior rectal wall and rectovaginal septum through sharp and blunt dissection. The enterocele sac is entered sharply. Small bowel and omental adhesions, if present, are dissected to the level of the neck of the enterocele. Several purse-string sutures are used to close the enterocele sac and excessive peritoneum is excised. The cardinal-uterosacral ligaments are identified and suture incorporated into the closed enterocele sac and apical vaginal tissue. Sutures are tied in sequence. Cystoscopy is again performed to confirm bilateral ureteral patency. The anterior and posterior portions of the mucosal apex are reapproximated. Rectal examination is performed to identify rectovaginal fascial defects, laterally, superiorly, and at the perineal body. Portions of full thickness vaginal wall are removed. Repair and plication of the perirectal and rectovaginal fascia is performed from the vaginal apex to the vaginal introitus. Puborectalis and levator ani are plicated distal to the rectovaginal space. Perineal body is reconstructed by plicating the superficial and deep perineal muscles. Distal rectovaginal septum is re-attached to the perineal body. Hemostasis is obtained. Vaginal caliber is re-assessed and sutures replaced as needed. Posterior vaginal wall epithelium is closed. Perineal skin is closed. Rectal examination is performed. Vaginal packing is placed. Manipulators and retractors, are removed. Instrument and sponge count are confirmed.

Description of Post-Service Work: A surgical debriefing is performed with the circulating nurse for specimen identification, wound classification and procedure verification. The transfer of patient to recovery area is supervised. Vital signs are checked and immediate pain assessment is made. Recovery orders and postoperative medications are completed through computer entry. Appropriate SCIP measures are identified and addressed. Patient condition, operative findings and anticipated outcome is related to HIPPA contact. The anticipated recovery process and criteria for discharge are conveyed. Procedure documentation is created. Labeled images from procedure are transferred to the medical record. Physician changes out of scrub clothes. Absence of procedural complications, adequate pain management, urine clarity and output, and volume of fluids input is verified. The patient is informed of procedural findings and anticipated hospital care plan. Vaginal packing and foley catheter are removed and a voiding trial is performed.

#### VISIT 1 (7-14 days)

Pt is questioned about her postoperative course including query of fever, nausea, vomiting, pain, bleeding, bladder function, bowel function, shortness of breath, lower extremity edema, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, vaginal cuff, perineum, rectum, and lower extremity lymphatics. Granulation tissue is addressed if indicated. Pathology and lab results are reviewed and discussed with the patient. If failed voiding trial in the hospital, retrograde filling of the bladder is performed; Foley catheter is removed and a voiding trial is performed. Voiding activity is thoroughly reviewed with emphasis on completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function including frequency, Bristol score, and hematochezia is queried and recommendations for improvement, if needed, are provided. Pt is counseled regarding progression of activities, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to correct any defecatory or bladder dysfunction.

#### VISIT 2 (4-6 weeks)

Pt is questioned about her postoperative course including query of fever, pain, bleeding, bladder function, bowel function, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, vaginal cuff, perineum, and rectum. Voiding activity is thoroughly reviewed with review of completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function including frequency, Bristol score, and hematochezia is queried and recommendations for improvement, if needed, are provided. Postoperative instructions regarding progression of daily activities, return to work, and sexual activity are discussed. Future evaluations for bladder and defecatory function are discussed as needed. Corresponding documents to referring physician, if indicated, including operative reports, pathology reports, and postoperative notes are created, collated, and signed for distribution.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	George Hill, MD, Jon Hathaway, MD, PhD and Mitch Schuster, MD				
<b>Specialty(s):</b>	ACOG				
<b>CPT Code:</b>	57265				
<b>Sample Size:</b>	2236	<b>Resp N:</b>	114	<b>Response:</b>	5.0 %
<b>Description of Sample:</b>	1000 randomly selected practicing, US, MD/DO ACOG members and all (1236) practicing, US, MD/DO members of American Urogynecologic Society				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	9.00	<b>15.00</b>	40.00	200.00
<b>Survey RVW:</b>	1.00	15.00	<b>16.84</b>	18.00	45.00
<b>Pre-Service Evaluation Time:</b>			<b>63.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>15.00</b>		
<b>Intra-Service Time:</b>	45.00	90.00	<b>120.00</b>	150.00	240.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>46.00</b>	99211x 0.00 12x 0.00 13x 2.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	57265	<b>Recommended Physician Work RVU: 15.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>33.00</b>	<b>33.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>8.00</b>	<b>3.00</b>	<b>5.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>15.00</b>	<b>15.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>120.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>30.00</b>	<b>30.00</b>	<b>0.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>46.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
58572	090	17.71	RUC Time

CPT Descriptor Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
58550	090	15.10	RUC Time

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	RUC Time	59,870

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33249	090	15.17	RUC Time	49,845

CPT Descriptor 2 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30      % of respondents: 26.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 25      % of respondents: 21.9 %

### TIME ESTIMATES (Median)

	CPT Code: <u>57265</u>	Top Key Reference CPT Code: <u>58572</u>	2nd Key Reference CPT Code: <u>58550</u>
Median Pre-Service Time	56.00	56.00	60.00
Median Intra-Service Time	120.00	120.00	100.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	78.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	46.0	46.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>271.00</b>	<b>271.00</b>	<b>330.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.70	0.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.70	0.56
Urgency of medical decision making	0.30	0.04
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	1.10	1.00
Physical effort required	1.00	0.52

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.63	0.44
Outcome depends on the skill and judgment of physician	0.97	0.96
Estimated risk of malpractice suit with poor outcome	0.77	0.12

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.30	0.92
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Colporrhaphy CPT Codes 57240, 57250, 57260 and 57265 were identified in the 2015 site-of-service screen. The specialty society brought this family of colporrhaphy codes to the CPT Editorial Panel to revise the procedures to include cystourethroscopy after colporrhaphy.

**Billed Together**

CPT Codes 57240, 57260 and 57265 are used to report anterior colporrhaphy services. In the past CPT Code 52000 was used to separately report the cystourethroscopy procedure. However, NCCI now precludes the separate reporting of CPT Code 52000 with these colporrhaphy services. The Society believes that payment policy has inappropriately skewed the recent billed together data. It is important to note that it is standard practice to perform cystoscopy for detection of lower urinary tract injury.

**Positioning Time**

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. Confirmation that no compression of nerves in the arms, hands, legs and feet is performed and hip flexion is evaluated for potential of nerve stretch injury.

**Intensity**

The society is recommending work RVUs for the new bundled procedure that results in higher IWP/UTs from existing intensities. There are two main clinical explanations for this increase in intensity. First, the plane of dissection in the vesico-vaginal space is much closer to the viscous resulting in a greater risk of voiding dysfunction postoperatively and greater risk for viscous injury. The plane of dissection in the rectovaginal space is much closer to the viscous resulting in greater risk of perirectal bleeding and greater risk for viscous injury from suture placement. Secondly, the extent of dissection is much greater today than when these procedures were originally described (2005).

It is also important to note that the pre service evaluation time has increased, while the mandate to use RUC pre time packages forces the pretime recommendations to decrease from current inputs, thus artificially increasing the overall intensity of the procedure.

**Post Operative Visits**

The society is requesting two level three office visits for these procedures, supported by survey data.

**VISIT 1 (7-14 days)**

Pt is questioned about her postoperative course including query of fever, nausea, vomiting, pain, bleeding, bladder function, bowel function, shortness of breath, lower extremity edema, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with focus on the vulva, urethra, vagina, perineum, rectum and lower extremity lymphatics. Granulation tissue is addressed if indicated. If failed voiding trial in the hospital, the foley catheter is utilized for retrograde filling, removed and a voiding trial is then performed. Rectal exam is performed when indicated. Pathology and lab results are reviewed and discussed with the patient. Pt is counseled regarding progression of activities, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to correct any voiding or defecatory dysfunction.

**VISIT 2 (4-6 weeks)**

Pt is questioned about her postoperative course including query of fever, pain, bleeding, bladder function, bowel function, and neurologic dysfunction. 3 vital signs are collected and the patient undergoes an examination involving general evaluation, abdomen, and genitourinary system with emphasis on the vulva, urethra, vagina, perineum and rectum. Rectal exam is performed. Defecatory hygiene and function including Bristol score is addressed. Postoperative instructions regarding progression of daily activities, return to work, and sexual activity are discussed. Future evaluations for bladder and defecatory function are discussed as needed. Corresponding documents to referring physician, if indicated, including operative reports, pathology reports, and postoperative notes are created, collated, and signed for distribution.

**Recommendations**

ACOG received over 100 completed RUC physician work surveys from physicians. The ACOG RUC workgroup reviewed the survey data and believes the following physician work recommendations appropriately rank these procedures within the obstetrics/gynecology family as well as within the fee schedule. See below:

	CPT	IWPUT	wRVU	Total Time	Pre Time	Intra Time	Post Time	99231	99238	99213	99212
MPC	50590	0.091	9.77	207	51	60	15		0.5	2	1
Reference	57287	0.094	11.15	239	55	60	20		0.5	3	1
<b>SURVEY</b>	<b>57250</b>	<b>0.120</b>	<b>11.50</b>	<b>211</b>	<b>56</b>	<b>60</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
<b>SURVEY</b>	<b>57240</b>	<b>0.128</b>	<b>12.00</b>	<b>211</b>	<b>56</b>	<b>60</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference/MPC	57288	0.108	12.13	248	55	60	27		0.5	3	1
<b>SURVEY</b>	<b>57260</b>	<b>0.100</b>	<b>13.25</b>	<b>241</b>	<b>56</b>	<b>90</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference	58570	0.101	13.36	241	56	90	30		0.5	2	
<b>SURVEY</b>	<b>57265</b>	<b>0.089</b>	<b>15.00</b>	<b>271</b>	<b>56</b>	<b>120</b>	<b>30</b>		<b>0.5</b>	<b>2</b>	
Reference	58550	0.079	15.10	330	60	100	30	2	1	2	1
MPC	33249	0.091	15.17	249	60	120				3	
Reference	58572	0.112	17.71	271	56	120	30		0.5	2	

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 57265 and 52000

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty obstetrics/gynecology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,500

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based off the current Medicare utilization in the existing RUC database

Specialty obstetrics/gynecology                      Frequency 4050                      Percentage 90.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:



Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 57265

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	57265	<b># of Respondents:</b>	114
<b>Survey Code Descriptor:</b>	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair (Do not report 57265 in conjunction with 52000)		

<b>Top Ref Code:</b>	58572	<b># of Respondents:</b>	30	<b>% of Respondents:</b>	26%
<b>Top Ref Code Descriptor:</b>	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
				20%	30%	50%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 13%	Identical 27%	More 60%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 7%	Identical 40%	More 53%		
	Urgency of medical decision making	Less 13%	Identical 50%	More 37%		
Technical Skill:		Less	Identical	More		
			33%	67%		
Physical Effort:		Less	Identical	More		
			33%	67%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 13%	Identical 37%	More 50%		
	Outcome depends on the skill and judgment of physician	Less	Identical 33%	More 67%		
	Estimated risk of malpractice suite with poor outcome	Less 7%	Identical 40%	More 53%		

	A	B		C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS
13	ISSUE: Colporrhaphy with Cystourethroscopy																																					
14	TAB: 14																																					
15							RVW				Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day						Office					SURVEY EXPERIENCE						
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
17	1st REF	57288	Sling operation for stress incontinence	44	0.108			12.13			246	33	7	15			60			27						0.5			3	1								
18	2nd REF	57287	Removal or revision of sling for stress incontinence	15	0.094			11.15			239	33	7	15			60			20						0.5			3	1								
19	CURRENT	57240	Anterior colporrhaphy, repair of cystocele		0.066			11.50			307	45	5	10			60			30				1	2	1.0			1	1								
20	CURRENT	52000	Cystourethroscopy (separate procedure)		0.046			1.53			50	10	5	5			20			10																		
21	SVY	57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed // (do not report 57240 in conjunction with 57240)	115	0.109	1.00	12.00	12.13	13.00	24.00	259	60	10	15	30	45	60	60	180	30						1.0			2			0	10	20	40	200		
22	REC				0.096	10.08					211	33	8	15			60			30					0.5			2										
23																																						
24																																						
25						RVW				Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day						Office					SURVEY EXPERIENCE							
26	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
27	1st REF	57288	Sling operation for stress incontinence	37	0.108			12.13			246	33	7	15			60			27						0.5			3	1								
28	2nd REF	57287	Removal or revision of sling for stress incontinence	13	0.094			11.15			239	33	7	15			60			20						0.5			3	1								
29	CURRENT	57250	Posterior colporrhaphy, repair of rectocele		0.066			11.50			307	45	5	10			60			30				1	2	1.0			1	1								
30	SVY	57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy // (for repair of rectocele [separate procedure] without posterior colporrhaphy, use 45560)	115	0.109	1.00	11.50	12.13	13.50	25.50	259	60	10	15	25	45	60	60	200	30						1.0			2			1	13	20	40	200		
31	REC				0.096	10.08					211	33	8	15			60			30					0.5			2										
32																																						
33																																						
34						RVW				Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day						Office					SURVEY EXPERIENCE							
35	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
36	1st REF	58570	Laparoscopy, surgical, with total hysterectomy	22	0.101			13.36			241	33	8	15																								

14  
**Tab Number**

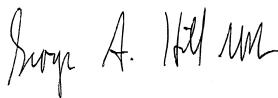
Colporrhaphy with Cystourethroscopy  
**Code Issue**

57240, 57250, 57260 & 57265  
**Code Range**

### **Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



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Signature

**George A. Hill, MD**

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Printed Signature

**American Congress of Obstetricians and Gynecologists (ACOG)**  
Specialty Society

**December 11, 2016**

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Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

**Global Period:** 090

**Meeting Date:** January 2017

*57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed (Do not report 57240 in conjunction with 52000)*

*57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy (For repair of rectocele [separate procedure] without posterior colporrhaphy, use 45560)*

*57260 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; (Do not report 57260 in conjunction with 52000)*

*57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair (Do not report 57265 in conjunction with 52000)*

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**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

ACOG convened a workgroup consisting of their CPT/RUC committee members and AUGS representatives. The workgroup developed these practice expense recommendations based on the physician survey results, the clinical aspects of the procedure and standard PE committee inputs.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

The specialty society has included the existing PE inputs for CPT codes 57240, 57250, 57260 and 57265. The spreadsheet also includes the recently CMS approved PE inputs for CPT code 52000, which will go into effect January 2017.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

N/A

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

N/A

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

60 Minutes clinical staff time for standard 090-day procedure

- Complete pre-service diagnostic and referral forms 5
- Coordinate pre-surgery services (including test results) 20
- Schedule space and equipment in facility 8
- Provide pre-service education/obtain consent 20
- Complete pre-procedure phone calls and prescription 7

Intra-Service Clinical Labor Activities:

6 minutes clinical staff time for a half-day discharge

Post-Service Clinical Labor Activities/Post Operative Visits:

The specialty society is recommending two level 3 post-operative office visits. The first visit will occur 7-14 days post surgery. The second visit will occur 4-6 weeks post surgery.

RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED	
	<i>Please see prior summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells</i>			57240		57240	
	<u>RUC Collaboration Website</u>			Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele		Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type				
	LOCATION			Non Fac	Facility	Non Fac	Facility
	GLOBAL PERIOD			090	090		
	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	135	0	138
	TOTAL PRE-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	60	0	60
	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	12	0	6
	TOTAL POST-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	63	0	72
PRE-SERVICE PERIOD							
	Start: Following visit when decision for surgery or procedure made						
CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA		5		5
CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA		20		20
CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA		7		7
CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA				
CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA				
CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA				
	End: When patient enters office/facility for surgery/procedure						
SERVICE PERIOD							
	Start: When patient enters office/facility for surgery/procedure:						
	Pre-Service (of service period)						
CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA				
CA010	Obtain vital signs	L037D	RN/LPN/MTA				
CA011	Provide education/obtain consent	L037D	RN/LPN/MTA				
CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA				
CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA				
CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA				
CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA				
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA				
CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
Intra-service (of service period)							
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA				
CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA				
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA				
CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				

RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED	
	<i>Please see prior summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells</i>			57240		57240	
	<u>RUC Collaboration Website</u>			Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele		Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type				
	Post-Service (of service period)						
CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA				
CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA				
CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA				
CA025	Clean scope	L037D	RN/LPN/MTA				
CA026	Clean surgical instrument package	L037D	RN/LPN/MTA				
CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA				
CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA				
CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA				
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA				
CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA				
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA				
CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA				
CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA				
CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA				
CA036	Discharge day management	L037D	RN/LPN/MTA	n/a	12	n/a	6
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	End: Patient leaves office						
	POST-SERVICE PERIOD						
	Start: Patient leaves office/facility						
CA037	Conduct patient communications	L037D	RN/LPN/MTA				
CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA				
	Office visits: List Number and Level of Office Visits	MINUTES		# visits	# visits	# visits	# visits
	99211 16 minutes	16					
	99212 27 minutes	27			1		
	99213 36 minutes	36			1		2
	99214 53 minutes	53					
	99215 63 minutes	63					
CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0	63	0	72
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	End: with last office visit before end of global period						
Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT				
SA048	pack, minimum multi-specialty visit	1.143	pack		2		2
SA051	pack, pelvic exam	1.172	pack		2		2
SA052	pack, post-op incision care (staple)	5.056	pack		1		
SB006	drape, non-sterile, sheet 40in x 60in	0.222	item		2		2
SB024	gloves, sterile	0.84	pair				
SA042	pack, cleaning and disinfecting, endoscope	17.062	pack				
SA027	kit, scissors and clamp	0.62	kit				
SJ032	lubricating jelly (K-Y) (5gm uou)	0.066	item				
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item				
SC062	syringe, Toomey	2.726	item				
SB044	underpad 2ft x 3ft (Chux)	0.23	item				
SA058	pack, urology cystoscopy visit	24.685	pack				
SB012	drape, sterile, for Mayo stand	1.688	item				
	Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A						
Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA				
EF023	table, exam	1338.17			63		72
EQ170	light, fiberoptic headlight w-source	1992.92			63		
EF031	table, power	6153.63					



RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED	
	<i>Please see prior summaries or the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells</i>			57240		57240	
	<u>RUC Collaboration Website</u>			Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele		Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type				
ES018	fiberscope, flexible, cystoscopy	7408.33					
EQ168	light, exam	1630.12					72
EQ167	light source, xenon	6723.33					
EF027	table, instrument, mobile	634					
ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	33232.5					
	Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A						

RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED	
	<i>Please see prior summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells</i>			57250		57250	
	<u>RUC Collaboration Website</u>			Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy		Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type				
	LOCATION			Non Fac	Facility	Non Fac	Facility
	GLOBAL PERIOD			090	090		
	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	135	0	138
	TOTAL PRE-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	60	0	60
	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	12	0	6
	TOTAL POST-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	63	0	72
PRE-SERVICE PERIOD							
	Start: Following visit when decision for surgery or procedure made						
CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA		5		5
CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA		20		20
CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA		7		7
CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA				
CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA				
CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA				
	End: When patient enters office/facility for surgery/procedure						
SERVICE PERIOD							
	Start: When patient enters office/facility for surgery/procedure:						
	Pre-Service (of service period)						
CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA				
CA010	Obtain vital signs	L037D	RN/LPN/MTA				
CA011	Provide education/obtain consent	L037D	RN/LPN/MTA				
CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA				
CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA				
CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA				
CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA				
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA				
CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
Intra-service (of service period)							
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA				
CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA				
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA				
CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				

RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED	
	<i>Please see prior summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells</i>			57250		57250	
	<u>RUC Collaboration Website</u>			Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy		Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type				
	Post-Service (of service period)						
CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA				
CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA				
CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA				
CA025	Clean scope	L037D	RN/LPN/MTA				
CA026	Clean surgical instrument package	L037D	RN/LPN/MTA				
CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA				
CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA				
CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA				
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA				
CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA				
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA				
CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA				
CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA				
CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA				
CA036	Discharge day management	L037D	RN/LPN/MTA	n/a	12	n/a	6
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	End: Patient leaves office						
	POST-SERVICE PERIOD						
	Start: Patient leaves office/facility						
CA037	Conduct patient communications	L037D	RN/LPN/MTA				
CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA				
	Office visits: List Number and Level of Office Visits	MINUTES		# visits	# visits	# visits	# visits
	99211 16 minutes	16					
	99212 27 minutes	27			1		
	99213 36 minutes	36			1		2
	99214 53 minutes	53					
	99215 63 minutes	63					
CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0	63	0	72
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	End: with last office visit before end of global period						
Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT				
SA048	pack, minimum multi-specialty visit	1.143	pack		2		2
SA051	pack, pelvic exam	1.172	pack		2		2
SA052	pack, post-op incision care (staple)	5.056	pack		1		
SB006	drape, non-sterile, sheet 40in x 60in	0.222	item		2		2
SB024	gloves, sterile	0.84	pair				
SA042	pack, cleaning and disinfecting, endoscope	17.062	pack				
SA027	kit, scissors and clamp	0.62	kit				
SJ032	lubricating jelly (K-Y) (5gm uou)	0.066	item				
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item				
SC062	syringe, Toomey	2.726	item				
SB044	underpad 2ft x 3ft (Chux)	0.23	item				
SA058	pack, urology cystoscopy visit	24.685	pack				
SB012	drape, sterile, for Mayo stand	1.688	item				
	Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A						
Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA				
EF023	table, exam	1338.17			63		72
EQ170	light, fiberoptic headlight w-source	1992.92			63		
EF031	table, power	6153.63					

RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED	
	<i>Please see prior summaries or the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells</i>			57250		57250	
	<u>RUC Collaboration Website</u>			Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy		Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type				
ES018	fiberscope, flexible, cystoscopy	7408.33					
EQ168	light, exam	1630.12					72
EQ167	light source, xenon	6723.33					
EF027	table, instrument, mobile	634					
ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	33232.5					
	Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A						

RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED	
	<i>Please see prior summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells</i>			57260		57260	
	<u>RUC Collaboration Website</u>			Combined anteroposterior colporrhaphy;		Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type				
	LOCATION			Non Fac	Facility	Non Fac	Facility
	GLOBAL PERIOD			090	090		
	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	135	0	138
	TOTAL PRE-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	60	0	60
	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	12	0	6
	TOTAL POST-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	63	0	72
PRE-SERVICE PERIOD							
	Start: Following visit when decision for surgery or procedure made						
CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA		5		5
CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA		20		20
CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA		7		7
CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA				
CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA				
CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA				
	End: When patient enters office/facility for surgery/procedure						
SERVICE PERIOD							
	Start: When patient enters office/facility for surgery/procedure:						
	Pre-Service (of service period)						
CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA				
CA010	Obtain vital signs	L037D	RN/LPN/MTA				
CA011	Provide education/obtain consent	L037D	RN/LPN/MTA				
CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA				
CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA				
CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA				
CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA				
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA				
CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
Intra-service (of service period)							
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA				
CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA				
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA				
CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA				



RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED	
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	<u>RUC Collaboration Website</u>			Combined anteroposterior colporrhaphy;		Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type				
	Post-Service (of service period)						
CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA				
CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA				
CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA				
CA025	Clean scope	L037D	RN/LPN/MTA				
CA026	Clean surgical instrument package	L037D	RN/LPN/MTA				
CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA				
CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA				
CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA				
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA				
CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA				
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA				
CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA				
CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA				
CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA				
CA036	Discharge day management	L037D	RN/LPN/MTA	n/a	12	n/a	6
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	End: Patient leaves office						
	POST-SERVICE PERIOD						
	Start: Patient leaves office/facility						
CA037	Conduct patient communications	L037D	RN/LPN/MTA				
CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA				
	Office visits: List Number and Level of Office Visits	MINUTES		# visits	# visits	# visits	# visits
	99211 16 minutes	16					
	99212 27 minutes	27			1		
	99213 36 minutes	36			1		2
	99214 53 minutes	53					
	99215 63 minutes	63					
CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0	63	0	72
		L037D	RN/LPN/MTA				
		L037D	RN/LPN/MTA				
	End: with last office visit before end of global period						
Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT				
SA048	pack, minimum multi-specialty visit	1.143	pack		2		2
SA051	pack, pelvic exam	1.172	pack		2		2
SA052	pack, post-op incision care (staple)	5.056	pack		1		
SB006	drape, non-sterile, sheet 40in x 60in	0.222	item		2		2
SB024	gloves, sterile	0.84	pair				
SA042	pack, cleaning and disinfecting, endoscope	17.062	pack				
SA027	kit, scissors and clamp	0.62	kit				
SJ032	lubricating jelly (K-Y) (5gm uou)	0.066	item				
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item				
SC062	syringe, Toomey	2.726	item				
SB044	underpad 2ft x 3ft (Chux)	0.23	item				
SA058	pack, urology cystoscopy visit	24.685	pack				
SB012	drape, sterile, for Mayo stand	1.688	item				
	Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A						
Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA				
EF023	table, exam	1338.17			63		72
EQ170	light, fiberoptic headlight w-source	1992.92			63		
EF031	table, power	6153.63					

RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED	
	<i>Please see prior summaries or the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells</i>			57260		57260	
	<u>RUC Collaboration Website</u>			Combined anteroposterior colporrhaphy;		Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type				
ES018	fiberscope, flexible, cystoscopy	7408.33					
EQ168	light, exam	1630.12					72
EQ167	light source, xenon	6723.33					
EF027	table, instrument, mobile	634					
ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	33232.5					
	Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A						

RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED		CURRENT	
	<i>Please see prior summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells</i>			57265		57265		52000	
	<u>RUC Collaboration Website</u>			Combined anteroposterior colporrhaphy; with enterocele repair		Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair		Cystourethroscopy (separate procedure)  January 2017	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type						
	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
	GLOBAL PERIOD			090	090			000	000
	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	135	0	138	58	9
	TOTAL PRE-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	60	0	60	6	9
	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	12	0	6	52	0
	TOTAL POST-SERVICE CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	63	0	72	0	0
PRE-SERVICE PERIOD									
Start: Following visit when decision for surgery or procedure made									
CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA		5		5	3	3
CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA		20		20		3
CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8	3	
CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20		3
CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA		7		7		
CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA						
CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA						
CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA						
End: When patient enters office/facility for surgery/procedure									
SERVICE PERIOD									
Start: When patient enters office/facility for surgery/procedure:									
Pre-Service (of service period)									
CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA						
CA010	Obtain vital signs	L037D	RN/LPN/MTA						
CA011	Provide education/obtain consent	L037D	RN/LPN/MTA						
CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA						
CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA					2	
CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA						
CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA					5	
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA					2	
CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA						
		L037D	RN/LPN/MTA						
		L037D	RN/LPN/MTA						
		L037D	RN/LPN/MTA						
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA						
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA						
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA						
Intra-service (of service period)									
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	L037D	RN/LPN/MTA					10	
CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	L037D	RN/LPN/MTA						
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	L037D	RN/LPN/MTA						
CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA						
		L037D	RN/LPN/MTA						
		L037D	RN/LPN/MTA						
		L037D	RN/LPN/MTA						
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA						
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA						
	Other activity: please include short clinical labor description here and type new in column A	L037D	RN/LPN/MTA						



RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED		CURRENT	
	Please see prior summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells			57265		57265		52000	
	RUC Collaboration Website			Combined anteroposterior colporrhaphy; with enterocele repair		Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair		Cystourethroscopy (separate procedure)  January 2017	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type						
	Post-Service (of service period)								
CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA						
CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA						
CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA					3	
CA025	Clean scope	L037D	RN/LPN/MTA					30	
CA026	Clean surgical instrument package	L037D	RN/LPN/MTA						
CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA						
CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA						
CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA						
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA						
CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA						
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA						
CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA						
CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA						
CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA						
CA036	Discharge day management	L037D	RN/LPN/MTA	n/a	12	n/a	6	n/a	
		L037D	RN/LPN/MTA						
		L037D	RN/LPN/MTA						
		L037D	RN/LPN/MTA						
	End: Patient leaves office								
	POST-SERVICE PERIOD								
	Start: Patient leaves office/facility								
CA037	Conduct patient communications	L037D	RN/LPN/MTA						
CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA						
	Office visits: List Number and Level of Office Visits	MINUTES		# visits	# visits	# visits	# visits	# visits	# visits
	99211 16 minutes	16							
	99212 27 minutes	27			1				
	99213 36 minutes	36			1		2		
	99214 53 minutes	53							
	99215 63 minutes	63							
CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0	63	0	72	0	0
		L037D	RN/LPN/MTA						
		L037D	RN/LPN/MTA						
	End: with last office visit before end of global period								
Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT						
SA048	pack, minimum multi-specialty visit	1.143	pack		2		2	1	
SA051	pack, pelvic exam	1.172	pack		2		2		
SA052	pack, post-op incision care (staple)	5.056	pack		1				
SB006	drape, non-sterile, sheet 40in x 60in	0.222	item		2		2		
SB024	gloves, sterile	0.84	pair					1	
SA042	pack, cleaning and disinfecting, endoscope	17.062	pack					1	
SA027	kit, scissors and clamp	0.62	kit					1	
SJ032	lubricating jelly (K-Y) (5gm uou)	0.066	item					3	
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item					4	
SC062	syringe, Toomey	2.726	item					1	
SB044	underpad 2ft x 3ft (Chux)	0.23	item					1	
SA058	pack, urology cystoscopy visit	24.685	pack					1	
SB012	drape, sterile, for Mayo stand	1.688	item					1	
	Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A								
Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA						
EF023	table, exam	1338.17			63		72		
EQ170	light, fiberoptic headlight w-source	1992.92			63				
EF031	table, power	6153.63						22	

RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED		CURRENT	
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	<u>RUC Collaboration Website</u>			Combined anteroposterior colporrhaphy; with enterocele repair		Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair		Cystourethroscopy (separate procedure)  January 2017	
Clinical Activity Code	Meeting Date: January 2017 Tab: 14 Colporrhaphy with Cystourethroscopy Specialty: ACOG	Clinical Staff Type Code	Staff Type						
ES018	fiberscope, flexible, cystoscopy	7408.33						49	
EQ168	light, exam	1630.12					72	22	
EQ167	light source, xenon	6723.33						22	
EF027	table, instrument, mobile	634						22	
ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	33232.5						22	
	Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A								

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS High Expenditure Procedures Screen*

January 2017

**Percutaneous Neurostimulator Placement**

In the Proposed Rule for 2015, a stakeholder raised questions regarding whether codes 64553 and 64555 include the appropriate direct PE inputs when furnished in the non-facility setting. It appears that these inputs have not been evaluated recently and therefore CMS are nominating these codes as potentially misvalued for the purpose of ascertaining whether or not there are non-facility direct PE inputs that are not included in the direct PE inputs that are typical supply costs for these services. The RUC reviewed the practice expense only in January 2015. In the Final Rule for 2015 CMS requested that the work and PE be reviewed. In April 2015, the RUC discussed the confusion that survey respondents experienced valuing this service. The description only states the nerve that the neurostimulator is implanted in, and most respondents completed the survey as if it is performed in the facility setting. The Medicare data conflicts with this site of service, reporting that 65% of the time this service is performed in the physician's office. Additionally the supplies and equipment may be different for the temporary and permanent implantation. The RUC recommended referring CPT code 64553 to the CPT Editorial Panel to better define this service, such as having one code to describe temporary or testing implantation and another code to describe permanent implantation. The RUC recognized that it needed to establish an interim value for 64553 until this service could be clarified by CPT. The RUC recommended maintaining the current work value of 2.36 as interim for CPT code 64553 and referral to the CPT Editorial Panel. In May 2016 CPT postponed this tab to rework for September 2016.

In September 2016, the CPT Editorial Panel deleted code 64565 to report percutaneous placement of a neuromuscular neurostimulator electrode, and added parenthetical notes to direct users to report the appropriate codes for TENS, PENS, and PNT services throughout the family of codes.

**Compelling Evidence**

The specialty societies presented compelling evidence for CPT codes 64553 and 64555. The surveying specialty societies agree that codes 64553 and 64555 are undervalued and presented the following compelling evidence as support. CPT codes 64553 and 64555 as originally described and valued by the Harvard study were very different procedures than they are today. The current generation of implants did not exist when these codes were first considered so, the specialties noted, this survey represents the first true data regarding the work of the modern procedure. The old testing procedure was similar to using a stimulating needle for nerve localization for a peripheral nerve block which takes less time, less clinical expertise and less training than the current procedure. The specialties also explained that imaging guidance was not typical and the type of nerves that could be targeted was limited by anatomic considerations (e.g., easily accessible, ability to visualize directly). The leads at that time were also very simple, often with only one or two electrical contacts. Codes 64553 and 64555, as originally performed, took much less time and were much less invasive.

The specialty societies noted and the RUC concurred that peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of a multi-contact lead with up to 16 contacts adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

Additionally, the patient population has changed as the ability to stimulate and provide better analgesia to cranial and peripheral nerves throughout the nervous system has become possible using the new multi-contact technology. The current patient population is much more complex. The current procedure is for the treatment of patients with very severe nerve injuries and intractable pain in a variety of nerves. Many of the nerves that are stimulated today were not approachable with previous techniques and equipment. Lastly, the original valuation for 64553 and 64555 was based on responses from a small group of general surgeons and not by physicians who perform these procedures today. The RUC agreed that there is compelling evidence that codes 64553 and 64555 are misvalued based on a change in technology, change in patient population and a flawed original methodology.

***64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve***

The RUC reviewed the survey results from 30 physicians and agreed with the following physician time components: pre-service evaluation time of 18 minutes, pre-service positioning time of 1 minute, pre service scrub/dress/wait time of 6 minutes, intra-service time of 75 minutes, immediate post-service time of 18 minutes, a half-day discharge visit (99238) and 1 99213 office visit. The RUC noted that the existing physician time from the Harvard study was not valid and that this service had never been evaluated by the RUC in the past.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 6.13 and agreed that this value appropriately accounts for the physician work involved in performing this service. To justify a work RVU of 6.13, the RUC compared the survey code to top key reference CPT code 63650 *Percutaneous implantation of neurostimulator electrode array, epidural* (work RVU= 7.15, intra-service time of 60 minutes and total time of 170 minutes) and noted that the survey code has more intra-service time and both services have similar physician work intensities, supporting the work RVU of the survey code at 6.13 RVUs. To further justify the work RVU, the RUC compared the survey code to CPT code 62350 *Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy* (work RVU= 6.05, intra-service time of 60 minutes, total time of 170 minutes) and noted that the survey code has more intra-service time and both services have similar physician work intensities. **The RUC recommends a work RVU of 6.13 for CPT code 64553.**

***64555 Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)***

The RUC reviewed the survey results from 31 physicians and agreed with the following physician time components: pre-service evaluation time of 18 minutes, pre-service positioning time of 1 minute, pre service scrub/dress/wait time of 6 minutes, intra-service time of 60 minutes, immediate post-service time of 18 minutes, a half-day discharge visit (99238) and 1 99213 office visit. The RUC noted that the existing physician time from the Harvard study was not valid and that this service had never been evaluated by the RUC in the past.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 5.76 and agreed that this value appropriately accounts for the physician work involved in performing this service. To justify a work RVU of 5.76, the RUC compared the survey code to top key reference CPT code 63650 Percutaneous implantation of neurostimulator electrode array, epidural (work RVU= 7.15, intra-service time of 60 minutes and total time of 170 minutes) and noted that both services had identical intra-service times and have similar physician work intensities per the survey respondents, supporting the work RVU of the survey code at 5.76 RVUs. To further justify the work RVU, the RUC compared the survey code to CPT code 62350 *Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy* (work RVU= 6.05, intra-service time of 60 minutes, total time of 170 minutes) and noted that both services have identical intra-service times. **The RUC recommends a work RVU of 5.76 for CPT code 64555.**

***64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed***

The RUC discussed CPT code 64561, noting that it was last surveyed for the January 2014 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. The dominant specialty for this service, Urology, noted and the RUC agreed that the amount and type of physician work and direct practice expense involved in performing this service has not changed in the past 3 years. In addition, the specialty noted that the physician work on the sacral nerve is not the same as the physician work involved in 64553 and 64555 for cranial nerves. **The RUC affirmed the work RVU of 5.44 for CPT code 64561.**

**Practice Expense**

The PE Subcommittee approved compelling evidence for the possibility of an increase in the direct practice expense inputs in the nonfacility setting. The Subcommittee only made changes to correct the equipment time formulas consistent with current standards. The RUC reviewed and approved the direct practice expense inputs as approved by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System Neurostimulators (Peripheral Nerve)</b>  <i>Codes 64553-64595 apply to both simple and complex neurostimulators. For initial or subsequent electronic analysis and programming of neurostimulator pulse generators, see codes 95970-95975. An electrode array is a catheter or other device with more than one contact. The function of each contact may be capable of being adjusted during programming services.</i>  <u>Codes 64553, 64555, and 64561 may be used to report both temporary and permanent placement of percutaneous electrode arrays. Code 64550 describes application of surface (transcutaneous) neurostimulator, (eg, TENS unit) at any anatomical site.</u>  <i>(For implantation of trial or permanent electrode arrays or pulse generators for peripheral subcutaneous field stimulation, see 0282T-0284T)</i>  <del>(64550 describes the application of a surface [transcutaneous] electrical neurostimulation [eg., TENS] unit)</del>				
▲ 64550	Z1	Application of surface (transcutaneous) neurostimulator, <u>(eg, TENS unit)</u>	000	Refer to CPT  (2017: 0.18) HCPAC
(f) 64553	Z2	<i>Percutaneous implantation of neurostimulator electrode array; cranial nerve</i>  <u>(For percutaneous electrical stimulation of a cranial nerve using needle[s] or needle electrode[s] [eg, PENS, PNT], use 64999)</u>  <i>(For open placement of cranial nerve (eg, vagus, trigeminal) neurostimulator pulse generator or receiver, see 61885, 61886, as appropriate)</i>	010	6.13

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
(f) 64555	Z3	<p><i>peripheral nerve (excludes sacral nerve)</i></p> <p><i>(Do not report 64555 in conjunction with 64566)</i></p> <p><u>(For percutaneous electrical stimulation of a peripheral nerve using needle[s] or needle electrode[s] [eg, PENS, PNT], use 64999)</u></p> <p><i>(64560 has been deleted)</i></p>	010	5.76
(f) 64561	Z4	<p><i>sacral nerve (transforaminal placement) including image guidance, if performed</i></p>	010	<p>5.44</p> <p>(Affirmed January 2014 RUC Recommendation)</p>
D 64565	-	<p><del>neuromuscular</del></p> <p><u>(64565 has been deleted)</u></p> <p><u>(For percutaneous electrical neuromuscular stimulation or neuromodulation using needle[s] or needle electrode[s] [eg, PENS, PNT], use 64999)</u></p>	-	<del>1.81</del>

**Susan Clark**

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**Subject:** FW: Tab 15 - CPT code 64561

On Dec 14, 2016, at 10:01 AM, Stinchcomb, Stephanie <[sstinch@auanet.org](mailto:sstinch@auanet.org)> wrote:

Sherry,

CPT code 64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed was included into Tab 15 that also included CPT codes 64553 and 64555. CPT code 64561 was surveyed in 2013 and reviewed at the January 2014 RUC meeting. The RUC recommended a work RVU of 5.44 for CPT code 64561 and CMS accepted this value. We also reviewed the Practice Expense. The AUA does not feel that this code should be resurveyed at this time as nothing has changed since this survey in either physician work or PE. Although CPT code 64561 was pulled into this Tab, the work on the sacral nerve is not the same as the work in 64553 and 64555 for cranial nerves.

The American Urological Association requests that the RUC reaffirm their recommendations from 2015. We do not believe this codes should be resurveyed at this time.

*Stephanie*

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CPT Code:64553	Tracking Number Z2	Original Specialty Recommended RVU: <b>6.13</b>
		Presented Recommended RVU: <b>6.13</b>
Global Period: 010		RUC Recommended RVU: <b>6.13</b>
CPT Descriptor: Percutaneous implantation of neurostimulator electrode array; cranial nerve		

**CLINICAL DESCRIPTION OF SERVICE:**

**Vignette Used in Survey:** A 53-year-old male has a 1-year history of intractable right forehead pain from post-herpetic neuralgia. His pain persists despite medications, biofeedback and peripheral nerve blocks. Due to his persistent, debilitating pain, a trial of supraorbital (cranial) nerve stimulation is scheduled to relieve his pain and improve his function.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 60% , In the ASC 27%, In the office 13%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 80% , Overnight stay-less than 24 hours 20% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 4%

Description of Pre-Service Work: The physician communicates with the referring physician and other health care professionals, and obtains informed consent from the patient. The physician obtains and reviews the previous operative note(s) and any pertinent radiographs, laboratory studies and medical information regarding implant from the implant manufacturer or available medical records. Pre-service work also includes a focused examination of the patient. The results of preadmission testing are reviewed. The medical record is reviewed to ensure that the patient is stable for the planned surgical procedure. The preoperative history and physical examination is updated. Preoperative orders for antibiotics are written and patient's medications reviewed. The surgeon meets with patient and family to review planned procedure and post-operative management. The surgeon also reviews the type of anesthesia with anesthesiologist, verifies that all required instruments and supplies are available, and assists with positioning the patient. The surgeon also monitors/assists with draping and positioning of the patient. The surgeon scrubs and gowns, and then perform the surgical "time out" with the operating and anesthesia team.

Pre-operatively the surgeon has discussion and provides education to the patient regarding intraoperative verbal testing which will occur during the operation. Intraoperative testing involves detailed communication between the physician, technician, and patient. The patient is instructed on questions that will be asked during the procedure and appropriate answers that will help direct the surgeon. This education is analogous to pre-test education required for any type of standardized testing. This education gives the patient a proper understanding of the questions being asked, and helps the patient provide appropriate responses to questions that guide modifications in anatomical lead positioning and stimulation parameters (amplitude, pulse width, frequency) during the procedure. This pre service education is especially important since patients are sedated during the procedure and pre-procedure education reinforces their ability to provide appropriate answers; ultimately this will lead to more precise localization of the targeted nerve structure and hence improved therapeutic outcomes.

In addition, stimulators require significant pre-service work on the physician's part which involves a discussion with the patient about their usual sleep position and medical co morbidities (whether or not they sleep on their right or left side, their stomach or their back). This is required for proper site selection for placement of lead hardware (connectors and generator), in order to prevent lead migration, damage of the lead from crossing joints or other mobile structures, and

problems with neurostimulator generator comfort. With cranial nerve stimulation this is even more complex because of the multiple possible sites for generator placement and the multiple anatomical concerns as one passes from the head into the neck and then the torso. This includes measuring degrees of cervical spine flexion, extension, left rotation, right rotation, right lateral bending, and left lateral bending in order to determine appropriate lead lengths, and appropriate placement of lead hardware (connectors in which the leads plug into).

Prior to sedation, the area of pain is carefully outlined, the patient receives preoperative intravenous antibiotics. The physician identifies appropriate skin and bony landmarks and locates pertinent vascular structures. After identifying and marking the intended target along the course of the nerve, the skin around the planned entry point is injected with local anesthetic.

Description of Intra-Service Work: An introducer needle is advanced along the intended course of the nerve, maintaining the proper depth of insertion as the needle is advanced. Fluoroscopy and/or ultrasound may be used to verify final needle position (separately reportable). The physician guides a percutaneous electrode array through the needle and delivers to a location in proximity to the nerve. Final location is verified with electrical stimulation and then final location may be documented with fluoroscopy or ultrasound (also separately reportable). The introducer needle is removed and the exposed end of the electrode array is attached to an external stimulator unit. A technician tests various electrode combinations and the lead location is adjusted (physically relocated) until the patient indicates paresthesia overlap in the target nerve innervation and the distribution of the patient's typical area of pain.

Once lead impedances are verified an incision is made around the needle and then soft tissue dissection performed to create an anchoring site (anchoring location will vary with specific nerve and depth). Once the lead is anchored it is tunneled to a remote exit site for a trial or to the generator for a permanent implant. The incision is closed and dressings are applied.

Description of Post-Service Work: Covers the site with a sterile occlusive dressing and reconnects the lead to the external stimulator unit. The patient is observed for stability of vital signs and comfort and then the operator communicates with the patient, family, and other health care professionals (including written and telephone reports and orders) and coordinates discharge day management. Additionally, all hospital visits and post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure. The patient receives education about their stimulator (internal or external) which requires significant patient education to navigate through various programs, amplitudes, frequencies, pulse width, etc. Wound care postoperatively for trial is extremely important where a lead is protruding through the skin. The surgeon writes prescriptions for medications needed after discharge and instructions, such as home restrictions (i.e., diet, activity, bathing, driving), are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including discharge progress notes, discharge summary, discharge instructions, and insurance forms. The patient is discharged when there is return of adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation.

Office post-discharge work: Examine and talk with patient. Perform wound check. Remove sutures/staples if placed. Review activity and restrictions. Perform neurological exam and confirm normal strength, reflexes and sensation. Answer patient/family questions. Write medication prescriptions. Order physiotherapy, as necessary, and monitor rehabilitation. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record. All post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rosenquist, MD; Damean Freas, MD; Marc Leib, MD; Clemens Schirmer, MD; Alexander Mason, MD; John Ratliff, MD				
<b>Specialty(s):</b>	American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS), American Society of Anesthesiologists (ASA)				
<b>CPT Code:</b>	64553				
<b>Sample Size:</b>	2000	<b>Resp N:</b>	30	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	2.00	4.00	12.00
<b>Survey RVW:</b>	1.90	6.13	7.00	8.15	20.00
<b>Pre-Service Evaluation Time:</b>			67.50		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	15.00	60.00	75.00	97.50	180.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>19.00</u>	99238x 0.50	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>23.00</u>	99211x 0.00	12x 0.00	13x 1.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

<b>CPT Code:</b>	64553	<b>Recommended Physician Work RVU: 6.13</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	18.00	18.00	0.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	6.00	6.00	0.00	
<b>Intra-Service Time:</b>	75.00			
<b>Please, pick the <u>post-service time package</u> that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	18.00	18.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>19.00</u></b>	99238x <b>0.5</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>23.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>1.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63650	010	7.15	RUC Time

CPT Descriptor Percutaneous implantation of neurostimulator electrode array, epidural**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
62350	010	6.05	RUC Time

CPT Descriptor Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
62350	010	6.00	RUC Time	5,607

CPT Descriptor 1 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
50593	010	8.88	RUC Time	2,191

CPT Descriptor 2 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 22      % of respondents: 73.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 3      % of respondents: 10.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>64553</u></b>	<b>Top Key Reference CPT Code: <u>63650</u></b>	<b>2nd Key Reference CPT Code: <u>62350</u></b>
Median Pre-Service Time	25.00	48.00	48.00
Median Intra-Service Time	75.00	60.00	60.00
Median Immediate Post-service Time	18.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	23.0	23.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>160.00</b>	<b>170.00</b>	<b>170.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.41	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.67
Urgency of medical decision making	-0.14	0.33
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.36	1.00
Physical effort required	0.45	0.33

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.00	0.33
Outcome depends on the skill and judgment of physician	0.59	0.67
Estimated risk of malpractice suit with poor outcome	0.05	0.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.50	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Codes 64553 and 64555 are Harvard valued and have not been subject to physician work review since the RBRVS fee schedule was implemented. The direct PE inputs for these two codes were last reviewed by the PERC/PEAC at the January 2003 RUC meeting. CMS identified this family of codes as being potentially misvalued in the NPRM for 2015 MPFS. A stakeholder raised the question as to whether there are missing direct practice expense (PE) inputs when provided in the non-facility setting. No mention was made in the 2015 proposed rule as to what specific inputs may be missing. In the 2015 MPFS Final Rule, CMS requested that both the work and the PE be reviewed for 64553 and 64555.

The codes were surveyed for the April 2015 meeting. At the April 2015 RUC meeting, after review of the SoRs, the RUC agreed with the CMS request. The RUC believed that the survey respondents were confused because they indicated in the survey that the typical site of service for 64555 was the facility setting but claims data show that the typical site of service is the physician office.

The RUC recommended referring CPT code 64555 to the CPT Editorial Panel to consider whether there should be two codes, one to describe temporary or trial implantation, and another to describe permanent implantation. The Panel considered a coding proposal at the February 2016 meeting and postponed the issue for several reasons, including whether or not there should be separate codes for trial and permanent lead implantation. The issue was re-presented to CPT at the Sept/Oct 2016 meeting. After a lengthy discussion, the CPT Panel did not make any changes to the descriptors of codes 64553 and 64555. However, parenthetical notes were added to direct users to report the appropriate codes for TENS, PENS, and PNT services, which may more likely be performed in an office setting. Prior to the CPT changes, the societies had also addressed incorrect coding through society education which not only resulted in a decrease in utilization for 64555, but also a decrease in the percentage of claims with office site of service. According to the 2016 RUC database, code 64553 was minimally utilized (240 in 2015) and was performed in the office setting 17.5% of the time and code 64555 was performed 8,200 times in 2015 (down from 73,881 in 2008) and was performed in the office setting 53% of the time (down from 63% in 2014, 68% in 2013 and 75% in 2012).

The typical patient vignettes have not changed since the April 2015 survey, as confirmed by recent CPT action, and the work has not changed. Therefore, these codes were not re-surveyed, and the 2015 survey data are being presented.

## Survey Methodology

A standard RUC survey was sent through an email list-service to 2000 randomly selected members of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS).

## Compelling Evidence

The surveying specialty societies agree that codes 64553 and 64555 are undervalued and present the following compelling evidence as support.

### 1. Change in Physician Work Due to Technique

CPT codes 64553 and 64555 as originally described and valued by Hsiao were very different procedures than they are today. In the 1980s and early 1990s, for example, percutaneous peripheral neurostimulation was a procedure primarily performed by surgeons to quickly locate a nerve with a stimulating needle for testing and possible later consideration for surgical implantation of a single cathode/anode stimulating cuff electrode type lead surgically implanted around the target nerve. The current generation of implants did not exist when these codes were first considered so this survey represents the first true data regarding the work of the modern procedure. The old testing procedure was similar to using a stimulating needle for nerve localization for a peripheral nerve block which takes less time, less clinical expertise and less training than the current procedure. The physician identified the nerve which needed to be treated by using an insulated stimulating needle to stimulate various nerves until the patient's pattern of symptoms were reproduced. If the symptoms were reproduced, the surgeon proceeded with the direct surgical implantation of a cuff electrode lead around the target nerve using an open surgical approach. Imaging guidance was not typical and the type of nerves that could be targeted was limited by anatomic considerations (e.g., easily accessible, ability to visualize directly). The leads at that time were also very simple, often with only one or two electrical contacts. Codes 64553 and 64555, as originally performed, took much less time and were much less invasive.

Peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of multi-contact leads with between 4 and 16 contacts, adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

Current technique involves skin nerve mapping to determine:

1. lead insertion site
2. lead trajectory
3. lead depth
4. lead endpoint

All of these steps are performed prior to implantation.

Multi-contact implanted leads are much more complex to insert and program and the surgical technique required to tunnel the leads and fix them in place is entirely different than it was twenty years ago. Multiple attempts to properly position the leads for optimal stimulation, lead depth, and good proximity of all contacts for the entire 6 cm of nerve length may be required.

The time to perform the current procedure is much longer than the historical procedure for a number of reasons. As described, lead insertion is more difficult due to the size and location of the target nerve and scar tissue can complicate placement when there has been trauma or previous surgery (e.g., trauma and surgery are common causes of nerve injury).

In summary, peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of a multi-contact lead with up to 16 contacts adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

*See Atlas of Implantable Therapies for Pain Management, 2<sup>nd</sup> Edition, 2016 (Timothy Deer, MD and Jason Pope, MD, Eds.).*

## 2. Change in Patient Population

The patient population has changed as the ability to stimulate and provide better analgesia to cranial and peripheral nerves throughout the nervous system has become possible using the new multi-contact technology. The current patient population is much more complex. The current procedure is for the treatment of patients with very severe nerve injuries and intractable pain in a variety of nerves. Many of the nerves we are stimulating today were not approachable with previous techniques and equipment (i.e. – may require image guidance for nerve localization). It is important to note that this technology is an alternative to using opioids for pain management.

## 3. Flawed Process used for Original Valuation

The original valuation by Hsiao for 64553 and 64555 was based on responses from a small group of general surgeons. - not by physicians who perform these procedures today.

Given the change in technique, patient population, site of service, and the flawed process used for the original valuation, we believe the criteria for compelling evidence have been met.

### **Work RVU Recommendation**

We are recommending the 25th percentile survey value of 6.13 RVW for 64553.

### **Pre-time and Post-time Packages**

Pre-time package 1a (Straightforward Patient/Straightforward Procedure, No anesthesia care) is recommended with no changes to the package times.

Post-time package 7a (Local Anesthesia/ Straightforward Procedure) is recommended with no change to package time.

### **Clinical Comparison with Key Reference**

The key reference service 63650 (Percutaneous implantation of neurostimulator electrode array, epidural), surveyed in 2010, has a RVW of 7.16, and was chosen by 73% of survey respondents. This key reference service is similar to 64553 in the sense that it is a percutaneous implantation of a neurostimulator electrode array used for relief of chronic intractable pain. Both procedures are placements of a lead by a physician via percutaneous approach. However, code 64553 is for lead placement at the cranial nerve.

### **Work Comparison with Key Reference**

The work of 64553 is similar to that of 63650 (Percutaneous implantation of neurostimulator electrode array, epidural). Both procedures require the advancement of a needle along the intended nerve and maintaining the proper depth of insertion as the needle is advanced. Both procedures require 60 minutes of intra-time and there is a half day discharge for both services. The difference between these codes is the total time, 63650 has a total time of 170 min. and we are recommending a total time of 155 min. for 64553; this difference can be accounted for in the development of the standardized pre- and post-service packages; 63650 was last reviewed in 2010 before the standard packages were developed.

### **Summary**

Based on comparisons to the key reference service, which has similar work, the multispecialty consensus panel recommends the survey 25th percentile value of 6.13 is appropriate for 64553.

## **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No



Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64553

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology                      How often? Rarely

Specialty Neurosurgery                      How often? Rarely

Specialty Physical Medicine and Rehabilitation                      How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 240

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. his is based on the 2015 claims data from the RUC database.

Specialty Anesthesiology	Frequency 182	Percentage 75.83 %
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Specialty Neurosurgery	Frequency 14	Percentage 5.83 %
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Specialty PMR	Frequency 1	Percentage 0.41 %
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Do many physicians perform this service across the United States? No

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64553

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 64555	Tracking Number Z3	Original Specialty Recommended RVU: <b>5.76</b>
		Presented Recommended RVU: <b>5.76</b>
Global Period: 010		RUC Recommended RVU: <b>5.76</b>

CPT Descriptor: Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 44-year-old woman has a 5-year history of severe headaches, occurring at least 15 days per month. She has had poor control of her pain despite multiple medication trials, biofeedback and peripheral nerve blocks. Due to her persistent, debilitating pain, a trial of occipital (peripheral) nerve stimulation is scheduled to relieve her pain and improve her function.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 58% , In the ASC 29%, In the office 13%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 88% , Overnight stay-less than 24 hours 11% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 4%

Description of Pre-Service Work: The physician communicating with the referring physician and other health care professionals, and obtains informed consent from the patient. The physician obtains and reviews the previous operative note(s) and any pertinent radiographs, laboratory studies and medical information regarding implant from the implant manufacturer or available medical records. Pre-service work also includes a focused examination of the patient. The results of preadmission testing are reviewed. The medical record is reviewed to ensure that the patient is stable for the planned surgical procedure. The preoperative history and physical examination is updated. Preoperative orders for antibiotics are written and patient's medications reviewed. The surgeon meets with patient and family to review planned procedure and post-operative management. The surgeon also reviews the type of anesthesia with anesthesiologist, verifies that all required instruments and supplies are available, and assists with positioning the patient. The surgeon would monitor/assists with draping and positioning of the patient. The surgeon scrubs and gowns, and then performs the surgical "time out" with the operating and anesthesia team.

Pre-operatively the surgeon has discussion and provides education to the patient regarding intraoperative verbal testing which will occur during the operation. Intraoperative testing involves detailed communication between the physician, technician, and patient. The patient is instructed on questions that will be asked during the procedure and appropriate answers that will help direct the surgeon. This education is analogous to pre-test education required for any type of standardized testing. This education gives the patient a proper understanding of the questions being asked, and helps the patient provide appropriate responses to questions that guide modifications in anatomical lead positioning and stimulation parameters (amplitude, pulse width, frequency) during the procedure. This pre service education is especially important since patients are sedated during the procedure and pre-procedure education reinforces their ability to provide appropriate answers; ultimately this will lead to more precise localization of the targeted nerve structure and hence improved therapeutic outcomes.

In addition, stimulators require significant pre-service work on the physician's part which involves a discussion with the patient about their usual sleep position and medical co morbidities (whether or not they sleep on their right or left side, their stomach or their back). This is required for proper site selection for placement of lead hardware (connectors and

generator), in order to prevent lead migration, damage of the lead from crossing joints or other mobile structures, and problems with neurostimulator generator comfort. With cranial nerve stimulation this is even more complex because of the multiple possible sites for generator placement and the multiple anatomical concerns as one passes from the head into the neck and then the torso. This includes measuring degrees of cervical spine flexion, extension, left rotation, right rotation, right lateral bending, and left lateral bending in order to determine appropriate lead lengths, and appropriate placement of lead hardware (connectors in which the leads plug into).

Prior to sedation, the area of pain is carefully outlined, the patient receives preoperative intravenous antibiotics. Identify appropriate skin and bony landmarks and locate pertinent vascular structures. After identifying and marking the intended target along the course of the nerve, the skin around the planned entry point is injected with local anesthetic.

Description of Intra-Service Work: An introducer needle is advanced along the intended course of the nerve, maintaining the proper depth of insertion as the needle is advanced. Fluoroscopy and/or may be used to verify final needle position (separately reportable). Guide a percutaneous electrode array through the needle and deliver to a location in proximity to the nerve. Final location is verified with electrical stimulation and then final location may be documented with fluoroscopy or ultrasound (also separately reportable). The introducer needle is removed and the exposed end of the electrode array is attached to an external stimulator unit. A technician tests various electrode combinations and the lead location is adjusted (physically relocated) until the patient indicates paresthesia overlap in the target nerve innervation and the distribution of the patient's typical area of pain. The physician checks lead impedances, detaches the external unit, removes the needle and stylet, and anchors the lead.

Description of Post-Service Work: Covers the site with a sterile occlusive dressing and reconnects the lead to the external stimulator unit. The physician then obtains a final fluoroscopic image to document final placement. The patient is observed for stability of vital signs and comfort and then the operator communicates with the patient, family, and other health care professionals (including written and telephone reports and orders) and coordinates discharge day management. Additionally, all hospital visits and post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure. The patient receives education about their stimulator (internal or external) which requires significant patient education to navigate through various programs, amplitudes, frequencies, pulse width, etc. Wound care postoperatively for trial is extremely important where a lead is protruding through the skin. The surgeon writes prescriptions for medications needed after discharge and instructions, such as home restrictions (i.e., diet, activity, bathing, driving), are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including discharge progress notes, discharge summary, discharge instructions, and insurance forms. The patient is discharged when there is return of adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation.

Office post-discharge work: Examine and talk with patient. Perform wound check. Remove sutures/staples if placed. Review activity and restrictions. Perform neurological exam and confirm normal strength, reflexes and sensation. Answer patient/family questions. Write medication prescriptions. Order physiotherapy, as necessary, and monitor rehabilitation. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record. All post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rosenquist, MD; Damean Freas, MD; Marc Leib, MD; Clemens Schirmer, MD; Alexander Mason, MD; John Ratliff, MD				
<b>Specialty(s):</b>	American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS), American Society of Anesthesiologists (ASA)				
<b>CPT Code:</b>	64555				
<b>Sample Size:</b>	2000	<b>Resp N:</b>	31	<b>Response:</b> 1.5 %	
<b>Description of Sample:</b>	random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	2.00	5.00	25.00
<b>Survey RVW:</b>	1.90	5.76	7.00	7.75	20.00
<b>Pre-Service Evaluation Time:</b>			65.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	15.00	48.00	60.00	95.00	150.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>19.00</u>	99238x 0.50	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>23.00</u>	99211x 0.00	12x 0.00	13x 1.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

<b>CPT Code:</b>	64555	<b>Recommended Physician Work RVU: 5.76</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	18.00	18.00	0.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	6.00	6.00	0.00	
<b>Intra-Service Time:</b>	60.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	18.00	18.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>19.00</u></b>	99238x <b>0.5</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>23.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>1.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63650	010	7.15	RUC Time

CPT Descriptor Percutaneous implantation of neurostimulator electrode array, epidural**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
62350	010	6.05	RUC Time

CPT Descriptor Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
62350	010	6.05	RUC Time	5,607

CPT Descriptor 1 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
62362	010	5.60	RUC Time	7,382

CPT Descriptor 2 Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 23      % of respondents: 74.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 2      % of respondents: 6.4 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>64555</u></b>	<b>Top Key Reference CPT Code: <u>63650</u></b>	<b>2nd Key Reference CPT Code: <u>62350</u></b>
Median Pre-Service Time	25.00	48.00	48.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	18.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	23.0	23.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>145.00</b>	<b>170.00</b>	<b>170.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.26	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.39	0.50
Urgency of medical decision making	-0.17	0.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.30	0.50

Physical effort required	0.30	-0.50
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	-0.17	-0.50
Outcome depends on the skill and judgment of physician	0.48	0.00
Estimated risk of malpractice suit with poor outcome	-0.04	-0.50
<b><u>INTENSITY/COMPLEXITY MEASURES</u></b>		
	<b><u>Top Key</u></b>	<b><u>2<sup>nd</sup> Key</u></b>
	<b><u>Ref Code</u></b>	<b><u>Ref Code</u></b>
<b><u>Time Segment (Mean)</u></b>		
Overall intensity/complexity	0.48	0.50

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### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

### Background

Codes 64553 and 64555 are Harvard valued and have not been subject to physician work review since the RBRVS fee schedule was implemented. The direct PE inputs for these two codes were last reviewed by the PERC/PEAC at the January 2003 RUC meeting. CMS identified this family of codes as being potentially misvalued in the NPRM for 2015 MPFS. A stakeholder raised the question as to whether there are missing direct practice expense (PE) inputs when provided in the non-facility setting. No mention was made in the 2015 proposed rule as to what specific inputs may be missing. In the 2015 MPFS Final Rule, CMS requested that both the work and the PE be reviewed for 64553 and 64555.

The codes were surveyed for the April 2015 meeting. At the April 2015 RUC meeting, after review of the SoRs, the RUC agreed with the CMS request. The RUC believed that the survey respondents were confused because they indicated in the survey that the typical site of service for 64555 was the facility setting but claims data show that the typical site of service is the physician office.

The RUC recommended referring CPT code 64555 to the CPT Editorial Panel to consider whether there should be two codes, one to describe temporary or trial implantation, and another to describe permanent implantation. The Panel considered a coding proposal at the February 2016 meeting and postponed the issue for several reasons, including whether or not there should be separate codes for trial and permanent lead implantation. The issue was re-presented to CPT at the Sept/Oct 2016 meeting. After a lengthy discussion, the CPT Panel did not make any changes to the descriptors of codes 64553 and 64555. However, parenthetical notes were added to direct users to report the appropriate codes for TENS, PENS, and PNT services, which may more likely be performed in an office setting. Prior to the CPT changes, the societies had also addressed incorrect coding through society education which not only resulted in a decrease in utilization for 64555, but also a decrease in the percentage of claims with office site of service. According to the 2016 RUC database, code 64553 was minimally utilized (240 in 2015) and was performed in the office setting 17.5% of the time and code 64555 was performed 8,200 times in 2015 (down from 73, 881 in 2008) and was performed in the office setting 53% of the time (down from 63% in 2014, 68% in 2013 and 75% in 2012).



The typical patient vignettes have not changed since the April 2015 survey, as confirmed by recent CPT action, and the work has not changed. Therefore, these codes were not re-surveyed, and the 2015 survey data are being presented.

## Survey Methodology

A standard RUC survey was sent through an email list-service to 2000 randomly selected members of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS).

## Compelling Evidence

The surveying specialty societies agree that codes 64553 and 64555 are undervalued and present the following compelling evidence as support.

### 1. Change in Physician Work Due to Technique

CPT codes 64553 and 64555 as originally described and valued by Hsiao were very different procedures than they are today. In the 1980s and early 1990s, for example, percutaneous peripheral neurostimulation was a procedure primarily performed by surgeons to quickly locate a nerve with a stimulating needle for testing and possible later consideration for surgical implantation of a single cathode/anode stimulating cuff electrode type lead surgically implanted around the target nerve. The current generation of implants did not exist when these codes were first considered so this survey represents the first true data regarding the work of the modern procedure. The old testing procedure was similar to using a stimulating needle for nerve localization for a peripheral nerve block which takes less time, less clinical expertise and less training than the current procedure. The physician identified the nerve which needed to be treated by using an insulated stimulating needle to stimulate various nerves until the patient's pattern of symptoms were reproduced. If the symptoms were reproduced, the surgeon proceeded with the direct surgical implantation of a cuff electrode lead around the target nerve using an open surgical approach. Imaging guidance was not typical and the type of nerves that could be targeted was limited by anatomic considerations (e.g., easily accessible, ability to visualize directly). The leads at that time were also very simple, often with only one or two electrical contacts. Codes 64553 and 64555, as originally performed, took much less time and were much less invasive.

Peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of multi-contact leads with between 4 and 16 contacts, adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

Current technique involves skin nerve mapping to determine:

1. lead insertion site
2. lead trajectory
3. lead depth
4. lead endpoint

All of these steps are performed prior to implantation.

Multi-contact implanted leads are much more complex to insert and program and the surgical technique required to tunnel the leads and fix them in place is entirely different than it was twenty years ago. Multiple attempts to properly position the leads for optimal stimulation, lead depth, and good proximity of all contacts for the entire 6 cm of nerve length may be required.

The time to perform the current procedure is much longer than the historical procedure for a number of reasons. As described, lead insertion is more difficult due to the size and location of the target nerve and scar tissue can complicate placement when there has been trauma or previous surgery (e.g., trauma and surgery are common causes of nerve injury).

In summary, peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of a multi-contact lead with up to 16 contacts adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

*See Atlas of Implantable Therapies for Pain Management, 2<sup>nd</sup> Edition, 2016 (Timothy Deer, MD and Jason Pope, MD, Eds.).*

## 2. Change in Patient Population

The patient population has changed as the ability to stimulate and provide better analgesia to cranial and peripheral nerves throughout the nervous system has become possible using the new multi-contact technology. The current patient population is much more complex. The current procedure is for the treatment of patients with very severe nerve injuries and intractable pain in a variety of nerves. Many of the nerves we are stimulating today were not approachable with previous techniques and equipment (i.e. – may require image guidance for nerve localization). It is important to note that this technology is an alternative to using opioids for pain management.

## 3. Flawed Process used for Original Valuation

The original valuation by Hsiao for 64553 and 64555 was based on responses from a small group of general surgeons. – not by physicians who perform these procedures today.

Given the change in technique, patient population, site of service, and the flawed process used for the original valuation, we believe the criteria for compelling evidence have been met.

### **Work RVU Recommendation**

We are recommending the 25<sup>th</sup> percentile survey value of 5.76 RVW for 64555.

### **Pre-time and Post-time Packages**

Pre-time package 1a (Straightforward Patient/Straightforward Procedure, No anesthesia care) is recommended with no changes to the package times.

Post-time package 7a (Local Anesthesia/ Straightforward Procedure) is recommended with no change to package time.

### **Clinical Comparison with Key Reference**

The key reference service 63650 (Percutaneous implantation of neurostimulator electrode array, epidural), surveyed in 2010, has a RVW of 7.16, and was chosen by 74% of survey respondents. This key reference service is similar to 64555 in the sense that it is a percutaneous implantation of a neurostimulator electrode array used for relief of chronic intractable pain. Both procedures are placements of a lead by a physician via percutaneous approach.

### **Work Comparison with Key Reference**

The work of 64555 is similar to that of 63650 (Percutaneous implantation of neurostimulator electrode array, epidural). Both procedures require the advancement of a needle along the intended nerve and maintaining the proper depth of insertion as the needle is advanced. Both procedures require 60 minutes of intra-time and there is a half day discharge for both services. The difference between these codes is the total time, 63650 has a total time of 170 min. and we are recommending a total time of 140 min. for 64555; this difference can be accounted for in the development of the standardized pre- and post-service packages; 63650 was last reviewed in 2010 before the standard packages were developed.

### **Summary**

Based on comparisons to the key reference service, which has similar work, the multispecialty consensus panel recommends the survey 25<sup>th</sup> percentile value of 5.76 is appropriate for 64555.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64555

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty Neurosurgery How often? Sometimes

Specialty PMR How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,200

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. From 2015 Claims data

Specialty Anesthesiology	Frequency 1324	Percentage 16.14 %
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Specialty Neurosurgery	Frequency 303	Percentage 3.69 %
------------------------	---------------	-------------------

Specialty PMR	Frequency 1081	Percentage 13.18 %
---------------	----------------	--------------------

Do many physicians perform this service across the United States? No

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64555

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	64553	<b># of Respondents:</b>	30
<b>Survey Code Descriptor:</b>	Percutaneous implantation of neurostimulator electrode array; cranial nerve		

<b>Top Ref Code:</b>	63650	<b># of Respondents:</b>	22	<b>% of Respondents:</b>	73%
<b>Top Ref Code Descriptor:</b>	Percutaneous implantation of neurostimulator electrode array, epidural				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	9%	45%	32%	14%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 5%	Identical 55%	More 41%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 9%	Identical 55%	More 36%		
	Urgency of medical decision making	Less 9%	Identical 91%	More 0%		
Technical Skill:		Less 23%	Identical 32%	More 45%		
Physical Effort:		Less 14%	Identical 41%	More 45%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 27%	Identical 45%	More 27%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 59%	More 41%		
	Estimated risk of malpractice suit with poor outcome	Less 14%	Identical 68%	More 18%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	64555	<b># of Respondents:</b>	31
<b>Survey Code Descriptor:</b>	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		

<b>Top Ref Code:</b>	63650	<b># of Respondents:</b>	23	<b>% of Respondents:</b>	74%
<b>Top Ref Code Descriptor:</b>	Percutaneous implantation of neurostimulator electrode array, epidural				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	9%	43%	39%	9%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 9%	Identical 61%	More 30%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 13%	Identical 52%	More 35%		
	Urgency of medical decision making	Less 17%	Identical 78%	More 4%		
Technical Skill:		Less 22%	Identical 35%	More 43%		
Physical Effort:		Less 17%	Identical 43%	More 39%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 39%	Identical 39%	More 22%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 65%	More 35%		
	Estimated risk of malpractice suit with poor outcome	Less 22%	Identical 61%	More 17%		

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	Z	AA	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS
1	ISSUE: Percutaneous Neurostimulator Placement																															
2	TAB: 15																															
3						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	npt/sam		Office					SURVEY EXPERIENCE				
4	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
5	1st REF	63650	Percutaneous implantation of neurostimulator electrode array, epidural	22	0.068			7.15			170	33	10	5			60			20	0.5		1									
6	2nd REF	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	3	0.050			6.05			170	33	10	5			60			20	0.5		1									
7	CURRENT	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve		0.061			2.36			59	9					24			10			1									
8	SVY	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	30	0.039	1.90	6.13	7.00	8.15	20.00	235	68	15	15	15	60	75	98	180	20	0.5		1					0	0	2	4	12
9	REC	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve		0.049	6.13					160	18	1	6			75			18	0.5		1									
10																																
11																																
12	1st REF	63650	Percutaneous implantation of neurostimulator electrode array, epidural	22	0.068			7.15			170	33	10	5			60			20	0.5		1									
	2nd REF	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	3	0.050			6.05			170	33	10	5			60			20	0.5		1									
14	CURRENT	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		0.059			2.32			59	9					24			10			1									
15	SVY	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	31	0.050	1.90	5.76	7.00	7.75	20.00	217	65	15	15	15	48	60	95	150	20	0.5		1					0	0	2	5	25
16	REC	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		0.055	5.76					145	18	1	6			60			18	0.5		1									

15  
Tab Number

Percutaneous Neurostimulator Placement  
Issue

64553, 64555  
Code Range

### **Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Marc L. Leib, MD, JD  
Printed Signature

American Society of Anesthesiologists  
Specialty Society

December 13, 2016  
Date



15  
Tab Number

Percutaneous Neurostimulator Placement  
Issue

64553, 64555  
Code Range

### **Attestation Statement**

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

A handwritten signature in black ink, appearing to read "Richard W. Rosenquist".

Signature

Richard W. Rosenquist, MD  
Printed Signature

American Society of Anesthesiologists  
Specialty Society

December 13, 2016  
Date

15\_\_\_\_\_  
Tab Number

\_\_Percutaneous Neurostimulator Placement\_\_  
Issue

\_\_\_\_\_64553, 64555\_\_\_\_\_  
Code Range

### Attestation Statement

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\_\_\_\_\_  
Signature

John Ratliff, MD

\_\_\_\_\_  
Printed Signature

AANS

\_\_\_\_\_  
Specialty Society

12-13-16

\_\_\_\_\_  
Date

15\_\_\_\_\_  
Tab Number

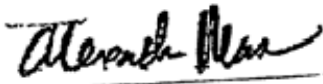
\_\_Percutaneous Neurostimulator Placement\_\_  
Issue

\_\_\_\_\_64553, 64555\_\_\_\_\_  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Alexander Mason, MD

\_\_\_\_\_  
Printed Signature

CNS

\_\_\_\_\_  
Specialty Society

12-13-16

\_\_\_\_\_  
Date

**Specialty Society(s):** American Association of Neurological Surgeons and Congress of Neurological Surgeons,  
American Society of Anesthesiologists, North American Neuromodulation Society

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non-Facility Direct Inputs**

CPT Long Descriptor:

64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve

Global Period: 010

Meeting Date January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The existing code 64553 was used as the reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending the standard use of clinical staff for pre-service clinical activities, with the exception of 5 minutes of "Other Clinical Activity." This time represents that time that clinical staff spends reviewing the results of a psychological evaluation of the patient. The Medicare National Coverage Determination for Electrical Nerve Stimulators (160.7) requires that patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. Such screening must include psychological, as well as physical evaluation. The nurse reviews the results of the evaluation and flags any issues for the physician.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

CPT codes 64553 and 64555 as originally described and valued by Hsiao were very different procedures than they are today. In the 1980s and early 1990s, for example, percutaneous peripheral neurostimulation was a procedure primarily performed by surgeons to quickly locate a nerve with a stimulating needle for testing and possible later consideration for surgical implantation of a single cathode/anode stimulating cuff electrode type lead surgically implanted around the target nerve. The current generation of implants did not exist when these codes were first considered so this survey represents the first true data regarding the work of the modern procedure. The old testing procedure was similar to using a stimulating needle for nerve localization for a peripheral nerve block which takes less time, less clinical expertise and less training than the current procedure. The physician identified the nerve which needed to be treated by using an insulated stimulating needle to stimulate various nerves until the patient's pattern of symptoms were reproduced. If the symptoms were reproduced, the surgeon proceeded with the direct surgical implantation of a cuff electrode lead around the target nerve using an open surgical approach. Imaging guidance was not typical and the type of nerves that could be targeted was limited by anatomic considerations (e.g., easily accessible, ability to visualize directly). The leads at that

**Specialty Society(s):** American Association of Neurological Surgeons and Congress of Neurological Surgeons,  
American Society of Anesthesiologists, North American Neuromodulation Society

time were also very simple, often with only one or two electrical contacts. Codes 64553 and 64555, as originally performed, took much less time and were much less invasive.

Peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of multi-contact leads with between 4 and 16 contacts, adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**5 minutes-** Other clinical activity; psychological evaluation. Clinical staff reviews the results of a psychological evaluation of the patient. The Medicare National Coverage Determination for Electrical Nerve Stimulators (160.7) requires that patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. Such screening must include psychological, as well as physical evaluation. The nurse reviews the results of the evaluation and flags any issues for the physician.

Intra-Service Clinical Labor Activities:

**3 minutes-** Greet patient, provide gowning, ensure appropriate medical records are available.

**5 minutes-** Obtain vital signs. Clinical staff measures the patient's blood pressure, body temperature, pulse rate, and respiration rate.

**10 minutes-** Provide pre-service education/obtain consent. Clinical staff gives the patient additional instruction on use of trial screener device, specific to their programs that were developed and designed day of surgery (these are unique for each patient). The intra-op course is reviewed (the patient will be awake and asked to provide specific feedback and reporting and they need to understand what will be asked of them during the surgery) and pain pattern reviewed. This service requires more education than other procedures.

**2 minutes-** Prepare room, equipment, supplies.

**2 minutes-** Prepare and position patient/monitor patient/set up IV.

**75 minutes-** Assist physician in performing procedure. Clinical staff assists the physician for the entire procedure by performing testing of various electrode combinations and checking lead impedances. The Clinical staff is dedicated solely to assisting the physician for the entire procedure and is not engaged in any other activity.

**7.5 minutes-** Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4. The patient remains in the office for 30 minutes after the procedure. Clinical staff monitors the patient periodically during that period, mainly to inspect the lead insertion site for bleeding. Using the standard formula of 1:4, 7.5 minutes are included.

**3 minutes-** Clean room/equipment by physician staff.

**5 minutes-** Check dressings & wound/home care instructions/coordinate office visits/prescriptions

Post-Service Clinical Labor Activities:

**CPT Code:**64553

**Specialty Society('s):** American Association of Neurological Surgeons and Congress of Neurological Surgeons,  
American Society of Anesthesiologists, North American Neuromodulation Society

**3 minutes-** Conduct phone calls/call in prescriptions. Clinical staff conducts phone calls with the patient and calls in prescriptions.

**Specialty Society('s):** American Association of Neurological Surgeons and Congress of Neurological Surgeons,  
American Society of Anesthesiologists, North American Neuromodulation Society

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non-Facility Direct Inputs**

CPT Long Descriptor:

64555 Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

Global Period: 010

Meeting Date January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The existing code 64555 was used as a reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending the standard use of clinical staff for pre-service clinical activities, with the exception of 5 minutes of "Other Clinical Activity." This time represents that time that clinical staff spends reviewing the results of a psychological evaluation of the patient. The Medicare National Coverage Determination for Electrical Nerve Stimulators (160.7) requires that patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. Such screening must include psychological, as well as physical evaluation. The nurse reviews the results of the evaluation and flags any issues for the physician.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

CPT codes 64553 and 64555 as originally described and valued by Hsiao were very different procedures than they are today. In the 1980s and early 1990s, for example, percutaneous peripheral neurostimulation was a procedure primarily performed by surgeons to quickly locate a nerve with a stimulating needle for testing and possible later consideration for surgical implantation of a single cathode/anode stimulating cuff electrode type lead surgically implanted around the target nerve. The current generation of implants did not exist when these codes were first considered so this survey represents the first true data regarding the work of the modern procedure. The old testing procedure was similar to using a stimulating needle for nerve localization for a peripheral nerve block which takes less time, less clinical expertise and less training than the current procedure. The physician identified the nerve which needed to be treated by using an insulated stimulating needle to stimulate various nerves until the patient's pattern of symptoms were reproduced. If the symptoms were reproduced, the surgeon proceeded with the direct surgical implantation of a cuff electrode lead around the target nerve using an open surgical approach. Imaging guidance was not typical and the type of nerves that could be targeted was limited by anatomic considerations (e.g., easily accessible, ability to visualize directly). The leads at that

**Specialty Society(s):** American Association of Neurological Surgeons and Congress of Neurological Surgeons,  
American Society of Anesthesiologists, North American Neuromodulation Society

time were also very simple, often with only one or two electrical contacts. Codes 64553 and 64555, as originally performed, took much less time and were much less invasive.

Peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of multi-contact leads with between 4 and 16 contacts, adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**5 minutes-** Other clinical activity; psychological evaluation. Clinical staff reviews the results of a psychological evaluation of the patient. The Medicare National Coverage Determination for Electrical Nerve Stimulators (160.7) requires that patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. Such screening must include psychological, as well as physical evaluation. The nurse reviews the results of the evaluation and flags any issues for the physician.

Intra-Service Clinical Labor Activities:

**3 minutes-** Greet patient, provide gowning, ensure appropriate medical records are available.

**5 minutes-** Obtain vital signs. Clinical staff measures the patient's blood pressure, body temperature, pulse rate, and respiration rate.

**10 minutes-** Provide pre-service education/obtain consent. Clinical staff gives the patient additional instruction on use of trial screener device, specific to their programs that were developed and designed day of surgery (these are unique for each patient). The intra-op course is reviewed (the patient will be awake and asked to provide specific feedback and reporting and they need to understand what will be asked of them during the surgery) and pain pattern reviewed. This service requires more education than other procedures.

**2 minutes-** Prepare room, equipment, supplies.

**2 minutes-** Prepare and position patient/monitor patient/set up IV.

**60 minutes-** Assist physician in performing procedure. Clinical staff assists the physician for the entire procedure by performing testing of various electrode combinations and checking lead impedances. The Clinical staff is dedicated solely to assisting the physician for the entire procedure and is not engaged in any other activity.

**7.5 minutes-** Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4. The patient remains in the office for 30 minutes after the procedure. Clinical staff monitors the patient periodically during that period, mainly to inspect the lead insertion site for bleeding. Using the standard formula of 1:4, 7.5 minutes are included.

**3 minutes-** Clean room/equipment by physician staff.

**5 minutes-** Check dressings & wound/home care instructions/coordinate office visits/prescriptions.

Post-Service Clinical Labor Activities:



**CPT Code:**64555

**Specialty Society('s):** American Association of Neurological Surgeons and Congress of Neurological Surgeons,  
American Society of Anesthesiologists, North American Neuromodulation Society

**3 minutes-** Conduct phone calls/call in prescriptions. Clinical staff conducts phone calls with the patient and calls in prescriptions.

**Specialty Society(s):** American Association of Neurological Surgeons and Congress of Neurological Surgeons,  
American Society of Anesthesiologists, North American Neuromodulation Society

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Facility Direct Inputs**

CPT Long Descriptor:

64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve

Global Period: 010

Meeting Date January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The existing code 64553 was used as the reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending the standard use of clinical staff for pre-service clinical activities, with the exception of 5 minutes of "Other Clinical Activity." This time represents that time that clinical staff spends reviewing the results of a psychological evaluation of the patient. The Medicare National Coverage Determination for Electrical Nerve Stimulators (160.7) requires that patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. Such screening must include psychological, as well as physical evaluation. The nurse reviews the results of the evaluation and flags any issues for the physician.

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5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**5 minutes-** Other clinical activity; psychological evaluation. Clinical staff reviews the results of a psychological evaluation of the patient. The Medicare National Coverage Determination for Electrical Nerve Stimulators (160.7) requires that patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. Such screening must include psychological, as well as physical evaluation. The nurse reviews the results of the evaluation and flags any issues for the physician.

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

**6 minutes-** Discharge management, same day. Clinical staff conducts a follow-up phone call to the patient.

**Specialty Society(s):** American Association of Neurological Surgeons and Congress of Neurological Surgeons,  
American Society of Anesthesiologists, North American Neuromodulation Society

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Facility Direct Inputs**

CPT Long Descriptor:

64555 Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

Global Period: 010

Meeting Date January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The existing code 64555 was used as a reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending the standard use of clinical staff for pre-service clinical activities, with the exception of 5 minutes of "Other Clinical Activity." This time represents that time that clinical staff spends reviewing the results of a psychological evaluation of the patient. The Medicare National Coverage Determination for Electrical Nerve Stimulators (160.7) requires that patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. Such screening must include psychological, as well as physical evaluation. The nurse reviews the results of the evaluation and flags any issues for the physician.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

CPT codes 64553 and 64555 as originally described and valued by Hsiao were very different procedures than they are today. In the 1980s and early 1990s, for example, percutaneous peripheral neurostimulation was a procedure primarily performed by surgeons to quickly locate a nerve with a stimulating needle for testing and possible later consideration for surgical implantation of a single cathode/anode stimulating cuff electrode type lead surgically implanted around the target nerve. The current generation of implants did not exist when these codes were first considered so this survey represents the first true data regarding the work of the modern procedure. The old testing procedure was similar to using a stimulating needle for nerve localization for a peripheral nerve block which takes less time, less clinical expertise and less training than the current procedure. The physician identified the nerve which needed to be treated by using an insulated stimulating needle to stimulate various nerves until the patient's pattern of symptoms were reproduced. If the symptoms were reproduced, the surgeon proceeded with the direct surgical implantation of a cuff electrode lead around the target nerve using an open surgical approach. Imaging guidance was not typical and the type of nerves that could be

**Specialty Society(s):** American Association of Neurological Surgeons and Congress of Neurological Surgeons, American Society of Anesthesiologists, North American Neuromodulation Society

targeted was limited by anatomic considerations (e.g., easily accessible, ability to visualize directly). The leads at that time were also very simple, often with only one or two electrical contacts. Codes 64553 and 64555, as originally performed, took much less time and were much less invasive.

Peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of multi-contact leads with between 4 and 16 contacts, adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**5 minutes-** Other clinical activity; psychological evaluation. Clinical staff reviews the results of a psychological evaluation of the patient. The Medicare National Coverage Determination for Electrical Nerve Stimulators (160.7) requires that patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. Such screening must include psychological, as well as physical evaluation. The nurse reviews the results of the evaluation and flags any issues for the physician.

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

**6 minutes-** Discharge management, same day. Clinical staff conducts a follow-up phone call to the patient.

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>64553</b>		<b>64553</b>	
3	<b>Meeting Date: January 2017 Tab: 15 (Percutaneous Neurostimulator Placement) Specialty: AAN/CNS, ASA, NANS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Percutaneous implantation of neurostimulator electrodes; cranial nerve		Percutaneous implantation of neurostimulator electrodes; cranial nerve	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>010</b>	<b>010</b>	<b>010</b>	<b>010</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>95.0</b>	<b>56.0</b>	<b>154.5</b>	<b>51.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>18.0</b>	<b>23.0</b>	<b>6.0</b>	<b>9.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>50.0</b>	<b>6.0</b>	<b>112.5</b>	<b>6.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>27.0</b>	<b>27.0</b>	<b>36.0</b>	<b>36.0</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	<b>5</b>	<b>5</b>	<b>3</b>	<b>3</b>
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		<b>5</b>	<b>0</b>	<b>3</b>
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>
17	Other Clinical Activity -						
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	<b>3</b>		<b>3</b>	
22	Obtain vital signs	L037D	RN/LPN/MTA	<b>5</b>		<b>5</b>	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			<b>10</b>	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	<b>5</b>		<b>2</b>	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	<b>3</b>		<b>2</b>	
27	Sedate/apply anesthesia						
28	Other Clinical Activity - specify:	L037D	RN/LPN/MTA	<b>2</b>			
29	<b>Intra-service</b>						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	<b>24</b>		<b>75</b>	
31	<b>Post-Service</b>						
32	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D	RN/LPN/MTA			<b>7.5</b>	
33	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1						
34	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	<b>3</b>		<b>3</b>	
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	<b>5</b>		<b>5</b>	
40	Other Clinical Activity - <i>specify:</i>						
41	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	<b>n/a</b>	<b>6</b>	<b>n/a</b>	<b>6</b>
42	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>		<b>n/a</b>	
43	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>		<b>n/a</b>	
44	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>64553</b>		<b>64553</b>	
3	<b>Meeting Date: January 2017 Tab: 15 (Percutaneous Neurostimulator Placement) Specialty: AAN/CNS, ASA, NANS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Percutaneous implantation of neurostimulator electrodes; cranial nerve		Percutaneous implantation of neurostimulator electrodes; cranial nerve	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>010</b>	<b>010</b>	<b>010</b>	<b>010</b>
45	<b>POST-SERVICE Period</b>						
46	<b>Start: Patient leaves office/facility</b>						
47	Conduct phone calls/call in prescriptions						
48	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
49	99211 16 minutes		16				
50	99212 27 minutes		27	<b>1</b>	<b>1</b>		
51	99213 36 minutes		36			<b>1</b>	<b>1</b>
52	99214 53 minutes		53				
53	99215 63 minutes		63				
54	<b>Total Office Visit Time</b>			<b>27.0</b>	<b>27.0</b>	<b>36.0</b>	<b>36.0</b>
55	Other Clinical Activity - <i>specify:</i>						
56	<b>End: with last office visit before end of global period</b>						
57	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
58	pack, basic injection	SA041	pack	<b>1</b>		<b>1</b>	
59	tray, suturing	SA069	tray			<b>1</b>	
60	pack, minimum multi-specialty visit	SA048	pack	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>
61	pack, post-op incision care (suture)	SA054	pack			<b>1</b>	<b>1</b>
62	electrode, ECG (single)	SD053	item			<b>3</b>	
63	Trial lead kit	SD280	item			<b>1</b>	
64	Trial lead array	<b>SD281</b>	<b>item</b>			<b>1</b>	
65	suture, silk 2-0 to 5-0, x, fs, c	SF039	item			<b>1</b>	
66	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	<b>2</b>			
67	bandage, Kling, non-sterile 2in	SG017	item				
68	kit, suture removal	SA031	kit	<b>1</b>	<b>1</b>		
69	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	<b>1</b>		<b>1</b>	
70	needle, 18-26g 1.5-3.5in, spinal	SC028	item				
71	<b>EQUIPMENT</b>	<b>CODE</b>					
72	table, power	EF031		<b>77</b>	<b>27</b>	<b>105</b>	
73	stretcher	EF018				<b>30</b>	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS Fastest Growing / High Volume Growth screen*

January 2014

**Percutaneous Implantation of Neuroelectrodes**

At the October 2013, meeting the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services be surveyed for physician work and develop practice expense inputs for the January 2014 RUC meeting.

**64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

The RUC reviewed the survey results from 83 urologists and gynecologists and determined that the survey 25<sup>th</sup> percentile work RVU of 6.88 was too high because the physician intra-service time required to perform this service had decreased 20 minutes from when it was last evaluated in 2001. Although the current work RVU for CPT code 64561 is 7.15, the Committee determined that the efficiencies gained account for a higher decrease in work RVUs. The Committee compared 64561 to MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU = 5.44 and 29 minutes pre-service, 45 minutes intra-service time and 20 minutes immediate post-service time) and recommends a direct crosswalk. This brings the intensity required to perform this service in line with other similar services. For additional support, the Committee referenced 33213 *Insertion of pacemaker pulse generator only; with existing dual leads* (090 global, work RVU = 5.53 and 46 minutes intra-service time and 1-99213). The RUC determined that 22 minutes pre-evaluation, 5 minutes positioning, 45 minutes intra-service time and 19 minutes immediate post service time and one 99214 office visit for CPT code 64561 appropriately account for the work required to perform this service. **The RUC recommends a work RVU of 5.44 for CPT code 64561.**

**Work Neutrality**

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

**Practice Expense**

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.



<b>CPT Code (●New)</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	010	5.44

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 64561	Tracking Number	Original Specialty Recommended RVU: <b>6.88</b>
		Presented Recommended RVU: <b>6.88</b>
Global Period: 010		RUC Recommended RVU: <b>5.44</b>

CPT Descriptor: Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 47-year-old female with intractable and debilitating urge incontinence voids hourly. All available conservative remedies have been unsuccessful. A percutaneous test stimulation is planned to determine the effectiveness of transsacral neuromodulation for control of her urinary symptoms.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 40% , In the ASC 20%, In the office 39%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 42%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 25%

Description of Pre-Service Work: Pre-service Work- Day before surgery:

Review pre-op lab results

Review medical record

Check to be sure necessary equipment/supplies are in the office

Pre-service work- Day of surgery:

Review surgical procedure, post-op recovery with patient and family

Answer patient and family questions, be sure informed consent is in record

Position patient on power table

Verify that all necessary instruments are available

Description of Intra-Service Work:

Approximate levels of the sacral foramina using fluoroscopy

Anesthetize skin and periosteum over and near chosen foramen

Pass an electrically insulated 3 or 5 inch needle percutaneously into the foramen

Connect an external screener (power source) to the foramen needle by a separate cable and grounding source

Discern and document specific biologic responses to stimulation of S2 and no activity for S4

Desired responses are S2 and S3

A 3 - 0 temporary electrode is exchanged through the lumen of the foramen needle, leaving only the electrode in place

Re-testing is performed to confirm response

Dressing is placed to secure the electrode in place  
Hard X-ray is done to confirm lead position

Description of Post-Service Work:

Apply dressings  
Write post-op orders  
Review post procedure care and medications with staff  
Meet with patient and family to discuss the procedure, expected outcome, planned post operative care  
Call referring physician regarding outcome of procedure and any unusual aspects of post operative care (cardiac disease, diabetic management)  
Dictate detailed operative narrative  
Write prescriptions for post-op medications

Post-op Office work

Examine patient, check vital signs  
Review testing results and voiding diary  
Remove lead and electrode from patient  
Apply dressing  
Talk with patient and family  
Answer questions from patient and family  
Write necessary prescriptions  
Schedule next office visit  
Mark appropriate diagnosis and CPT code on Superbill  
Dictate patient progress notes for office medical record  
Dictate letter to referring physician

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2014				
<b>Presenter(s):</b>	Norm Smith, MD, Philip Wise, MD, George Hill, MD				
<b>Specialty(s):</b>	Urology, Obstetrics/Gynecology				
<b>CPT Code:</b>	64561				
<b>Sample Size:</b>	197	<b>Resp N:</b>	83	<b>Response:</b>	42.1 %
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	2.00	9.00	12.00	20.00	75.00
<b>Survey RVW:</b>	5.00	6.88	7.15	7.93	17.80
<b>Pre-Service Evaluation Time:</b>			45.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	20.00	30.00	45.00	60.00	90.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>40.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 1.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5 - NF Procedure without sedation/anesthesia care

<b>CPT Code:</b>	64561	<b>Recommended Physician Work RVU: 5.44</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	22.00	7.00	15.00	
<b>Pre-Service Positioning Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	1.00	-1.00	
<b>Intra-Service Time:</b>	45.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	19.00	16.00	3.00	

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>40.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>1.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63650	010	7.15	RUC Time

CPT Descriptor Percutaneous implantation of neurostimulator electrode array, epidural**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55706	010	6.28	RUC Time	1,565
<u>CPT Descriptor 1</u> Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
22524	010	8.54	RUC Time	25,978

CPT Descriptor 2 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 49      % of respondents: 59.0 %

**TIME ESTIMATES (Median)**

<u>CPT Code:</u>	<u>Key Reference CPT Code:</u>	<u>Source of Time</u>
64561	63650	RUC Time

Median Pre-Service Time	27.00	48.00
Median Intra-Service Time	45.00	60.00
Median Immediate Post-service Time	19.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	19.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	40.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
<b>Median Total Time</b>	<b>131.00</b>	<b>170.00</b>
<b>Other time if appropriate</b>		

**INTENSITY/COMPLEXITY MEASURES (Mean)****(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	4.10	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.24	4.12
Urgency of medical decision making	2.80	2.96

**Technical Skill/Physical Effort (Mean)**

Technical skill required	4.35	4.22
Physical effort required	3.57	3.49

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	3.24	3.35
Outcome depends on the skill and judgment of physician	4.33	4.27
Estimated risk of malpractice suit with poor outcome	2.94	3.10

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.59	3.59
Intra-Service intensity/complexity	4.10	4.00
Post-Service intensity/complexity	3.55	3.53

## Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The AUA sent a “do you do letter” to a random number of AUA and American Congress of Obstetricians and Gynecologists’ subspecialty: American Urogynecologic Society members. The surveys were then sent to the individual physicians who answered that they do the procedure and would complete the RUC survey. The survey was sent to 197 individuals and of those individuals, 83 responses were received for a response rate of 42.13%. In 2013, 17,771 of these procedures were performed in the Medicare population so the number of responses to this survey meets the new RUC criteria of 30 respondents as the minimum survey sample size for this code.

The AUA RUC expert panel reviewed the survey results, which confirmed that 45 minutes of intraservice time is necessary to complete this procedure. The current intraservice time is 70 minutes. The current work RVU is 7.15. The median work value from the survey is 7.15. Although the survey results state that 40% of these procedures are performed in the hospital, Medicare claims data shows that 69% of these procedures in 2013 were performed in the physicians’ office. Since this procedure is done the majority of the time in the physician’s office, a half day discharge is no longer required and it was determined that one 99214 should be assigned in the global period. The preservice time package 5 was chosen which reduced the preservice time from 45 minutes to 10 minutes and the postservice package 7A was chosen which reduced the postservice time from 30 minutes to 16 minutes. In addition, the RUC expert panel felt that two minutes of positioning time was appropriate for this procedure.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64561

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology                      How often? Sometimes

Specialty OB/GYN                      How often? Sometimes

Specialty Colorectal Surgery                      How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 22213

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare X 125%

Specialty Urology                      Frequency 17641                      Percentage 79.41 %

Specialty OB/GYN                      Frequency 4140                      Percentage 18.63 %

Specialty Colorectal Surgery                      Frequency 81                      Percentage 0.36 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

17,771 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Urology                      Frequency 14113                      Percentage 79.41 %

Specialty OB/GYN                      Frequency 3312                      Percentage 18.63 %

Specialty Colorectal Surgery                      Frequency 65                      Percentage 0.36 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Procedures

BETOS Sub-classification:  
Major procedure

BETOS Sub-classification Level II:  
Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64561

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



## SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN		
12	ISSUE: 64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed																																									
13	TAB: 25																																									
14						RVW					Total	PRE-TIME					INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs				Office					Prolonged					
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57		
16	REF	63650	Percutaneous implantation of neurostimulator electrode array, epidural		0.0681			7.15			170	33	10	5			60			20						0.05								1								
17	CURRENT	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed		0.056			7.15			187	45					70			30						0.05								1								
18	SVY	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed		0.086	5.00	6.88	7.15	7.93	17.80	170	45	10	10	20	30	45	60	90	20															1							
19	REC	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed		0.065	5.44					131	22	5	0			45			19														1								
20																																										
21																																										
22																																										
23																																										
24																																										
25																																										

\_\_\_\_\_  
24, 25 and 32

**Tab Number**

Laposcopic Hysterectomy, Percutaneous Implantation of Neuroelectrodes, Electronic Analysis  
of Implanted Neurostimulator Pulse Generator System

**Issue**

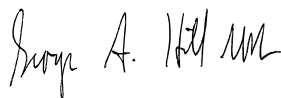
\_\_\_\_\_  
55841-4, 55870-3, 64561, and 95971-2

**Code Range**

### **Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
George A. Hill, MD

**Printed Signature**

\_\_\_\_\_  
The American Congress of Obstetricians and Gynecologists (ACOG)

**Specialty Society**

\_\_\_\_\_  
January 6, 2014

**Date**

\_\_\_\_20, 25 &32\_\_\_\_\_  
Tab Number

\_\_\_\_\_  
Issue

\_\_\_\_\_  
Code Range

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\_\_\_\_\_  
Signature

Norm D. Smith, MD

\_\_\_\_\_  
Printed Signature

American Urological Association

\_\_\_\_\_  
Specialty Society

\_\_\_\_\_  
Date



**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

Global Period: 010 Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: These code are being reviewed so we are using 64561 as our reference code.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Visit prior to procedure:

Provide pre-service education and obtain consent from patient

Day of Procedure – Pre-Service

Greet the patient

Provide gown

Obtain urine specimen

Ensure appropriate medical records are available

Obtain three vitals (BP, weight and temperature)

Prepare room, equipment and supplies

Assist physician in positioning patient

Tray set up: (using sterile technique)

1. Tray draped with sterile drape
2. Necessary instruments arranged on tray
3. Solution for numbing drawn up

Betadine prep to sacral area, sterile drape placement and grounding pad placement confirmed.

Patient cable attached to external test stimulation box done.

C-arm positioned

Intra-Service Clinical Labor Activities:

Assist physician during the procedure  
Hands necessary supplies and equipment to the physician

Post-Service Clinical Labor Activities:

Clean the room and equipment  
Provide follow up information to patient.  
Patient education/teaching as appropriate based upon the visit  
Confers with the MD verbally for any last minute instructions for patient.  
Next appointment is set up for patient while checking out.

Next day after patient leaves the office, clinical staff calls patient to verify system is working.

	A	B	C	D	E	F	G
1				<b>EXISTING INPUTS</b>			
2	<p><b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b></p> <p><b>**Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the <i>PE Spreadsheet Instructions</i> document for an example.</b></p>						
3	<p><b>Meeting Date: January 2014</b></p> <p><b>Tab: 25</b></p> <p><b>Specialty: American Urological Association, American Congress of Obstetricians and Gynecologists</b></p>	<b>CMS Code</b>	<b>Staff Type</b>	<p>Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed</p>		<p>Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed</p>	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>	L037D	RN/LPN/MTA	010	010	010	010
6	<b>TOTAL CLINICAL LABOR TIME</b>			159.0	82.0	121.0	56.0
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>			18.0	23.0	0.0	0.0
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>			88.0	6.0	65.0	0.0
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>			53.0	53.0	56.0	56.0
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms			5	5		
13	Coordinate pre-surgery services			3	3		
14	Schedule space and equipment in facility				5		
15	Provide pre-service education/obtain consent			7	7		
16	Follow-up phone calls & prescriptions			3	3		
17	*Other Clinical Activity - <i>specify</i> :						
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available			5		3	
22	Obtain vital signs			2		3	
23	Provide pre-service education/obtain consent					3	
24	Prepare room, equipment, supplies			2		2	
25	Prepare and position patient/ monitor patient/ set up IV			3		2	
26	Sedate/apply anesthesia					2	
27	<b>Intra-service</b>						
28	Assist physician in performing procedure			70		45	
29	Assist physician/moderate sedation (100% of physician time)						
30	<b>Post-Service</b>						
31	Clean room/equipment by physician staff			3		3	
32	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			3		2	
33	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a	6	n/a	
34	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a	
35	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
36	<b>End: Patient leaves office</b>						
37	<b>POST-SERVICE Period</b>						
38	<b>Start: Patient leaves office/facility</b>						
39	Conduct phone calls/call in prescriptions					3	3
40	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
41	99211 16 minutes		16				
42	99212 27 minutes		27				
43	99213 36 minutes		36				
44	99214 53 minutes		53	1	1	1	1

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1				<b>EXISTING INPUTS</b>			
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45	99215 63 minutes		63				
46	<b>Total Office Visit Time</b>			<b>53.0</b>	<b>53.0</b>	<b>53.0</b>	<b>53.0</b>
47	*Other Clinical Activity - <i>specify</i> :						
48	<b>End: with last office visit before end of global period</b>						



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1				<b>EXISTING INPUTS</b>			
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49	<b>MEDICAL SUPPLIES**</b>		<b>CODE</b>	<b>UNIT</b>			
50	pack, minimum multi-specialty visit	SA048	pack	<b>2</b>		<b>2</b>	<b>1</b>
51	<b>kit, percutaneous neuro test stimulation</b>	<b>SA022</b>	item	<b>1</b>		<b>1</b>	
52	pack, post-op incision care (suture)	SA054	item	<b>1</b>			
53	drape, sterile, c-arm, fluoro	SB008	item	<b>1</b>		<b>1</b>	
54	drape, sterile, for Mayo stand	SB012	item			<b>0</b>	
55	povidone swabsticks	SJ043	item			<b>0</b>	
56	steri-strip	SG074	item			<b>0</b>	
57	lidocaine 1%-2% inj (Xylocaine)	SH047	ml			<b>40</b>	
58	<b>EQUIPMENT</b>		<b>CODE</b>				
59	light, exam	EQ168		<b>141</b>		<b>118.0</b>	<b>53</b>
60	fluoroscopic system, mobile C-arm	ER031		<b>78</b>		<b>47</b>	
61	table, power	EF031				<b>118.0</b>	<b>53</b>
62	table, instrument, mobile	EF027				<b>47</b>	
63	table, exam	EF023		<b>141</b>			
64	percutaneous neuro test stimulator	EQ202				<b>65</b>	

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11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms			5	5		
13	Coordinate pre-surgery services			3	3		
14	Schedule space and equipment in facility				5		
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51	<b>kit, percutaneous neuro test stimulation</b>	<b>SA022</b>	item	<b>1</b>		<b>1</b>	
52	pack, post-op incision care (suture)	SA054	item	<b>1</b>			
53	drape, sterile, c-arm, fluoro	SB008	item	<b>1</b>		<b>1</b>	
54	drape, sterile, for Mayo stand	SB012	item			<b>1</b>	
55	povidone swabsticks	SJ043	item			<b>1</b>	
56	steri-strip	SG074	item			<b>1</b>	
57	lidocaine 1%-2% inj (Xylocaine)	SH047	ml			<b>40</b>	
58	<b>EQUIPMENT</b>		<b>CODE</b>				
59	light, exam	EQ168		<b>141</b>		<b>118.0</b>	<b>53</b>
60	fluoroscopic system, mobile C-arm	ER031		<b>78</b>		<b>47</b>	
61	table, power	EF031				<b>118.0</b>	<b>53</b>
62	table, instrument, mobile	EF027				<b>47</b>	
63	table, exam	EF023		<b>141</b>			

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS Request-Final Rule for 2014 and Final Rule for 2015*

April 2015

**Implantation of Neuroelectrodes**

CMS indicated that a stakeholder raised questions regarding whether CPT codes 64553 and 64555 included the appropriate direct PE inputs when furnished in the non-facility setting. It appears that these inputs have not been evaluated recently and therefore CMS nominated these codes as potentially misvalued for the purpose of ascertaining whether or not there are non-facility direct PE inputs that are not included in the direct PE inputs that are typical supply costs for these services. In September 2014, the RUC recommended that these services be reviewed for direct practice expense only at the January 2015 meeting. However in the Final Rule for 2015, CMS requested for both physician work and direct PE inputs to be reviewed. In order for work and direct PE inputs to be reviewed together, the specialty societies indicated they will survey for April 2015. The specialty societies presented survey data at the April 2015 meeting.

During discussion it became clear that for both codes there are differences in the physician work and practice expense when these services are provided in the facility, versus non-facility setting. In the non-facility office setting the implant is temporary and if successful, the patient will return for a permanent implant in the facility inpatient setting. According to Medicare data this service is typically performed in the physician office, meaning that the services are typical for the temporary implantation of neuroelectrodes. However, the survey respondents reported that 87% of the time they perform the services in the facility setting. This created a problem for the RUC in valuing these services because they are being reported as typical in the non-facility, yet the survey data is predicated on a facility-based permanent procedure.

***64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve***

The RUC discussed the confusion that survey respondents experienced valuing this service. The descriptor only states which nerve the neurostimulator is implanted in, and most respondents completed the survey as if it is performed in the facility-setting. The 2013 Medicare claims data conflicts with this site of service, reporting that 65% of the time this service is performed in the physician's office. Additionally the supplies and equipment may be different for the temporary and permanent implantation. The RUC recommends referring CPT code 64553 to the CPT Editorial Panel to better define this service, such as having one code to describe temporary or testing implantation and another code to describe permanent implantation. The RUC recognized that it needed to establish an interim value for 64553 until this service could be clarified by CPT. **The RUC recommends maintaining the current work value of 2.36, as interim for CPT code 64553 and referral to the CPT Editorial Panel.**

**Practice Expense**

The RUC reviewed and approved the direct practice expense inputs with revisions as approved by the Practice Expense Subcommittee.

<b>CPT Code (●New)</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	010	Refer to CPT 2.36 (No Change)
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	010	Refer to CPT 2.32 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 64553	Tracking Number	Original Specialty Recommended RVU: <b>6.13</b>
		Presented Recommended RVU:
Global Period: 010		RUC Recommended RVU:

CPT Descriptor: Percutaneous implantation of neurostimulator electrode array; cranial nerve

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 53-year-old male has a 1-year history of intractable right forehead pain from post-herpetic neuralgia. His pain persists despite medications, biofeedback and peripheral nerve blocks. Due to his persistent, debilitating pain, a trial of supraorbital (cranial) nerve stimulation is scheduled to relieve his pain and improve his function.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 60% , In the ASC 27%, In the office 13%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 80% , Overnight stay-less than 24 hours 20% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 4%

Description of Pre-Service Work: The physician communicates with the referring physician and other health care professionals, and obtains informed consent from the patient. The physician obtains and reviews the previous operative note(s) and any pertinent radiographs, laboratory studies and medical information regarding implant from the implant manufacturer or available medical records. Pre-service work also includes a focused examination of the patient. The results of preadmission testing are reviewed. The medical record is reviewed to ensure that the patient is stable for the planned surgical procedure. The preoperative history and physical examination is updated. Preoperative orders for antibiotics are written and patient's medications reviewed. The surgeon meets with patient and family to review planned procedure and post-operative management. The surgeon also reviews the type of anesthesia with anesthesiologist, verifies that all required instruments and supplies are available, and assists with positioning the patient. The surgeon also monitors/assists with draping and positioning of the patient. The surgeon scrubs and gowns, and then perform the surgical "time out" with the operating and anesthesia team.

Pre-operatively the surgeon has discussion and provides education to the patient regarding intraoperative verbal testing which will occur during the operation. Intraoperative testing involves detailed communication between the physician, technician, and patient. The patient is instructed on questions that will be asked during the procedure and appropriate answers that will help direct the surgeon. This education is analogous to pre-test education required for any type of standardized testing. This education gives the patient a proper understanding of the questions being asked, and helps the patient provide appropriate responses to questions that guide modifications in anatomical lead positioning and stimulation parameters (amplitude, pulse width, frequency) during the procedure. This pre service education is especially important since patients are sedated during the procedure and pre-procedure education reinforces their ability to provide appropriate answers; ultimately this will lead to more precise localization of the targeted nerve structure and hence improved therapeutic outcomes.

In addition, stimulators require significant pre-service work on the physician's part which involves a discussion with the patient about their usual sleep position and medical co morbidities (whether or not they sleep on their right or left side, their stomach or their back). This is required for proper site selection for placement of lead hardware (connectors and generator), in order to prevent lead migration, damage of the lead from crossing joints or other mobile structures, and

problems with neurostimulator generator comfort. With cranial nerve stimulation this is even more complex because of the multiple possible sites for generator placement and the multiple anatomical concerns as one passes from the head into the neck and then the torso. This includes measuring degrees of cervical spine flexion, extension, left rotation, right rotation, right lateral bending, and left lateral bending in order to determine appropriate lead lengths, and appropriate placement of lead hardware (connectors in which the leads plug into).

Prior to sedation, the area of pain is carefully outlined, the patient receives preoperative intravenous antibiotics. The physician identifies appropriate skin and bony landmarks and locates pertinent vascular structures. After identifying and marking the intended target along the course of the nerve, the skin around the planned entry point is injected with local anesthetic.

Description of Intra-Service Work: An introducer needle is advanced along the intended course of the nerve, maintaining the proper depth of insertion as the needle is advanced. Fluoroscopy and/or ultrasound may be used to verify final needle position (separately reportable). The physician guides a percutaneous electrode array through the needle and delivers to a location in proximity to the nerve. Final location is verified with electrical stimulation and then final location may be documented with fluoroscopy or ultrasound (also separately reportable). The introducer needle is removed and the exposed end of the electrode array is attached to an external stimulator unit. A technician tests various electrode combinations and the lead location is adjusted (physically relocated) until the patient indicates paresthesia overlap in the target nerve innervation and the distribution of the patient's typical area of pain.

Once lead impedances are verified an incision is made around the needle and then soft tissue dissection performed to create an anchoring site (anchoring location will vary with specific nerve and depth). Once the lead is anchored it is tunneled to a remote exit site for a trial or to the generator for a permanent implant. The incision is closed and dressings are applied.

Description of Post-Service Work: Covers the site with a sterile occlusive dressing and reconnects the lead to the external stimulator unit. The patient is observed for stability of vital signs and comfort and then the operator communicates with the patient, family, and other health care professionals (including written and telephone reports and orders) and coordinates discharge day management. Additionally, all hospital visits and post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure. The patient receives education about their stimulator (internal or external) which requires significant patient education to navigate through various programs, amplitudes, frequencies, pulse width, etc. Wound care postoperatively for trial is extremely important where a lead is protruding through the skin. The surgeon writes prescriptions for medications needed after discharge and instructions, such as home restrictions (i.e., diet, activity, bathing, driving), are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including discharge progress notes, discharge summary, discharge instructions, and insurance forms. The patient is discharged when there is return of adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation.

Office post-discharge work: Examine and talk with patient. Perform wound check. Remove sutures/staples if placed. Review activity and restrictions. Perform neurological exam and confirm normal strength, reflexes and sensation. Answer patient/family questions. Write medication prescriptions. Order physiotherapy, as necessary, and monitor rehabilitation. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record. All post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rosenquist, MD; Damean Freas, MD; Marc Leib, MD; Clemens Schirmer, MD; Alexander Mason, MD; John Ratliff, MD				
<b>Specialty(s):</b>	American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS), American Society of Anesthesiologists (ASA)				
<b>CPT Code:</b>	64553				
<b>Sample Size:</b>	2000	<b>Resp N:</b>	30	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	2.00	4.00	12.00
<b>Survey RVW:</b>	1.90	6.13	7.00	8.15	20.00
<b>Pre-Service Evaluation Time:</b>			67.50		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	15.00	60.00	75.00	97.50	180.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>19.00</u>	99238x 0.50 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>23.00</u>	99211x 0.00 12x 0.00 13x 1.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

<b>CPT Code:</b>	64553	<b>Recommended Physician Work RVU: 6.13</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	18.00	18.00	0.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	6.00	6.00	0.00	
<b>Intra-Service Time:</b>	75.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	18.00	18.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>19.00</u></b>	99238x <b>0.5</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>23.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>1.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63650	010	7.15	RUC Time

CPT Descriptor Percutaneous implantation of neurostimulator electrode array, epidural**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
62350	010	6.05	RUC Time

CPT Descriptor Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
62350	010	6.00	RUC Time	5,607

CPT Descriptor 1 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
50593	010	8.88	RUC Time	2,191

CPT Descriptor 2 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 22      % of respondents: 73.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 3      % of respondents: 10.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>64553</u></b>	<b>Top Key Reference CPT Code: <u>63650</u></b>	<b>2nd Key Reference CPT Code: <u>62350</u></b>
Median Pre-Service Time	25.00	48.00	48.00
Median Intra-Service Time	75.00	60.00	60.00
Median Immediate Post-service Time	18.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	23.0	23.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>160.00</b>	<b>170.00</b>	<b>170.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.41	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.67
Urgency of medical decision making	-0.14	0.33
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.36	1.00
Physical effort required	0.45	0.33

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.00	0.33
Outcome depends on the skill and judgment of physician	0.59	0.67
Estimated risk of malpractice suit with poor outcome	0.05	0.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.50	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Codes 64553 and 64555 are Harvard valued and have not been subject to physician work review since the RBRVS fee schedule was implemented. The direct PE inputs for these two codes were last reviewed by the PERC/PEAC at the January 2003 RUC meeting. CMS identified this family of codes as being potentially misvalued in the NPRM for 2015 MPFS. A stakeholder raised the question as to whether there are missing direct practice expense (PE) inputs when provided in the non-facility setting. No mention was made in the 2015 proposed rule as to what specific inputs may be missing. In the 2015 MPFS Final Rule, CMS requested that both the work and the PE be reviewed for 64553 and 64555.

The codes were surveyed for the April 2015 meeting. At the April 2015 RUC meeting, after review of the SoRs, the RUC agreed with the CMS request. The RUC believed that the survey respondents were confused because they indicated in the survey that the typical site of service for 64555 was the facility setting but claims data show that the typical site of service is the physician office.

The RUC recommended referring CPT code 64555 to the CPT Editorial Panel to consider whether there should be two codes, one to describe temporary or trial implantation, and another to describe permanent implantation. The Panel considered a coding proposal at the February 2016 meeting and postponed the issue for several reasons, including whether or not there should be separate codes for trial and permanent lead implantation. The issue was re-presented to CPT at the Sept/Oct 2016 meeting. After a lengthy discussion, the CPT Panel did not make any changes to the descriptors of codes 64553 and 64555. However, parenthetical notes were added to direct users to report the appropriate codes for TENS, PENS, and PNT services, which may more likely be performed in an office setting. Prior to the CPT changes, the societies had also addressed incorrect coding through society education which not only resulted in a decrease in utilization for 64555, but also a decrease in the percentage of claims with office site of service. According to the 2016 RUC database, code 64553 was minimally utilized (240 in 2015) and was performed in the office setting 17.5% of the time and code 64555 was performed 8,200 times in 2015 (down from 73,881 in 2008) and was performed in the office setting 53% of the time (down from 63% in 2014, 68% in 2013 and 75% in 2012).

The typical patient vignettes have not changed since the April 2015 survey, as confirmed by recent CPT action, and the work has not changed. Therefore, these codes were not re-surveyed, and the 2015 survey data are being presented.

## Survey Methodology

A standard RUC survey was sent through an email list-service to 2000 randomly selected members of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS).

## Compelling Evidence

The surveying specialty societies agree that codes 64553 and 64555 are undervalued and present the following compelling evidence as support.

### 1. Change in Physician Work Due to Technique

CPT codes 64553 and 64555 as originally described and valued by Hsiao were very different procedures than they are today. In the 1980s and early 1990s, for example, percutaneous peripheral neurostimulation was a procedure primarily performed by surgeons to quickly locate a nerve with a stimulating needle for testing and possible later consideration for surgical implantation of a single cathode/anode stimulating cuff electrode type lead surgically implanted around the target nerve. The current generation of implants did not exist when these codes were first considered so this survey represents the first true data regarding the work of the modern procedure. The old testing procedure was similar to using a stimulating needle for nerve localization for a peripheral nerve block which takes less time, less clinical expertise and less training than the current procedure. The physician identified the nerve which needed to be treated by using an insulated stimulating needle to stimulate various nerves until the patient's pattern of symptoms were reproduced. If the symptoms were reproduced, the surgeon proceeded with the direct surgical implantation of a cuff electrode lead around the target nerve using an open surgical approach. Imaging guidance was not typical and the type of nerves that could be targeted was limited by anatomic considerations (e.g., easily accessible, ability to visualize directly). The leads at that time were also very simple, often with only one or two electrical contacts. Codes 64553 and 64555, as originally performed, took much less time and were much less invasive.

Peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of multi-contact leads with between 4 and 16 contacts, adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

Current technique involves skin nerve mapping to determine:

1. lead insertion site
2. lead trajectory
3. lead depth
4. lead endpoint

All of these steps are performed prior to implantation.

Multi-contact implanted leads are much more complex to insert and program and the surgical technique required to tunnel the leads and fix them in place is entirely different than it was twenty years ago. Multiple attempts to properly position the leads for optimal stimulation, lead depth, and good proximity of all contacts for the entire 6 cm of nerve length may be required.

The time to perform the current procedure is much longer than the historical procedure for a number of reasons. As described, lead insertion is more difficult due to the size and location of the target nerve and scar tissue can complicate placement when there has been trauma or previous surgery (e.g., trauma and surgery are common causes of nerve injury).

In summary, peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of a multi-contact lead with up to 16 contacts adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

*See Atlas of Implantable Therapies for Pain Management, 2<sup>nd</sup> Edition, 2016 (Timothy Deer, MD and Jason Pope, MD, Eds.).*

## 2. Change in Patient Population

The patient population has changed as the ability to stimulate and provide better analgesia to cranial and peripheral nerves throughout the nervous system has become possible using the new multi-contact technology. The current patient population is much more complex. The current procedure is for the treatment of patients with very severe nerve injuries and intractable pain in a variety of nerves. Many of the nerves we are stimulating today were not approachable with previous techniques and equipment (i.e. – may require image guidance for nerve localization). It is important to note that this technology is an alternative to using opioids for pain management.

## 3. Flawed Process used for Original Valuation

The original valuation by Hsiao for 64553 and 64555 was based on responses from a small group of general surgeons. - not by physicians who perform these procedures today.

Given the change in technique, patient population, site of service, and the flawed process used for the original valuation, we believe the criteria for compelling evidence have been met.

### **Work RVU Recommendation**

We are recommending the 25th percentile survey value of 6.13 RVW for 64553.

### **Pre-time and Post-time Packages**

Pre-time package 1a (Straightforward Patient/Straightforward Procedure, No anesthesia care) is recommended with no changes to the package times.

Post-time package 7a (Local Anesthesia/ Straightforward Procedure) is recommended with no change to package time.

### **Clinical Comparison with Key Reference**

The key reference service 63650 (Percutaneous implantation of neurostimulator electrode array, epidural), surveyed in 2010, has a RVW of 7.16, and was chosen by 73% of survey respondents. This key reference service is similar to 64553 in the sense that it is a percutaneous implantation of a neurostimulator electrode array used for relief of chronic intractable pain. Both procedures are placements of a lead by a physician via percutaneous approach. However, code 64553 is for lead placement at the cranial nerve.

### **Work Comparison with Key Reference**

The work of 64553 is similar to that of 63650 (Percutaneous implantation of neurostimulator electrode array, epidural). Both procedures require the advancement of a needle along the intended nerve and maintaining the proper depth of insertion as the needle is advanced. Both procedures require 60 minutes of intra-time and there is a half day discharge for both services. The difference between these codes is the total time, 63650 has a total time of 170 min. and we are recommending a total time of 155 min. for 64553; this difference can be accounted for in the development of the standardized pre- and post-service packages; 63650 was last reviewed in 2010 before the standard packages were developed.

### **Summary**

Based on comparisons to the key reference service, which has similar work, the multispecialty consensus panel recommends the survey 25th percentile value of 6.13 is appropriate for 64553.

## **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64553

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology                      How often? Rarely

Specialty Neurosurgery                      How often? Rarely

Specialty Physical Medicine and Rehabilitation                      How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 240

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. his is based on the 2015 claims data from the RUC database.

Specialty Anesthesiology	Frequency 182	Percentage 75.83 %
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Specialty Neurosurgery	Frequency 14	Percentage 5.83 %
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Specialty PMR	Frequency 1	Percentage 0.41 %
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Do many physicians perform this service across the United States? No

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64553

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 64555

Tracking Number

Original Specialty Recommended RVU: **5.76**

Presented Recommended RVU:

Global Period: 010

RUC Recommended RVU:

CPT Descriptor: Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 44-year-old woman has a 5-year history of severe headaches, occurring at least 15 days per month. She has had poor control of her pain despite multiple medication trials, biofeedback and peripheral nerve blocks. Due to her persistent, debilitating pain, a trial of occipital (peripheral) nerve stimulation is scheduled to relieve her pain and improve her function.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 58% , In the ASC 29%, In the office 13%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 88% , Overnight stay-less than 24 hours 11% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 4%

Description of Pre-Service Work: The physician communicating with the referring physician and other health care professionals, and obtains informed consent from the patient. The physician obtains and reviews the previous operative note(s) and any pertinent radiographs, laboratory studies and medical information regarding implant from the implant manufacturer or available medical records. Pre-service work also includes a focused examination of the patient. The results of preadmission testing are reviewed. The medical record is reviewed to ensure that the patient is stable for the planned surgical procedure. The preoperative history and physical examination is updated. Preoperative orders for antibiotics are written and patient's medications reviewed. The surgeon meets with patient and family to review planned procedure and post-operative management. The surgeon also reviews the type of anesthesia with anesthesiologist, verifies that all required instruments and supplies are available, and assists with positioning the patient. The surgeon would monitor/assists with draping and positioning of the patient. The surgeon scrubs and gowns, and then performs the surgical "time out" with the operating and anesthesia team.

Pre-operatively the surgeon has discussion and provides education to the patient regarding intraoperative verbal testing which will occur during the operation. Intraoperative testing involves detailed communication between the physician, technician, and patient. The patient is instructed on questions that will be asked during the procedure and appropriate answers that will help direct the surgeon. This education is analogous to pre-test education required for any type of standardized testing. This education gives the patient a proper understanding of the questions being asked, and helps the patient provide appropriate responses to questions that guide modifications in anatomical lead positioning and stimulation parameters (amplitude, pulse width, frequency) during the procedure. This pre service education is especially important since patients are sedated during the procedure and pre-procedure education reinforces their ability to provide appropriate answers; ultimately this will lead to more precise localization of the targeted nerve structure and hence improved therapeutic outcomes.

In addition, stimulators require significant pre-service work on the physician's part which involves a discussion with the patient about their usual sleep position and medical co morbidities (whether or not they sleep on their right or left side, their stomach or their back). This is required for proper site selection for placement of lead hardware (connectors and

generator), in order to prevent lead migration, damage of the lead from crossing joints or other mobile structures, and problems with neurostimulator generator comfort. With cranial nerve stimulation this is even more complex because of the multiple possible sites for generator placement and the multiple anatomical concerns as one passes from the head into the neck and then the torso. This includes measuring degrees of cervical spine flexion, extension, left rotation, right rotation, right lateral bending, and left lateral bending in order to determine appropriate lead lengths, and appropriate placement of lead hardware (connectors in which the leads plug into).

Prior to sedation, the area of pain is carefully outlined, the patient receives preoperative intravenous antibiotics. Identify appropriate skin and bony landmarks and locate pertinent vascular structures. After identifying and marking the intended target along the course of the nerve, the skin around the planned entry point is injected with local anesthetic.

Description of Intra-Service Work: An introducer needle is advanced along the intended course of the nerve, maintaining the proper depth of insertion as the needle is advanced. Fluoroscopy and/or may be used to verify final needle position (separately reportable). Guide a percutaneous electrode array through the needle and deliver to a location in proximity to the nerve. Final location is verified with electrical stimulation and then final location may be documented with fluoroscopy or ultrasound (also separately reportable). The introducer needle is removed and the exposed end of the electrode array is attached to an external stimulator unit. A technician tests various electrode combinations and the lead location is adjusted (physically relocated) until the patient indicates paresthesia overlap in the target nerve innervation and the distribution of the patient's typical area of pain. The physician checks lead impedances, detaches the external unit, removes the needle and stylet, and anchors the lead.

Description of Post-Service Work: Covers the site with a sterile occlusive dressing and reconnects the lead to the external stimulator unit. The physician then obtains a final fluoroscopic image to document final placement. The patient is observed for stability of vital signs and comfort and then the operator communicates with the patient, family, and other health care professionals (including written and telephone reports and orders) and coordinates discharge day management. Additionally, all hospital visits and post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure. The patient receives education about their stimulator (internal or external) which requires significant patient education to navigate through various programs, amplitudes, frequencies, pulse width, etc. Wound care postoperatively for trial is extremely important where a lead is protruding through the skin. The surgeon writes prescriptions for medications needed after discharge and instructions, such as home restrictions (i.e., diet, activity, bathing, driving), are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including discharge progress notes, discharge summary, discharge instructions, and insurance forms. The patient is discharged when there is return of adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation.

Office post-discharge work: Examine and talk with patient. Perform wound check. Remove sutures/staples if placed. Review activity and restrictions. Perform neurological exam and confirm normal strength, reflexes and sensation. Answer patient/family questions. Write medication prescriptions. Order physiotherapy, as necessary, and monitor rehabilitation. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record. All post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rosenquist, MD; Damean Freas, MD; Marc Leib, MD; Clemens Schirmer, MD; Alexander Mason, MD; John Ratliff, MD				
<b>Specialty(s):</b>	American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS), American Society of Anesthesiologists (ASA)				
<b>CPT Code:</b>	64555				
<b>Sample Size:</b>	2000	<b>Resp N:</b>	31	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	2.00	5.00	25.00
<b>Survey RVW:</b>	1.90	5.76	7.00	7.75	20.00
<b>Pre-Service Evaluation Time:</b>			65.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	15.00	48.00	60.00	95.00	150.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>19.00</u>	99238x 0.50	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>23.00</u>	99211x 0.00	12x 0.00	13x 1.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

<b>CPT Code:</b>	64555	<b>Recommended Physician Work RVU: 5.76</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	18.00	18.00	0.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	6.00	6.00	0.00	
<b>Intra-Service Time:</b>	60.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	18.00	18.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>19.00</u></b>	99238x <b>0.5</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>23.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>1.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63650	010	7.15	RUC Time

CPT Descriptor Percutaneous implantation of neurostimulator electrode array, epidural**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
62350	010	6.05	RUC Time

CPT Descriptor Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
62350	010	6.05	RUC Time	5,607

CPT Descriptor 1 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
62362	010	5.60	RUC Time	7,382

CPT Descriptor 2 Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 23      % of respondents: 74.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 2      % of respondents: 6.4 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>64555</u></b>	<b>Top Key Reference CPT Code: <u>63650</u></b>	<b>2nd Key Reference CPT Code: <u>62350</u></b>
Median Pre-Service Time	25.00	48.00	48.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	18.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	23.0	23.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>145.00</b>	<b>170.00</b>	<b>170.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.26	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.39	0.50
Urgency of medical decision making	-0.17	0.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.30	0.50

Physical effort required	0.30	-0.50
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	-0.17	-0.50
Outcome depends on the skill and judgment of physician	0.48	0.00
Estimated risk of malpractice suit with poor outcome	-0.04	-0.50
<b><u>INTENSITY/COMPLEXITY MEASURES</u></b>		
	<b><u>Top Key</u></b>	<b><u>2<sup>nd</sup> Key</u></b>
	<b><u>Ref Code</u></b>	<b><u>Ref Code</u></b>
<b><u>Time Segment (Mean)</u></b>		
Overall intensity/complexity	0.48	0.50

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### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

### Background

Codes 64553 and 64555 are Harvard valued and have not been subject to physician work review since the RBRVS fee schedule was implemented. The direct PE inputs for these two codes were last reviewed by the PERC/PEAC at the January 2003 RUC meeting. CMS identified this family of codes as being potentially misvalued in the NPRM for 2015 MPFS. A stakeholder raised the question as to whether there are missing direct practice expense (PE) inputs when provided in the non-facility setting. No mention was made in the 2015 proposed rule as to what specific inputs may be missing. In the 2015 MPFS Final Rule, CMS requested that both the work and the PE be reviewed for 64553 and 64555.

The codes were surveyed for the April 2015 meeting. At the April 2015 RUC meeting, after review of the SoRs, the RUC agreed with the CMS request. The RUC believed that the survey respondents were confused because they indicated in the survey that the typical site of service for 64555 was the facility setting but claims data show that the typical site of service is the physician office.

The RUC recommended referring CPT code 64555 to the CPT Editorial Panel to consider whether there should be two codes, one to describe temporary or trial implantation, and another to describe permanent implantation. The Panel considered a coding proposal at the February 2016 meeting and postponed the issue for several reasons, including whether or not there should be separate codes for trial and permanent lead implantation. The issue was re-presented to CPT at the Sept/Oct 2016 meeting. After a lengthy discussion, the CPT Panel did not make any changes to the descriptors of codes 64553 and 64555. However, parenthetical notes were added to direct users to report the appropriate codes for TENS, PENS, and PNT services, which may more likely be performed in an office setting. Prior to the CPT changes, the societies had also addressed incorrect coding through society education which not only resulted in a decrease in utilization for 64555, but also a decrease in the percentage of claims with office site of service. According to the 2016 RUC database, code 64553 was minimally utilized (240 in 2015) and was performed in the office setting 17.5% of the time and code 64555 was performed 8,200 times in 2015 (down from 73, 881 in 2008) and was performed in the office setting 53% of the time (down from 63% in 2014, 68% in 2013 and 75% in 2012).

The typical patient vignettes have not changed since the April 2015 survey, as confirmed by recent CPT action, and the work has not changed. Therefore, these codes were not re-surveyed, and the 2015 survey data are being presented.

## **Survey Methodology**

A standard RUC survey was sent through an email list-service to 2000 randomly selected members of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS).

## **Compelling Evidence**

The surveying specialty societies agree that codes 64553 and 64555 are undervalued and present the following compelling evidence as support.

### **1. Change in Physician Work Due to Technique**

CPT codes 64553 and 64555 as originally described and valued by Hsiao were very different procedures than they are today. In the 1980s and early 1990s, for example, percutaneous peripheral neurostimulation was a procedure primarily performed by surgeons to quickly locate a nerve with a stimulating needle for testing and possible later consideration for surgical implantation of a single cathode/anode stimulating cuff electrode type lead surgically implanted around the target nerve. The current generation of implants did not exist when these codes were first considered so this survey represents the first true data regarding the work of the modern procedure. The old testing procedure was similar to using a stimulating needle for nerve localization for a peripheral nerve block which takes less time, less clinical expertise and less training than the current procedure. The physician identified the nerve which needed to be treated by using an insulated stimulating needle to stimulate various nerves until the patient's pattern of symptoms were reproduced. If the symptoms were reproduced, the surgeon proceeded with the direct surgical implantation of a cuff electrode lead around the target nerve using an open surgical approach. Imaging guidance was not typical and the type of nerves that could be targeted was limited by anatomic considerations (e.g., easily accessible, ability to visualize directly). The leads at that time were also very simple, often with only one or two electrical contacts. Codes 64553 and 64555, as originally performed, took much less time and were much less invasive.

Peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of multi-contact leads with between 4 and 16 contacts, adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

Current technique involves skin nerve mapping to determine:

1. lead insertion site
2. lead trajectory
3. lead depth
4. lead endpoint

All of these steps are performed prior to implantation.

Multi-contact implanted leads are much more complex to insert and program and the surgical technique required to tunnel the leads and fix them in place is entirely different than it was twenty years ago. Multiple attempts to properly position the leads for optimal stimulation, lead depth, and good proximity of all contacts for the entire 6 cm of nerve length may be required.

The time to perform the current procedure is much longer than the historical procedure for a number of reasons. As described, lead insertion is more difficult due to the size and location of the target nerve and scar tissue can complicate placement when there has been trauma or previous surgery (e.g., trauma and surgery are common causes of nerve injury).

In summary, peripheral neuromodulation today involves a multi-step process, knowledge of advanced technology, and placement of a multi-contact lead with up to 16 contacts adjacent to the length of a nerve (as opposed to just two contacts next to or around a nerve), as well as use of a multi-contact array for multiple anodes/cathodes in a single lead, requiring much more complex programming of these multiple contacts.

*See Atlas of Implantable Therapies for Pain Management, 2<sup>nd</sup> Edition, 2016 (Timothy Deer, MD and Jason Pope, MD, Eds.).*

## 2. Change in Patient Population

The patient population has changed as the ability to stimulate and provide better analgesia to cranial and peripheral nerves throughout the nervous system has become possible using the new multi-contact technology. The current patient population is much more complex. The current procedure is for the treatment of patients with very severe nerve injuries and intractable pain in a variety of nerves. Many of the nerves we are stimulating today were not approachable with previous techniques and equipment (i.e. – may require image guidance for nerve localization). It is important to note that this technology is an alternative to using opioids for pain management.

## 3. Flawed Process used for Original Valuation

The original valuation by Hsiao for 64553 and 64555 was based on responses from a small group of general surgeons. – not by physicians who perform these procedures today.

Given the change in technique, patient population, site of service, and the flawed process used for the original valuation, we believe the criteria for compelling evidence have been met.

### **Work RVU Recommendation**

We are recommending the 25<sup>th</sup> percentile survey value of 5.76 RVW for 64555.

### **Pre-time and Post-time Packages**

Pre-time package 1a (Straightforward Patient/Straightforward Procedure, No anesthesia care) is recommended with no changes to the package times.

Post-time package 7a (Local Anesthesia/ Straightforward Procedure) is recommended with no change to package time.

### **Clinical Comparison with Key Reference**

The key reference service 63650 (Percutaneous implantation of neurostimulator electrode array, epidural), surveyed in 2010, has a RVW of 7.16, and was chosen by 74% of survey respondents. This key reference service is similar to 64555 in the sense that it is a percutaneous implantation of a neurostimulator electrode array used for relief of chronic intractable pain. Both procedures are placements of a lead by a physician via percutaneous approach.

### **Work Comparison with Key Reference**

The work of 64555 is similar to that of 63650 (Percutaneous implantation of neurostimulator electrode array, epidural). Both procedures require the advancement of a needle along the intended nerve and maintaining the proper depth of insertion as the needle is advanced. Both procedures require 60 minutes of intra-time and there is a half day discharge for both services. The difference between these codes is the total time, 63650 has a total time of 170 min. and we are recommending a total time of 140 min. for 64555; this difference can be accounted for in the development of the standardized pre- and post-service packages; 63650 was last reviewed in 2010 before the standard packages were developed.

### **Summary**

Based on comparisons to the key reference service, which has similar work, the multispecialty consensus panel recommends the survey 25<sup>th</sup> percentile value of 5.76 is appropriate for 64555.



## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64555

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty Neurosurgery How often? Sometimes

Specialty PMR How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,200

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. From 2015 Claims data

Specialty Anesthesiology	Frequency 1324	Percentage 16.14 %
--------------------------	----------------	--------------------

Specialty Neurosurgery	Frequency 303	Percentage 3.69 %
------------------------	---------------	-------------------

Specialty PMR	Frequency 1081	Percentage 13.18 %
---------------	----------------	--------------------

Do many physicians perform this service across the United States? No

---

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

---

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64555

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Percutaneous neurostimulator

TAB: 28

TAB: 28					RVW			Total	Pre Pkg	PRE			INTRA			Immed	Post Pkg	ST-FACIL		POST-OFFICE					SURVEY EXPERIENCE								
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th		MAX	Time	EVAL	POSIT	SDW	MIN	25th		MED	75th	MAX	post	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF 1	63650	Percutaneous implantation of neurostimulator electrode array, epidural	22	0.068			7.15			170		33	10	5		60			20		0.5			1									
REF 2	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; w/o laminectomy	3	0.050			6.05			170		33	10	5		60			20		0.5			1									
CURRENT	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve		0.061			2.36					9				24			10				1										
SVY	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	30	0.040	###	6.13	7.00	8.15	####	235		68	15	15	15	60	75	98	180	20		0.5		1		###	###	###	###	###	###	###	###
REC (Current)	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve		0.061			2.36			59		9				24			10				1										

REF 1	63650	Percutaneous implantation of neurostimulator electrode array, epidural	23	0.068		7.15		170		33	10	5		60		20		0.5	1							
REF 2	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; w/o laminectomy	2	0.050		6.05		170		33	10	5		60		20		0.5	1							
CURRENT	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		0.059		2.32				9				24		10			1							
SVY	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	31	0.050	### 5.76	7.00	7.75 ####	217		65	15	15	15	48	60	95	150	20		0.5	1	0	0	2	5	25
REC (Current)	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		0.059		2.32		59		9				24		10			1							

28  
Tab Number

Percutaneous neurostimulator  
Issue

64553-64555  
Code Range

### **Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Barry Smith, MD  
Printed Signature

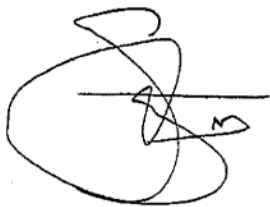
AAPM&R  
Specialty Society

3-31-15  
Date

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Karin Swartz, MD  
\_\_\_\_\_  
Printed Signature

North American Spine Society  
Specialty Society

March 31, 2015  
Date



**Specialty Society(s)** American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS)

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve

Global Period: 10 Meeting Date: April 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.  
Reference Code Rationale:

These codes are being revised so we are using 64553 as our reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**Compelling Evidence**

The surveying specialty societies will be recommending changes to both codes to correct inaccuracies in the database. We are recommending an increase in clinical labor time and supplies. Clinical labor time increase in PE is a result of the recommended increase in the intra-service time of 64553. The increase in supplies is a result of inaccurate inputs. We will therefore argue compelling evidence based on two criteria: flawed methodology and clinical labor time.

1. **Flawed methodology**

Code 64553 is Harvard valued and has never been subject to physician work reviewed since the fee schedule was implemented. The Harvard study never surveyed a specialty society for accurate inputs or clinical labor time. Based on this flawed methodology we recommend revaluing this code.

2. **Clinical Labor Time**

Code 64553 currently has 95 minutes of clinical labor time; we are recommending, based on our survey 133 minutes of clinical labor; the flawed Harvard methodology created inaccurate time inputs for this service.

**Specialty Society(s)** American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS)

Clinical staff assists the physician throughout the entire procedure. The percutaneous implantation of the neurostimulator electrode array into the cranial nerve requires identification of the appropriate skin and bony landmarks and locating pertinent vascular structures. After identifying and marking the intended target along the course of the nerve, the skin around the planned entry point is injected with local anesthetic. Next, an epidural needle is advanced along the intended course of the nerve, maintaining the proper depth of insertion as the needle is advanced. Fluoroscopy is used to verify final needle position (separately reportable). The physician guides a percutaneous electrode array into the epidural needle and verifies final location with fluoroscopy and then removes the epidural needle and attaches the exposed end of the electrode array to an external stimulator unit. A technician that is in the room assisting the physician the entire time, tests various electrode combinations while the lead is physically relocated by the physician until the patient indicates that the dermatomal areas of his typical pain have been covered with the paresthesias generated by the stimulator. The lead impedances must be checked. And then the external unit must be detached, remove the needle and stylet, and anchor the lead to the skin. The wound must be covered with a sterile occlusive dressing and lead reconnected to the external stimulator unit. And a final fluoroscopic image must be obtained to document final placement.

#### **Clinical Staff Recommendation**

We are recommending a clinical labor time of 133 min.

#### **Supplies Recommendation**

We are recommending the addition of SA022, kit, percutaneous neuro test stimulation and SC029 needle, 18-27g.

5. Please describe in detail the clinical activities of your staff:

#### Pre-Service Clinical Labor Activities:

N/A

#### Intra-Service Clinical Labor Activities:

Assist physician throughout the procedure and performs testing of various electrode combinations. Check lead impedances.

#### Post-Service Clinical Labor Activities:

Three minutes to clean the room and equipment

Five minutes to check dressings and wound, provide follow-up information and patient education/teaching as appropriate based upon the visit

Confers with the MD verbally for any last minute instructions for patient.

Next day, follow-up phone call to patient.



**Specialty Society(s)** American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS)

## **AMA/Specialty Society Update Process Practice Expense Summary of Recommendation Facility Direct Inputs**

CPT Long Descriptor:

64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve

Global Period: 10 Meeting Date: April 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

These codes are being revised so we are using 64553 as our reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

Assist physician throughout the procedure and performs testing of various electrode combinations. Check lead impedances.

Post-Service Clinical Labor Activities:

Three minutes to clean the room and equipment

Five minutes to check dressings and wound, provide follow-up information and patient education/teaching as appropriate based upon the visit

Confers with the MD verbally for any last minute instructions for patient.

Next day, follow-up phone call to patient.

**Specialty Society(s)** American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS).

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

64555 Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

Global Period: 10 Meeting Date: April 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: These codes are being revised so we are using 64555 as our reference code.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**Compelling Evidence**

The surveying specialty societies will be recommending changes to both codes to correct inaccuracies in the database. We are recommending an increase in clinical labor time and supplies. Clinical labor time increase in PE is a result of the recommended increase in the intra-service time of 64555. The increase in supplies is a result of inaccurate inputs. We will therefore argue compelling evidence based on two criteria: flawed methodology and physician time.

**1. Flawed methodology**

Code 64555 is Harvard valued and has never been subject to physician work reviewed since the fee schedule was implemented. The Harvard study never surveyed a specialty society for accurate inputs or clinical labor time. Based on this flawed methodology we recommend changes to the inaccuracies in the PE inputs.

**2. Clinical Labor Time**

Code 64555 currently has 95 minutes of clinical labor time; we are recommending, based on our survey 118 minutes of clinical labor; the flawed Harvard methodology created inaccurate time inputs for this service.

Clinical staff assists the physician throughout the entire procedure. The percutaneous implantation of the neurostimulator electrode array into the cranial nerve requires identification of the appropriate skin and bony landmarks and locating pertinent vascular structures. After identifying

**Specialty Society(s)** American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS).

and marking the intended target along the course of the nerve, the skin around the planned entry point is injected with local anesthetic. Next, an epidural needle is advanced along the intended course of the nerve, maintaining the proper depth of insertion as the needle is advanced. Fluoroscopy is used to verify final needle position (separately reportable). The physician guides a percutaneous electrode array into the epidural needle and verifies final location with fluoroscopy and then removes the epidural needle and attaches the exposed end of the electrode array to an external stimulator unit. A technician that is in the room assisting the physician the entire time, tests various electrode combinations while the lead is physically relocated by the physician until the patient indicates that the dermatomal areas of his typical pain have been covered with the paresthesias generated by the stimulator. The lead impedances must be checked. And then the external unit must be detached, remove the needle and stylet, and anchor the lead to the skin. The wound must be covered with a sterile occlusive dressing and lead reconnected to the external stimulator unit. And a final fluoroscopic image must be obtained to document final placement.

**Clinical Staff Recommendation**

We are recommending a clinical labor time of 118 min.

**Supplies Recommendation**

We are recommending the addition of SA022, kit, percutaneous neuro test stimulation.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

Assist physician throughout the procedure and performs testing of various electrode combinations. Check lead impedances.

Post-Service Clinical Labor Activities:

Three minutes to clean the room and equipment

Five minutes to check dressings and wound, provide follow-up information and patient education/teaching as appropriate based upon the visit

Confers with the MD verbally for any last minute instructions for patient.

Next day, follow-up phone call to patient.

**Specialty Society(s)** American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), North American Spine Society (NASS), and American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS-CNS)

## **AMA/Specialty Society Update Process Practice Expense Summary of Recommendation Facility Direct Inputs**

CPT Long Descriptor:

64555 Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

Global Period: 10 Meeting Date: April 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

These codes are being revised so we are using 64555 as our reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

Assist physician throughout the procedure and performs testing of various electrode combinations. Check lead impedances.

Post-Service Clinical Labor Activities:

Three minutes to clean the room and equipment

Five minutes to check dressings and wound, provide follow-up information and patient education/teaching as appropriate based upon the visit

Confers with the MD verbally for any last minute instructions for patient.

Next day, follow-up phone call to patient.

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	REVISED 4-2-2015			64553		64553		64555		64555	
3	Meeting Date: April 2015 Tab: 28 Specialty: AAPM&R, ASA, NASS, and AANS-CNS	CMS Code	Staff Type	Percutaneous implantation of neurostimulator electrodes; cranial nerve		Percutaneous implantation of neurostimulator electrodes; cranial nerve		Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)		Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			010	010	010	010	010	010	010	010
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	95	56	129	36	95	56	114	36
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	18	23	0	0	18	23	0	0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	50	6	93	0	50	6	78	0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	27	27	36	36	27	27	36	36
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	0	0	5	5	0	0
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	3	0	0	3	3	0	0
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5	0	0		5	0	0
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	7	7	0	0	7	7	0	0
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	0	0	3	3	0	0
17	Other Clinical Activity - specify:										
18	End: When patient enters office/facility for surgery/procedure										
19	SERVICE PERIOD										
20	Start: When patient enters office/facility for surgery/procedure:										
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3	
22	Obtain vital signs	L037D	RN/LPN/MTA	5		3		5		3	
23	Provide pre-service education/obtain consent										
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	5		2		5		2	
25	Setup scope (non facility setting only)										
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	3		2		3		2	
27	Sedate/apply anesthesia										
28	Review Chart	L037D	RN/LPN/MTA	2				2			
29	Intra-service										
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	24		75		24		60	
31	Assist physician/moderate sedation (% of physician time)										
32	Post-Service										
33	Monitor pt. following moderate sedation										
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		3		3	
36	Clean Scope										
37	Clean Surgical Instrument Package										
38	Complete diagnostic forms, lab & X-ray requisitions										
39	Review/read X-ray, lab, and pathology reports										
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	5		5		5		5	
41	Other Clinical Activity - specify:										
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	n/a	6	n/a		n/a	6	n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
45	End: Patient leaves office										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	REVISED 4-2-2015			64553		64553		64555		64555	
3	Meeting Date: April 2015 Tab: 28 Specialty: AAPM&R, ASA, NASS, and AANS-CNS	CMS Code	Staff Type	Percutaneous implantation of neurostimulator electrodes; cranial nerve		Percutaneous implantation of neurostimulator electrodes; cranial nerve		Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)		Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			010	010	010	010	010	010	010	010
46	POST-SERVICE Period										
47	Start: Patient leaves office/facility										
48	Conduct phone calls/call in prescriptions										
49	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
50	99211 16 minutes		16								
51	99212 27 minutes		27	1	1			1	1		
52	99213 36 minutes		36			1	1			1	1
53	99214 53 minutes		53								
54	99215 63 minutes		63								
55	Total Office Visit Time	L037D	RN/LPN/MTA	27.0	27.0	36.0	36.0	27.0	27.0	36.0	36.0
56	Other Clinical Activity - specify:										
57	End: with last office visit before end of global period										
58	MEDICAL SUPPLIES*	CODE	UNIT								
59	pack, basic injection	SA041	pack	1		1		1		1	
60	pack, minimum multi-specialty visit	SA048	pack	2	1	2	1	2	1	2	1
61	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	2				2			
62	bandage, Kling, non-sterile 2in	SG017	item					2		2	
63	kit, suture removal	SA031	kit	1	1	1	1	1	1	1	1
64	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	1		1		1		1	
65	needle, 18-26g 1.5-3.5in, spinal	SC028	item					1		1	
66	needle, 18-27g	SC029									
67	kit, percutaneous neuro test stimulation	SA022				1				1	
68	EQUIPMENT	CODE									
69	table, power	EF031		77	27	93		77	27	78	
70	percutaneous neuro test stimulator	EQ202		50		93		50		78	

## AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2017

### Nerve Repair with Nerve Allograft

The CPT Editorial Panel created two new Category I codes to report the repair of a nerve using a nerve allograft. Codes 64910 and 64911 were added as family codes for review.

#### **64910 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve**

The RUC reviewed the survey results from 63 hand surgeons and plastic surgeons and agreed on the following physician time components: 33 minutes of pre-service evaluation time, 10 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, intra-service time of 75 minutes, immediate post-time of 20 minutes, one-half discharge day management (0.5 x 99238), 3 x 99213 post-op office visits and 1 x 99212 post-op office visit. The specialty societies explained that the 4 post-op office visits include the following physician work: Patient and family questions about surgery outcome and progress are answered. The dressings are removed and the wound is assessed for any signs of infection or edema. The neurovascular status is assessed. The range of motion of the wrist, fingers and thumb are evaluated. The presence of a progressing Tinel's sign is evaluated. Dressings and a splint are reapplied to the wound. At the first visit, a therapy prescription is generated for the fabrication of a custom splint that will protect the nerve repair while allowing gentle protected range of motion of the wrist, fingers and thumb. If necessary an outside therapist will be contacted to discuss the postoperative regimen. At subsequent visits, the interval therapy report is reviewed and signed. Additional therapy recommendations will be prescribed, as appropriate. Sutures will be removed at the second or third visit, as appropriate. Scar control techniques are demonstrated. Pain is assessed at each visit and medication is ordered as necessary. The chart note and letter to the PCP/referring physician are completed at each visit. Disability documentation, if needed, is completed at each visit.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 10.52 which is less than the current work RVU and agreed that this value correctly accounts for the physician work involved in performing this service. To justify a work RVU of 10.52, the RUC compared the survey code to top key reference code 64831 *Suture of digital nerve, hand or foot; 1 nerve* (work RVU of 9.16, intra-service time of 60 minutes, total time of 237 minutes) and noted that the survey code includes more intra-service and total time. Both services have a near identical IWP/UT which is consistent since both services involve a similar intensity of physician work. To further support a work RVU of 10.52, the RUC referenced code 36821 *Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)* (work RVU = 11.90, intra-time 75 minutes, total time = 233 minutes). **The RUC recommends a work RVU of 10.52 for CPT code 64910.**

**64911 Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve**

The RUC reviewed the survey results from 35 hand surgeons and plastic surgeons for this rarely performed procedure and agreed on the following physician time components: 33 minutes of pre-service evaluation time, 10 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, intra-service time of 110 minutes, immediate post-time of 20 minutes, one-half discharge day management (0.5 x 99238), 3 x 99213 post-op office visits and 1 x 99212 post-op office visit. The specialty societies explained that the 4 post-op office visits include the following physician work: Patient and family questions about surgery outcome and progress are answered. The dressings are removed and both wounds are assessed for any signs of infection or edema. The neurovascular status is assessed. The range of motion of the wrist, fingers and thumb are evaluated. The presence of a progressing Tinel's sign is evaluated. Dressings are reapplied to both wounds and splint is applied. At the first visit, a therapy prescription is generated for the fabrication of a custom splint that will protect the nerve repair while allowing gentle protected range of motion of the wrist, fingers and thumb. If necessary an outside therapist will be contacted to discuss the postoperative regimen. At subsequent visits, the interval therapy report is reviewed and signed. Additional therapy recommendations will be prescribed, as appropriate. Sutures will be removed at the second or third visit, as appropriate. Scar control techniques are demonstrated. Pain is assessed at each visit and medication is ordered as necessary. The chart note and letter to the PCP/referring physician are completed at each visit. Disability documentation, if needed, is completed at each visit.

The RUC reviewed the survey median work RVU of 14.00 which is less than the current work RVU and agreed that this value correctly accounts for the physician work involved in performing this service. To justify a work RVU of 14.00, the RUC compared the survey code to MPC code 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU of 14.56, intra-service time of 120 minutes, total time of 279 minutes) and noted that although the reference code has more intra-service time, the survey code includes more total time. To further support a work RVU of 14.00, the RUC compared the survey code to CPT code 58543 *Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;* (work RVU of 14.39, intra-service time of 110 minutes, total time of 261 minutes) and noted that both services have identical intra-service time whereas the survey code includes more total time. **The RUC recommends a work RVU of 14.00 for CPT code 64911.**

**64912 Nerve repair; with nerve allograft, each nerve, first strand (cable)**

The RUC reviewed the survey results from 65 hand surgeons and plastic surgeons and agreed on the following physician time components: 33 minutes of pre-service evaluation time, 10 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, intra-service time of 90 minutes, immediate post-time of 20 minutes, one-half discharge day management (0.5 x 99238), 3 x 99213 post-op office visits and 1 x 99212 post-op office visit. The specialty societies explained that the 4 post-op office visits include the following physician work: Patient and family questions about surgery outcome and progress are answered. The dressings are removed and the wound is assessed for any signs of infection or edema. The neurovascular status is assessed. The range of motion of the wrist, fingers and thumb are evaluated. The presence of a progressing Tinel's sign is evaluated. Dressings and a splint are reapplied. At the first visit, a therapy prescription is generated for the fabrication of a custom splint that will protect the nerve repair while allowing gentle protected range of motion of the wrist, fingers and thumb. If necessary an outside therapist will be contacted to discuss the postoperative regimen. At subsequent visits, the interval therapy report is reviewed and signed. Additional therapy



recommendations will be prescribed, as appropriate. Sutures will be removed at the second or third visit, as appropriate. Scar control techniques are demonstrated. Pain is assessed at each visit and medication is ordered as necessary. The chart note and letter to the PCP/referring physician are completed at each visit. Disability documentation, if needed, is completed at each visit.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 12.00 and agreed that this value correctly accounts for the physician work involved in performing this service. To justify a work RVU of 12.00, the RUC compared the survey code to MPC code 53445 *Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff* (work RVU of 13.00, intra-service time of 90 minutes, total time of 314 minutes) and noted that both services have identical intra-service time whereas the reference code involves somewhat more total time. To further support a work RVU of 12.00, the RUC compare the survey code to MPC code 47563 *Laparoscopy, surgical; cholecystectomy with cholangiography* (work RVU of 11.47, intra-service time of 90 minutes, total time of 238 minutes, and noted that both services have identical intra-service times whereas the survey code includes more total time, and a somewhat higher valuation for the survey code is warranted. **The RUC recommends a work RVU of 12.00 for CPT code 64912.**

#### **64913 Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 36 hand surgeons and plastic surgeons and agreed on the following physician time components: intra-service time of 30 minutes.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 3.00 and agreed this value correctly accounts for the physician work involved in performing this service. To justify a work RVU of 3.00, the RUC compared the survey code to CPT code 15157 *Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU of 3.00, intra-service time of 30 minutes) and noted that both services have identical times and involve a similar amount of physician work. To further support a value of 3.00, the RUC compared the survey code to top key reference code 14302 *Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)* (work RVU of 3.73, intra-service time of 40 minutes) and noted that the reference code includes more intra-service time and has a higher work RVU, though 93 percent of survey respondents indicated that the survey code is a more intense service to perform, supporting the somewhat higher IWPUT for the survey code and the recommended work RVU. **The RUC recommends a work RVU of 3.00 for CPT code 64913.**

#### **Practice Expense**

The Practice Expense Subcommittee reduced the amount of equipment time for the power table, as the 4<sup>th</sup> office visit would typically use a chair instead of a table. The Subcommittee also reduced the amount of equipment time for the exam light as it is typically only used for the first two office visits. The RUC reviewed and approved the direct practice expense inputs as modified by the Practice Expense Subcommittee.

**New Technology**

CPT codes 64912 and 64913 will be placed on the New Technology list to be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Nervous System Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System Neurorrhaphy With Nerve Graft, Vein Graft, and Conduit</b>				
(f) 64910	AA1	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	090	10.52
(f) 64911	AA2	with autogenous vein graft (includes harvest of vein graft), each nerve  (Do not report 69990 in addition to 64910, 64911)	090	14.00
●64912	AA3	with nerve allograft, each nerve, first strand (cable)	090	12.00
●+64913	AA4	with nerve allograft, each additional strand (List separately in addition to code for primary procedure)  (Use 64913 in conjunction with 64912)  (Do not report 69990 in conjunction with 64912, 64913)	ZZZ	3.00

### **Operating Microscope**

The surgical microscope is employed when the surgical services are performed using the techniques of microsurgery. Code 69990 should be reported (without modifier 51 appended) in addition to the code for the primary procedure performed. Do not use 69990 for visualization with magnifying loupes or corrected vision. Do not report 69990 in addition to procedures where use of the operating microscope is an inclusive component (15756-15758, 15842, 19364, 19368, 20955-20962, 20969-20973, 22551, 22552, 22856-22861, 26551-26554, 26556, 31526, 31531, 31536, 31541, 31545, 31546, 31561, 31571, 43116, 43180, 43496, 46601, 46607, 49906, 61548, 63075-63078, 64727, 64820-64823, 64912, 64913, 65091-68850, 0184T, 0308T, 0402T).

**+ 69990**      *Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)*

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 64910      Tracking Number   AA1

Original Specialty Recommended RVU: **10.52**Presented Recommended RVU: **10.52**

Global Period: 090

RUC Recommended RVU: **10.52**

CPT Descriptor: Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 2 cm gap in the median nerve in the forearm in a 26-year-old man is repaired with a synthetic nerve conduit using microsurgical technique.

Percentage of Survey Respondents who found Vignette to be Typical: 59%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 47% , In the ASC 59%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 85% , Overnight stay-less than 24 hours 15% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Orders for preoperative medications are written, and results of preadmission testing, including lab results and imaging studies, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. The patient is reexamined to make sure physical findings have not changed. The patient's history and physical is updated. The operative site is marked, and the proposed skin incision(s) is confirmed with the patient. Informed consent is obtained. The length and type of anesthesia is reviewed with the anesthesiologist. The availability of all required supplies, instruments and synthetic conduit is verified. The patient is transferred from the gurney and positioned on the operating room table. Bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head is assessed and adjusted as needed. The patient's arm is placed on the hand surgery table. A tourniquet is applied to the proximal arm, and areas of the skin to be prepped are indicated. The surgeon scrubs and gowns. The arm and hand are prepped and draped. The arm is elevated and exsanguinated. The pneumatic tourniquet is inflated. A surgical "time out" is performed with the operating surgical team.

Description of Intra-Service Work: An incision is made over site of the nerve injury and dissection is carried out to expose the median nerve ends. The operating microscope is brought into position and the ends of the median nerve are freshened. The diameter of the nerve is measured as well as the size of the gap between nerve ends. An appropriately sized synthetic conduit is selected. The conduit is placed in the nerve gap and each end of the nerve is sutured inside the conduit using microsurgical technique. The wound is irrigated and closed in layers.

Description of Post-Service Work: A sterile dressing and a dorsal forearm-wrist-hand splint are applied. The outcome of the surgery is discussed with the patient's family, and a brief operative note is written. Patient stabilization and the neurovascular status of the operated extremity are monitored in the recovery room. After the patient is awake, the outcome of the surgery is discussed with the patient. An operative report is dictated and medical record documentation is completed. Aftercare treatment, including home restrictions (ie, activity, bathing) and use of a sling, is discussed with the patient, the patient's family, and other healthcare professionals. Medications are reconciled and orders for discharge medications are written. A discharge summary and instructions are completed.

The patient is examined in the office within a few days of surgery and for several more visits within and possibly beyond the 90-day global period. Patient and family questions about surgery outcome and progress are answered. The dressings are removed and the wound is assessed for any signs of infection or edema until healed. The neurovascular status is assessed. The range of motion of the wrist, fingers and thumb are evaluated. The presence of a progressing Tinel's sign is evaluated.

Dressings are reapplied. At the first visit, a therapy prescription is generated for the fabrication of a splint that will protect the nerve repair while allowing gentle protected range of motion of the wrist, fingers and thumb. If necessary an outside therapist will be contacted to discuss the postoperative regimen. At subsequent visits, the interval therapy report is reviewed and signed. Additional therapy recommendations will be prescribed, as appropriate. Sutures will be removed at the second or third visit, as appropriate. Scar control techniques are demonstrated. Pain is assessed at each visit and medication is ordered as necessary. The chart note and letter to the PCP/referring physician are completed at each visit. Disability documentation, if needed, is completed at each visit.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		01/2017			
Presenter(s):	Anne Miller, MD; Mark Villa, MD				
Specialty(s):	hand surgery, plastic surgery				
CPT Code:	64910				
Sample Size:	1475	Resp N:	63	Response: 4.2 %	
Description of Sample:	Random sample from ASSH and ASPS email rosters				
		<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75th pctl</u>
Service Performance Rate		0.00	3.00	6.00	10.00
Survey RVW:		8.80	10.52	11.39	13.50
Pre-Service Evaluation Time:				40.00	
Pre-Service Positioning Time:				10.00	
Pre-Service Scrub, Dress, Wait Time:				15.00	
Intra-Service Time:		45.00	60.00	75.00	83.00
Immediate Post Service-Time:	20.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	19.00	99238x 0.50	99239x 0.00	99217x 0.00	
Office time/visit(s):	85.00	99211x 0.00	12x 1.00	13x 3.00	14x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	64910	<b>Recommended Physician Work RVU: 10.52</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>33.00</b>	<b>33.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>10.00</b>	<b>3.00</b>	<b>7.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>15.00</b>	<b>15.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>75.00</b>		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Complex Proc				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>20.00</b>	<b>33.00</b>	<b>-13.00</b>

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>85.00</u>	99211x 0.00	12x 1.00	13x 3.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
64831	090	9.16	RUC Time

CPT Descriptor Suture of digital nerve, hand or foot; 1 nerve**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
26356	090	9.56	RUC Time

CPT Descriptor Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53850	090	10.08	RUC Time	7,711

CPT Descriptor 1 Transurethral destruction of prostate tissue; by microwave thermotherapy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36821	090	11.90	RUC Time	33,266

CPT Descriptor 2 Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 16      % of respondents: 25.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 14.2 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>64910</u></b>	<b>Top Key Reference CPT Code: <u>64831</u></b>	<b>2nd Key Reference CPT Code: <u>26356</u></b>
Median Pre-Service Time	58.00	65.00	58.00
Median Intra-Service Time	75.00	60.00	60.00
Median Immediate Post-service Time	20.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	85.0	78.00	110.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>257.00</b>	<b>237.00</b>	<b>277.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.44	0.56
Urgency of medical decision making	0.50	0.33

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.81	0.67
Physical effort required	0.56	0.44

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.44	0.11
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Outcome depends on the skill and judgment of physician	0.63	0.33
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Estimated risk of malpractice suit with poor outcome	0.31	0.33
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.63	0.44
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

The CPT Editorial Panel approved two new Category I codes to report the repair of a nerve using a nerve allograft. Codes 64910 and 64911 were added by the RUC as family codes for RUC review.

**Survey Process**

The ASSH and ASPS conducted a RUC survey of members that were randomly selected from their membership databases.

**Recommendation**

We recommend the survey 25<sup>th</sup> percentile work RVU of 10.52 which is less than the current work RVU. This value takes into account a slight decrease in intraoperative time and compares well with the key reference codes and MPC codes.

**Pre-time Package**

We recommend Pre-Time Package 3 (Straightforward Patient/Difficult Procedure) with an additional 7 minutes for positioning time that includes padding of bony prominences; application of thermal regulation drapes; assessing position of the extremities and head and adjusting as needed; rotating patient onto hand surgery table; marking, prepping and draping hand; application of tourniquet to the proximal arm; elevating and exsanguinating arm; and inflating pneumatic tourniquet. A total of 10 minutes for upper extremity positioning is supported by RUC reviewed upper extremity codes 23656-26358 (2015), 25607-25609 (2014) and 36831 (2013).

**Immediate Post-Time Package**

We recommend Post-Service Time Package 9b (General Anesthesia or Complex Regional Block/Complex Procedure). Package time is reduced by 13 minutes to be consistent with survey median.

**Reference Code Comparison**

CPT	Description	IWP/UT	RWV	TOT	PRE	INTRA	POST	-38	-14	-13	-12
<b>64910</b>	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	0.066	<b>10.52</b>	<b>257</b>	58	<b>75</b>	20	0.5		3	1
<b>64831</b>	Suture of digital nerve, hand or foot; 1 nerve	0.067	<b>9.16</b>	<b>237</b>	65	<b>60</b>	15	0.5		2	2

CPT Code: 64910											
<b>26356</b>	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	0.055	<b>9.56</b>	<b>277</b>	58	<b>60</b>	30	0.5		2	4

### MPC Code Comparison

CPT	Description	IWPUT	RVW	TOT	PRE	INTRA	POST	-38	-14	-13	-12
<b>53850</b>	Transurethral destruction of prostate tissue; by microwave thermotherapy	0.091	<b>10.08</b>	<b>204</b>	27	<b>60</b>	15		1	2	1
<b>64910</b>	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	0.066	<b>10.52</b>	<b>257</b>	58	<b>75</b>	20	0.5		3	1
<b>53440</b>	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	0.098	<b>13.36</b>	<b>248</b>	55	<b>90</b>	22	0.5		2	1

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64910

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty hand surgery                      How often? Sometimes

Specialty orthopaedic surgery                      How often? Rarely

Specialty plastic surgery                      How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 896  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty hand surgery	Frequency 350	Percentage 39.06 %
Specialty orthopaedic surgery	Frequency 225	Percentage 25.11 %
Specialty plastic surgery	Frequency 175	Percentage 19.53 %

Do many physicians perform this service across the United States? Yes

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### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

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### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64910

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 64911      Tracking Number   AA2

Original Specialty Recommended RVU: **14.00**Presented Recommended RVU: **14.00**

Global Period: 090

RUC Recommended RVU: **14.00**

CPT Descriptor: Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 2 cm gap in the median nerve in the forearm in a 26-year-old man is repaired with an interposition vein graft using microsurgical technique.

Percentage of Survey Respondents who found Vignette to be Typical: 57%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 54% , In the ASC 46%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 84% , Overnight stay-less than 24 hours 16% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Orders for preoperative medications are written, and results of preadmission testing, including lab results and imaging studies, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. The patient is reexamined to make sure physical findings have not changed. The patient's history and physical is updated. The operative sites are marked, and the proposed skin incisions are confirmed with the patient. Informed consent is obtained. The length and type of anesthesia is reviewed with the anesthesiologist. The availability of all required supplies and instruments is verified. The patient is transferred from the gurney and positioned on the operating room table. Bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head is assessed and adjusted as needed. The patient's arm is placed on the hand surgery table. A tourniquet is applied to the proximal arm, and areas of the skin to be prepped are indicated. The surgeon scrubs and gowns. The arm and hand are prepped and draped. The arm is elevated and exsanguinated. The pneumatic tourniquet is inflated. A surgical "time out" is performed with the operating surgical team.

Description of Intra-Service Work: An incision is made over the area of the nerve injury and the median nerve ends are exposed. The operating microscope is brought into position and the ends of the median nerve are freshened. The diameter of the nerve is measured as well as the size of the gap between nerve ends. A second incision is made, either on the dorsal or palmar aspect of the forearm and the vein graft is harvested. The vein graft donor site is then closed in layers. The vein graft is then placed between the nerve ends which are sutured inside the graft using microsurgical technique. The wound is irrigated and closed in layers.

Description of Post-Service Work: A sterile dressing is applied to both wounds and a dorsal forearm-wrist-hand splint are applied. The outcome of the surgery is discussed with the patient's family, and a brief operative note is written. Patient stabilization and the neurovascular status of the operated extremity are monitored in the recovery room. After the patient is awake, the outcome of the surgery is discussed with the patient. An operative report is dictated and medical record documentation is completed. Aftercare treatment, including home restrictions (ie, activity, bathing) and use of a sling, is discussed with the patient, the patient's family, and other healthcare professionals. Medications are reconciled and orders for discharge medications are written. A discharge summary and instructions are completed.

The patient is examined in the office within a few days of surgery and for several more visits within and possibly beyond the 90-day global period. Patient and family questions about surgery outcome and progress are answered. The dressings are removed and both wounds are assessed for any signs of infection or edema until healed. The neurovascular status is

assessed. The range of motion of the wrist, fingers and thumb are evaluated. The presence of a progressing Tinel's sign is evaluated. Dressings are reapplied to both wounds. At the first visit, a therapy prescription is generated for the fabrication of a splint that will protect the nerve repair while allowing gentle protected range of motion of the wrist, fingers and thumb. If necessary an outside therapist will be contacted to discuss the postoperative regimen. At subsequent visits, the interval therapy report is reviewed and signed. Additional therapy recommendations will be prescribed, as appropriate. Sutures will be removed at the second or third visit, as appropriate. Scar control techniques are demonstrated. Pain is assessed at each visit and medication is ordered as necessary. The chart note and letter to the PCP/referring physician are completed at each visit. Disability documentation, if needed, is completed at each visit.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		01/2017			
Presenter(s):	Anne Miller, MD; Mark Villa, MD				
Specialty(s):	hand surgery, plastic surgery				
CPT Code:	64911				
Sample Size:	1475	Resp N:	35	Response: 2.3 %	
Description of Sample:	Random sample from ASSH and ASPS email rosters				
		<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75th pctl</u>
Service Performance Rate		0.00	0.00	1.00	5.00
Survey RVW:		11.39	13.50	14.00	15.00
Pre-Service Evaluation Time:				45.00	
Pre-Service Positioning Time:				15.00	
Pre-Service Scrub, Dress, Wait Time:				15.00	
Intra-Service Time:		80.00	90.00	110.00	120.00
Immediate Post Service-Time:	20.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	19.00	99238x 0.50	99239x 0.00	99217x 0.00	
Office time/visit(s):	85.00	99211x 0.00	12x 1.00	13x 3.00	14x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	64911	<b>Recommended Physician Work RVU: 14.00</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>33.00</b>	<b>33.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>10.00</b>	<b>3.00</b>	<b>7.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>15.00</b>	<b>15.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>110.00</b>		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Complex Proc				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>20.00</b>	<b>33.00</b>	<b>-13.00</b>

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>85.00</u>	99211x 0.00	12x 1.00	13x 3.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
25609	090	14.38	RUC Time

CPT Descriptor Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
14301	090	12.65	RUC Time

CPT Descriptor Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
53440	090	13.36	RUC Time	1,043

CPT Descriptor 1 Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52649	090	14.56	RUC Time	3,334

CPT Descriptor 2 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13      % of respondents: 37.1 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 14.2 %

### TIME ESTIMATES (Median)

	CPT Code: <u>64911</u>	Top Key Reference CPT Code: <u>25609</u>	2nd Key Reference CPT Code: <u>14301</u>
Median Pre-Service Time	58.00	58.00	58.00
Median Intra-Service Time	110.00	120.00	100.00
Median Immediate Post-service Time	20.00	30.00	25.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	85.0	124.00	85.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>292.00</b>	<b>351.00</b>	<b>287.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.46	0.60
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.31	0.40
Urgency of medical decision making	0.77	0.40
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.92	1.20
Physical effort required	0.62	0.60



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.38	0.80
Outcome depends on the skill and judgment of physician	0.85	1.00
Estimated risk of malpractice suit with poor outcome	0.54	1.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.92	1.20
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

The CPT Editorial Panel approved two new Category I codes to report the repair of a nerve using a nerve allograft. Codes 64910 and 64911 were added by the RUC as family codes for RUC review.

**Survey Process**

The ASSH and ASPS conducted a RUC survey of members that were randomly selected from their membership databases.

**Recommendation**

We recommend the survey median work RVU of 14.00 which is less than the current work RVU. This value takes into account a decrease in intraoperative time and compares well with the key reference codes and MPC codes.

**Pre-time Package**

We recommend Pre-Time Package 3 (Straightforward Patient/Difficult Procedure) with an additional 7 minutes for positioning time that includes padding of bony prominences; application of thermal regulation drapes; assessing position of the extremities and head and adjusting as needed; rotating patient onto hand surgery table; marking, prepping and draping hand; application of tourniquet to the proximal arm; elevating and exsanguinating arm; and inflating pneumatic tourniquet. A total of 10 minutes for upper extremity positioning is supported by RUC reviewed upper extremity codes 23656-26358 (2015), 25607-25609 (2014) and 36831 (2013).

**Immediate Post-Time Package**

We recommend Post-Service Time Package 9b (General Anesthesia or Complex Regional Block/Complex Procedure). Package time is reduced by 13 minutes to be consistent with survey median.

**Reference Code Comparison**

CPT	Description	IWPUT	RVW	TOT	PRE	INTRA	POST	-38	-14	-13	-12
<b>64911</b>	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	0.077	14.00	292	58	110	20	0.5		3	1
<b>25609</b>	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	0.060	14.38	351	58	120	30	0.5		4	2
<b>14301</b>	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	0.070	12.65	287	58	100	25	0.5		3	1

**MPC Code Comparison**

CPT	Description	IWPUT	RVW	TOT	PRE	INTRA	POST	-38	-14	-13	-12
<b>53440</b>	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	0.098	13.36	248	55	90	22	0.5		2	1
<b>64911</b>	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	0.077	14.00	292	58	110	20	0.5		3	1
<b>52649</b>	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	0.083	14.56	279	53	120	25	0.5		2	1

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64911

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty hand surgery                      How often? Rarely

Specialty orthopaedic surgery                      How often? Rarely

Specialty plastic surgery                      How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency unknown

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 61 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty hand surgery	Frequency 5	Percentage 8.19 %
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Specialty orthopaedic surgery	Frequency 10	Percentage 16.39 %
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Specialty plastic surgery	Frequency 45	Percentage 73.77 %
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Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64911

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 64912      Tracking Number   AA3

Original Specialty Recommended RVU: **12.00**

Global Period: 090

Presented Recommended RVU: **12.00**RUC Recommended RVU: **12.00**

CPT Descriptor: Nerve repair; with nerve allograft, each nerve, first strand (cable)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient with a 2 cm gap in the median nerve in the forearm undergoes repair with a nerve allograft using microsurgical technique.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 52% , In the ASC 48%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 71% , Overnight stay-less than 24 hours 29% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Orders for preoperative medications are written, and results of preadmission testing, including lab results and imaging studies, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. The patient is reexamined to make sure physical findings have not changed. The patient's history and physical is updated. The operative site is marked, and the proposed skin incision(s) is confirmed with the patient. Informed consent is obtained. The length and type of anesthesia is reviewed with the anesthesiologist. The availability of all required supplies, instruments and nerve allograft is verified. Patient positioning, padding of bony prominences, and the application of thermal regulation drapes are monitored. The position of the extremities and head is assessed and adjusted as needed. The patient's arm is placed on the hand surgery table. A tourniquet is applied to the proximal arm, and areas of the skin to be prepped are indicated. The surgeon scrubs and gowns. The arm and hand are prepped and draped. The arm is elevated and exsanguinated. The pneumatic tourniquet is inflated. A surgical "time out" is performed with the operating surgical team.

Description of Intra-Service Work: An incision is made over the site of the nerve injury and dissection is carried out to expose the median nerve ends. The operating microscope is brought into position and the ends of the median nerve are freshened. The diameter of the nerve is measured as well as the size of the gap between nerve ends. An appropriately sized nerve allograft is selected. The allograft is placed in the nerve gap. The fascicular alignment of the proximal nerve stump is evaluated and matched to that of the nerve allograft. Microsurgical technique is used to anastomose the proximal nerve stump to the proximal nerve allograft. The fascicular alignment of the distal nerve stump is evaluated and matched to that of the nerve allograft. Microsurgical technique is used to anastomose the distal proximal nerve stump to the distal nerve allograft. The wound is irrigated and closed in layers.

Description of Post-Service Work: A sterile dressing and a dorsal forearm-wrist-hand splint are applied. The outcome of the surgery is discussed with the patient's family, and a brief operative note is written. Patient stabilization and the neurovascular status of the operated extremity are monitored in the recovery room. After the patient is awake, the outcome of the surgery is discussed with the patient. An operative report is dictated and medical record documentation is completed. Aftercare treatment, including home restrictions (ie, activity, bathing) and use of a sling, is discussed with the patient, the patient's family, and other healthcare professionals. Medications are reconciled and orders for discharge medications are written. A discharge summary and instructions are completed.

The patient is examined in the office within a few days of surgery and for several more visits within and possibly beyond the 90-day global period. Patient and family questions about surgery outcome and progress are answered. The dressings are removed and the wound is assessed for any signs of infection or edema until healed. The neurovascular status is assessed. The range of motion of the wrist, fingers and thumb are evaluated. The presence of a progressing Tinel's sign is evaluated. Dressings are reapplied. At the first visit, a therapy prescription is generated for the fabrication of a splint that will protect the nerve repair while allowing gentle protected range of motion of the wrist, fingers and thumb. If necessary an outside therapist will be contacted to discuss the postoperative regimen. At subsequent visits, the interval therapy report is reviewed and signed. Additional therapy recommendations will be prescribed, as appropriate. Sutures will be removed at the second or third visit, as appropriate. Scar control techniques are demonstrated. Pain is assessed at each visit and medication is ordered as necessary. The chart note and letter to the PCP/referring physician are completed at each visit. Disability documentation, if needed, is completed at each visit.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		01/2017			
Presenter(s):	Anne Miller, MD; Mark Villa, MD				
Specialty(s):	hand surgery, plastic surgery				
CPT Code:	64912				
Sample Size:	1425	Resp N:	65	Response: 4.5 %	
Description of Sample:	Random sample from ASSH and ASPS email rosters				
		<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75th pctl</u>
Service Performance Rate		0.00	2.00	5.00	10.00
Survey RVW:		9.16	12.00	14.00	15.00
Pre-Service Evaluation Time:				40.00	
Pre-Service Positioning Time:				10.00	
Pre-Service Scrub, Dress, Wait Time:				15.00	
Intra-Service Time:		60.00	75.00	90.00	100.00
Immediate Post Service-Time:	<u>20.00</u>				
<u>Post Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.50	99239x 0.00	99217x 0.00	
Office time/visit(s):	<u>85.00</u>	99211x 0.00	12x 1.00	13x 3.00	14x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	64912	<b>Recommended Physician Work RVU: 12.00</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		33.00	33.00	0.00
<b>Pre-Service Positioning Time:</b>		10.00	3.00	7.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		15.00	15.00	0.00
<b>Intra-Service Time:</b>		90.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		20.00	33.00	-13.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>85.00</u>	99211x 0.00	12x 1.00	13x 3.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
25609	090	14.38	RUC Time

CPT Descriptor Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64831	090	9.16	RUC Time

CPT Descriptor Suture of digital nerve, hand or foot; 1 nerve

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
47563	090	11.47	RUC Time	46,546

CPT Descriptor 1 Laparoscopy, surgical; cholecystectomy with cholangiography

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
53445	090	13.00	RUC Time	1,746

CPT Descriptor 2 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23      % of respondents: 35.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 18.4 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>64912</u>	Top Key Reference CPT Code: <u>25609</u>	2nd Key Reference CPT Code: <u>64831</u>
Median Pre-Service Time	58.00	58.00	65.00
Median Intra-Service Time	90.00	120.00	60.00
Median Immediate Post-service Time	20.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	85.0	124.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>272.00</b>	<b>351.00</b>	<b>237.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.96	0.91
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.57	0.55
Urgency of medical decision making	0.61	0.09

**Technical Skill/Physical Effort (Mean)**

Technical skill required	1.13	0.55
Physical effort required	0.78	0.64

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.57	0.36
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Outcome depends on the skill and judgment of physician	1.04	0.73
--	------	------

Estimated risk of malpractice suit with poor outcome	0.65	0.55
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.00	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

The CPT Editorial Panel approved two new Category I codes to report the repair of a nerve using a nerve allograft. Codes 64910 and 64911 were added by the RUC as family codes for RUC review.

**Survey Process**

The ASSH and ASPS conducted a RUC survey of members that were randomly selected from their membership databases.

**Recommendation**

We recommend the survey 25<sup>th</sup> percentile work RVU of 12.00. This value compares well with the key reference codes and MPC codes.

**Pre-time Package**

We recommend Pre-Time Package 3 (Straightforward Patient/Difficult Procedure) with an additional 7 minutes for positioning time that includes padding of bony prominences; application of thermal regulation drapes; assessing position of the extremities and head and adjusting as needed; rotating patient onto hand surgery table; marking, prepping and draping hand; application of tourniquet to the proximal arm; elevating and exsanguinating arm; and inflating pneumatic tourniquet. A total of 10 minutes for upper extremity positioning is supported by RUC reviewed upper extremity codes 23656-26358 (2015), 25607-25609 (2014) and 36831 (2013).

**Immediate Post-Time Package**

We recommend Post-Service Time Package 9b (General Anesthesia or Complex Regional Block/Complex Procedure). Package time is reduced by 13 minutes to be consistent with survey median.

**Reference Code Comparison**

CPT	Description	IWP/UT	RVW	TOT	PRE	INTRA	POST	-38	-13	-12
<b>64912</b>	Nerve repair; with nerve allograft, each nerve, first strand (cable)	0.072	<b>12.00</b>	<b>272</b>	58	<b>90</b>	20	0.5	3	1

CPT Code: 64912										
<b>25609</b>	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	0.060	<b>14.38</b>	<b>351</b>	58	<b>120</b>	30	0.5	4	2
<b>64831</b>	Suture of digital nerve, hand or foot; 1 nerve	0.067	<b>9.16</b>	<b>237</b>	65	<b>60</b>	15	0.5	2	2

## MPC Code Comparison

CPT	Description	IWPUT	RVW	TOT	PRE	INTRA	POST	-38	-13	-12
<b>47563</b>	Laparoscopy, surgical; cholecystectomy with cholangiography	0.084	<b>11.47</b>	<b>238</b>	65	<b>90</b>	25	0.5	1	1
<b>64912</b>	Nerve repair; with nerve allograft, each nerve, first strand (cable)	0.072	<b>12.00</b>	<b>272</b>	58	<b>90</b>	20	0.5	3	1
<b>53445</b>	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	0.073	<b>13.00</b>	<b>314</b>	85	<b>90</b>	35	0.5	3	1

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64999 Unlisted procedure, nervous system

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty hand surgery                      How often? Sometimes

Specialty orthopaedic surgery                      How often? Sometimes

Specialty plastic surgery                      How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 4000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimate based on manufacturer sales data

Specialty hand surgery	Frequency 1200	Percentage 30.00 %
Specialty orthopaedic surgery	Frequency 1200	Percentage 30.00 %
Specialty plastic surgery	Frequency 1200	Percentage 30.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 750  
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimate.

Specialty hand surgery	Frequency 225	Percentage 30.00 %
Specialty orthopaedic surgery	Frequency 225	Percentage 30.00 %
Specialty plastic surgery	Frequency 225	Percentage 30.00 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64910

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 64913      Tracking Number   AA4

Original Specialty Recommended RVU: **3.00**Presented Recommended RVU: **3.00**

Global Period: ZZZ

RUC Recommended RVU: **3.00**

CPT Descriptor: Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with a 2 cm gap in a large diameter median nerve in the forearm. Repair with two nerve allografts is necessary due to a size mismatch between the native and allograft nerves or to separately match the sensory and motor fascicles of the native nerve. After insertion of the first nerve allograft (reported separately), a second nerve allograft is inserted using microsurgical technique. [Note: This is an add-on code for the additional work related to insertion of an additional nerve allograft for the same nerve. The work related to the first nerve allograft is reported separately as the primary procedure and not included in the work of this add-on code.]

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: After insertion of the first nerve allograft (reported separately), an appropriately sized additional nerve allograft is selected. The allograft is placed in the nerve gap. The fascicular alignment of the proximal nerve stump is evaluated and matched to that of the nerve allograft. Microsurgical technique is used to anastomose the proximal nerve stump to the proximal nerve allograft. The fascicular alignment of the distal nerve stump is evaluated and matched to that of the nerve allograft. Microsurgical technique is used to anastomose the distal proximal nerve stump to the distal nerve allograft.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Anne Miller, MD; Mark Villa, MD				
<b>Specialty(s):</b>	hand surgery, plastic surgery				
<b>CPT Code:</b>	64913				
<b>Sample Size:</b>	1475	<b>Resp N:</b>	36	<b>Response:</b> 2.4 %	
<b>Description of Sample:</b>	Random sample from ASSH and ASPS email rosters				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	2.00	<b>5.00</b>	9.00	20.00
<b>Survey RVW:</b>	2.10	3.00	<b>3.73</b>	4.20	5.00
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	20.00	30.00	<b>30.00</b>	45.00	65.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	64913	<b>Recommended Physician Work RVU: 3.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>30.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
14302	<u>ZZZ</u>	3.73	<u>RUC Time</u>

CPT Descriptor Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
11008	<u>ZZZ</u>	5.00	<u>RUC Time</u>

CPT Descriptor Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	<u>ZZZ</u>	2.09	<u>RUC Time</u>	9,909

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	<u>ZZZ</u>	3.47	<u>RUC Time</u>	134,208

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
15157	<u>ZZZ</u>	3.00	<u>RUC Time</u>

CPT Descriptor Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 14      % of respondents: 38.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 22.2 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>64913</u></b>	<b>Top Key Reference CPT Code: <u>14302</u></b>	<b>2nd Key Reference CPT Code: <u>11008</u></b>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	40.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>30.00</b>	<b>40.00</b>	<b>60.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.86	1.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.71	1.00
Urgency of medical decision making	0.93	0.25

**Technical Skill/Physical Effort (Mean)**

Technical skill required	1.50	1.88
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Physical effort required	1.00	1.00
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.71	1.00
Outcome depends on the skill and judgment of physician	1.14	1.75
Estimated risk of malpractice suit with poor outcome	0.86	0.88

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.21	1.75
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

The CPT Editorial Panel approved two new Category I codes to report the repair of a nerve using a nerve allograft. Codes 64910 and 64911 were added by the RUC as family codes for RUC review.

**Survey Process**

The ASSH and ASPS conducted a RUC survey of members that were randomly selected from their membership databases.

**Recommendation**

We recommend the survey 25<sup>th</sup> percentile work RVU of 3.00. This value compares well with the key reference codes, MPC codes, and other ZZZ global codes with similar time.



**Reference Code Comparison**

CPT	Description	IWPUT	RVW	TOT	PRE	INTRA	POST
<b>64913</b>	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	0.100	3.00	30	0	30	0
<b>14302</b>	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	0.093	3.73	40	0	40	0
<b>11008</b>	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	0.083	5.00	60	0	60	0

**MPC Code Comparison**

CPT	Description	IWPUT	RVW	TOT	PRE	INTRA	POST
<b>36227</b>	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	0.139	2.09	15	0	15	0
<b>64913</b>	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	0.100	3.00	30	0	30	0
<b>63048</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	0.077	3.47	45	0	45	0

**Other ZZZ Code Comparison**

CPT	Descriptor	RVW	IWPUT	TOTAL TIME
<b>37239</b>	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	2.97	0.098	32
<b>15157</b>	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	3.00	0.100	30
<b>32506</b>	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	3.00	0.120	25
<b>32507</b>	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	3.00	0.100	30
<b>32667</b>	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	3.00	0.120	25
<b>32668</b>	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	3.00	0.100	30
<b>64913</b>	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	3.00	0.100	30
<b>35697</b>	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	3.00	0.100	30
<b>35686</b>	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	3.34	0.095	35
<b>61797</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	3.48	0.116	30
<b>22512</b>	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	4.00	0.132	32
<b>22515</b>	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	4.00	0.132	32
<b>32674</b>	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	4.12	0.137	30
<b>38746</b>	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	4.12	0.137	30

CPT	Descriptor	RVW	IWPUT	TOTAL TIME
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	4.25	0.142	30
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	4.33	0.144	30
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	4.44	0.148	30
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	4.68	0.187	25
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	5.49	0.183	30

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 64X92 in conjunction with 64X91)

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty hand surgery                      How often? Rarely

Specialty orthopaedic surgery                      How often? Rarely

Specialty plastic surgery                      How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimate.

Specialty hand surgery	Frequency 50	Percentage 33.33 %
------------------------	--------------	--------------------

Specialty orthopaedic surgery	Frequency 50	Percentage 33.33 %
-------------------------------	--------------	--------------------

Specialty plastic surgery	Frequency 50	Percentage 33.33 %
---------------------------	--------------	--------------------

Do many physicians perform this service across the United States? Yes

---

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

---

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64832

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	64910	<b># of Respondents:</b>	63
<b>Survey Code Descriptor:</b>	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve		

<b>Top Ref Code:</b>	64831	<b># of Respondents:</b>	16	<b>% of Respondents:</b>	25%
<b>Top Ref Code Descriptor:</b>	Suture of digital nerve, hand or foot; 1 nerve				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	44%	50%	6%
<b>Overall Intensity and Complexity:</b>						
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	56%	44%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	63%	38%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	63%	38%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	31%	69%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	50%	50%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	63%	38%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	50%	50%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	75%	25%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	64911	<b># of Respondents:</b>	35
<b>Survey Code Descriptor:</b>	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve		

<b>Top Ref Code:</b>	25609	<b># of Respondents:</b>	13	<b>% of Respondents:</b>	37%
<b>Top Ref Code Descriptor:</b>	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
<b>Overall Intensity and Complexity:</b>		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	31%	46%	23%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		15%	38%	46%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		23%	46%	31%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	46%	54%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	31%	69%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	62%	38%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	62%	31%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	23%	69%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	54%	38%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	64X91	<b># of Respondents:</b>	65
<b>Survey Code Descriptor:</b>	Nerve repair; with nerve allograft, each nerve, first strand (cable)		

<b>Top Ref Code:</b>	25609	<b># of Respondents:</b>	23	<b>% of Respondents:</b>	35%
<b>Top Ref Code Descriptor:</b>	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	4%	17%	52%	26%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 4%	Identical 26%	More 70%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 13%	Identical 35%	More 52%		
	Urgency of medical decision making	Less 9%	Identical 35%	More 57%		
Technical Skill:		Less 0%	Identical 22%	More 78%		
Physical Effort:		Less 9%	Identical 30%	More 61%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 4%	Identical 52%	More 43%		
	Outcome depends on the skill and judgment of physician	Less 4%	Identical 17%	More 78%		
	Estimated risk of malpractice suite with poor outcome	Less 9%	Identical 35%	More 57%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	64X92	<b># of Respondents:</b>	36
<b>Survey Code Descriptor:</b>	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	14302	<b># of Respondents:</b>	14	<b>% of Respondents:</b>	39%
<b>Top Ref Code Descriptor:</b>	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
<b>Overall Intensity and Complexity:</b>		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	7%	0%	57%	36%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	29%	64%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		14%	29%	57%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	21%	71%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	14%	86%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	29%	71%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		14%	21%	64%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	14%	79%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	43%	57%		

ISSUE: Nerve Repair  
TAB: 16

SOURCE	CPT	DESC	Resp	IWPUT	RVW					Total Time	pre PKG	PRE			INTRA					POST-FACILITY				POST-OFFICE				
					MIN	25th	MED	75th	MAX			EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	38	39	15	14	13	12	11
REF 1	64831	Suture of digital nerve, hand	16	0.067			9.16			237		40	10	15			60			15		0.5			2	2		
REF 2	26356	Repair or advancement, flexor	9	0.055			9.56			277	3	33	10	15			60			30		0.5			2	4		
current	64910	Nerve repair; with synthetic conduit		0.067			11.39			264		25	10	15			90			20		0.5			3	1		
SVY	64910	Nerve repair; with synthetic conduit	63	0.076	8.80	10.52	11.39	13.50	16.00	264		40	10	15	45	60	75	83	130	20		0.5			3	1		
REC	64910			0.066			10.52			257	3	33	10	15			75			20	9B	0.5			3	1		

REF 1	25609	Open treatment of distal radius/ulna	13	0.060			14.38			351		33	10	15			120			30		0.5			4	2
REF 2	14301	Adjacent tissue transfer or revascularization	5	0.070			12.65			287		33	10	15			100			25		0.5			3	1
current	64911	Nerve repair; with autogenous nerve graft		0.075			14.39			294		25	10	15			120			20		0.5			3	1
SVY	64911	Nerve repair; with autogenous nerve graft	35	0.073	11.39	13.50	14.00	15.00	19.00	309		45	15	15	80	90	110	120	150	20		0.5			3	1
REC	64911			0.077			14.00			292	3	33	10	15			110			20	9B	0.5			3	1

REF 1	25609	Open treatment of distal radius/ulna	23	0.060			14.38			351		33	10	15			120			30		0.5			4	2
REF 2	64831	Suture of digital nerve, hand	12	0.067			9.16			237		40	10	15			60			15		0.5			2	2
NEW		N/A																								
SVY	64912	Nerve repair; with nerve allograft	65	0.092	9.16	12.00	14.00	15.00	18.00	279		40	10	15	60	75	90	100	180	20		0.5			3	1
REC	64912			0.072			12.00			272	3	33	10	15			90			20	9B	0.5			3	1

REF 1	+14302	Adjacent tissue transfer or revascularization	14	0.093			3.73			40		0					40			0						
REF 2	+11008	Removal of prosthetic material	8	0.083			5.00			60		0					60			0						
NEW		N/A																								
SVY	+64913	Nerve repair; with nerve allograft	36	0.124	2.10	3.00	3.73	4.20	5.00	30		0			20	30	30	45	65	0						
REC	+64913			0.100			3.00			30		0					30			0						



**Tab Number: 16**


**Issue: Nerve Repair**

**Code(s): 64910, 64911, 64X91, 64X92**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Anne Miller, MD
<b>Specialty Society:</b>	American Society for Surgery of the Hand
<b>Date:</b>	December 13, 2016

**Tab Number: 16**


**Issue: Nerve Repair**

**Code(s): 64910, 64911, 64X91, 64X92**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

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<b>Signature:</b>	
<b>Print Name:</b>	Mark Villa, MD
<b>Specialty Society:</b>	ASPS
<b>Date:</b>	December 13, 2016

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT	Descriptor	global
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	090
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	090
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	090
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	ZZZ

Global Period: 090, ZZZ

Meeting Date: January 2017

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

The Advisors reviewed the current inputs for 64910 and 64911 and determined that the standard 90-day inputs are appropriate.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

Current PE inputs used as reference.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A**

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

Supply items have been added that are necessary for splint removal, dressing change, and new splint at first postop visit. In addition, a cast cutter and cart have been added as necessary to remove the postop splint and fabricate a new splint at the first postop visit. These supply and equipment items correspond to recently (RUC and CMS) approve PE inputs for flexor tendon surgery (April 2015, 26356-26358).

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

The clinical staff completes the required battery of pre-service diagnostic and referral forms. They call the hospital to schedule the procedure in the operating room, identify the needed supplies and equipment, including splinting supplies, and to schedule anesthesia. The clinical staff educates both the patient and family on what they need to do to prepare for and recover from surgery.

Intra-Service Clinical Labor Activities:

Patients are typically discharged on the same day. Standard 6 minutes is indicated.

Post-Service Clinical Labor Activities:

Standard time for each postoperative EM visit is indicated.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REF CODE		REC		REF CODE		REC		REC		REC	
2	REVISED 1-12-17			64910		64910		64911		64911		64912		64913	
3	Meeting Date: 01/2017 Tab: 16 Specialty: hand surgery, plastic surgery	CMS Code	Staff Type	Nerve repair; with synthetic conduit or vein allograft (eg. nerve tube).		Nerve repair; with synthetic conduit or vein allograft (eg. nerve tube).		Nerve repair; with autogenous vein graft (includes harvest of vein		Nerve repair; with autogenous vein graft (includes harvest of vein		Nerve repair; with nerve allograft, each nerve, first strand (cable)		Nerve repair; with nerve allograft, each additional strand (List	
4	LOCATION			Office	Facility	Office	Facility	Office	Facility	Office	Facility	Office	Facility	Office	Facility
5	GLOBAL PERIOD			90	90	90	90	90	90	90	90	90	90	ZZZ	ZZZ
6	TOTAL CLINICAL LABOR TIME			N/A	207	N/A	201	N/A	207	N/A	201	N/A	201	N/A	N/A
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	60	0	60	0	60	0	60	0	60	0	0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	12	0	6	0	12	0	6	0	6	0	0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	135	0	135	0	135	0	135	0	135	0	0
10	PRE-SERVICE														
11	Start: Following visit when decision for surgery or procedure made														
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5		5		5		5		
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20		20		20		20		
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8		8		8		8		
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20		20		20		20		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7		7		7		7		
17	End: When patient enters office/facility for surgery/procedure														
18	SERVICE PERIOD														
19	Start: When patient enters office/facility for surgery/procedure:														
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	n/a	12	n/a	6	n/a	12	n/a	6	n/a	6		
43	End: Patient leaves office														
44	POST-SERVICE Period														
45	Start: Patient leaves office/facility														
47	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
48	99211 16 minutes		16												
49	99212 27 minutes		27		1		1		1		1		1		
50	99213 36 minutes		36		3		3		3		3		3		
51	99214 53 minutes		53												
52	99215 63 minutes		63												
53	Total Office Visit Time	L037D	RN/LPN/MTA	0	135	0	135	0	135	0	135	0	135	0	0
55	End: with last office visit before end of global period														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REF CODE		REC		REF CODE		REC		REC		REC	
2	REVISED 1-12-17			64910		64910		64911		64911		64912		64913	
3	Meeting Date: 01/2017 Tab: 16 Specialty: hand surgery, plastic surgery	CMS Code	Staff Type	Nerve repair; with synthetic conduit or vein allograft (eg. nerve tube).		Nerve repair; with synthetic conduit or vein allograft (eg. nerve tube).		Nerve repair; with autogenous vein graft (includes harvest of vein)		Nerve repair; with autogenous vein graft (includes harvest of vein)		Nerve repair; with nerve allograft, each nerve, first strand (cable)		Nerve repair; with nerve allograft, each additional strand (List	
4	LOCATION			Office	Facility	Office	Facility	Office	Facility	Office	Facility	Office	Facility	Office	Facility
5	GLOBAL PERIOD			90	90	90	90	90	90	90	90	90	90	ZZZ	ZZZ
56	MEDICAL SUPPLIES*	CODE	UNIT												
57	pack, minimum multi-specialty visit	SA048	pack		4		4		4		4		4		
58	pack, post-op incision care (suture)	SA054	item		1		1		1		1		1		
59	postop cast removal														
60	underpad 2ft x 3ft (Chux)	SB044	item				2				2		2		
61	dressing change at first POV														
62	gloves, sterile	SB024	pair				1				1		1		
63	povidone swabsticks (3 pack uou)	SJ043	item				1				1		1		
64	swab-pad, alcohol	SJ053	item				6				6		6		
65	gauze, sterile 4in x 4in	SG055	item				4				4		4		
66	dressing, 5in x 9in (Xeroform)	SG041	item				1				1		1		
67	tape, surgical paper 1in (Micropore)	SG079	inch				36				36		36		
68	splint at first POV														
69	cast, padding 4in x 4yd (Webril)	SG025	item				2				2		2		
70	bandage, Kerlix, sterile 4.5in	SG016	item				1				1		1		
71	bandage, Kling, non-sterile 2in	SG017	item				2				2		2		
72	casting tape, fiberglass 4in x 4yd	SG029	item				1				1		1		
73	bandage, elastic wrap 4in (Ace)	SG012	item				1				1		1		
74	EQUIPMENT	CODE													
75	table, power	EF031	1,2,3 POV		135		108		135		108		108		
76	light, exam	EQ168	1,2 POV		135		72		135		72		72		
77	cast cutter	EQ081	1st POV				36				36		36		
78	cast cart	EQ080	1st POV				36				36		36		

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedural Codes\**

January 2017

**Photodynamic Therapy**

CPT code 96567 *Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session* was identified by Centers for Medicare and Medicaid Services (CMS) in the high expenditure services screen. The RUC recommended that this service be removed from the screen because the work RVU=0.00. However, in the Final Rule for 2016, CMS indicated that the work and practice expense for this service should be reviewed.

In April 2001 CPT code 96567 was reviewed as new technology. The procedure involves application of a photo-sensitizing agent followed by exposure to special ultra-violet light. A survey of 39 dermatologists using this new technology indicated that there was some physician work for this XXX global period procedure. However, upon review of the survey responses, the specialty society concluded that the respondents did not accurately assess the time required by the physician for this procedure using the new technology and included a written recommendation that for the typical patient receiving this procedure, there is no physician work. The RUC agreed that the procedure, using this new technology, does not involve physician work but does involve practice expense direct inputs. Years later the service was nominated to be considered in 2005 Five-Year Review. The final Five-Year Workgroup report indicated that after extensive discussion with the RUC regarding the potential need for further CPT revisions the RUC advised the specialty society that if physician work is part of the code the specialty would need to submit a coding proposal to CPT to clarify the language to include physician work. At that time the specialty decided to instead withdraw the code from the Five-Year Review.

At the April 2016 RUC meeting the specialty society recommended that the service be deferred to the October 2016 RUC meeting in order for a survey of work to be conducted. The specialty explained that in reviewing the service closely, they realized that there is now physician work involved in providing this service. In order to confirm this observation the specialty conducted an informal survey that was sent to a few dermatologists. The specialty contends that the results confirm that physicians are involved in the actual delivery of care to patients by performing tasks such as: curettage of thick lesions, real time tailoring of the PDT regimen, explaining side effects, and providing post care instructions. A RUC member questioned if any of the aforementioned services were separately reportable and the specialty clarified that they are not. The specialty added that there has been no change to the service and that it is not necessary to refer to the code to the CPT Editorial Panel. A RUC member questioned why the specialty would be claiming that there is physician work now, when it was stated by the specialty that the service has not changed and in 2001 the specialty concluded that for the typical patient there is no physician work as noted above. A RUC member suggested that there may be the need for two separate codes, one for a simple procedure that clinical staff can provide and one that is more complex and needs physician involvement. Another RUC member stated that we do not have enough information to determine if the service should or should

not be submitted to CPT and ultimately that decision is up to the specialty society. The RUC member continued that this is an unusual service in that it usually is a two encounter service yet it is a single XXX global code. If they are going to survey for work, it is advisable to go to CPT in order to separate this into two codes or at a minimum seek advice from the Research Subcommittee about how to survey for this type of service. The specialty indicated that it would submit a code change application to split code 96567 into two codes—one to describe physician work and one to describe the technical component. The RUC referred CPT code 96567 to the CPT Editorial Panel.

In September 2016, the CPT Editorial Panel deleted code 96567 and created two new codes to describe physician identification of debridement and hyperkeratotic lesions and physician application of a photosensitizing agent.

### **Compelling Evidence**

The specialty societies presented compelling evidence for codes 96573 and 96574. The specialty explained that the concept of the old code where the clinical staff blindly applies photosensitizer one day and then shines the photosensitizer light on it the next day is obsolete. Photodynamic therapy has evolved with more aggressive skin preparation, customized multilayer application of photosensitizer by the physician and occlusion during incubation has changed the procedure from being a two day procedure to a one day procedure with increased efficacy and decreased side effects. As it is done now, the application is a multilayer application which depends on how much disease is present. The physician would need to be the one to evaluate how much disease is present. The RUC accepted that there is compelling evidence that the technique involved in performing 96573 and 96574 has changed where the service can now necessitate physician work the same day as the procedure. It was also noted that previously, when the service was performed over two days, there would be some physician work that happened on the first day via a separately reported E/M service. The RUC noted that if physician work is included in 96573 and 96574, that same-day E/M services should be prohibited unless the service is for an unrelated diagnosis to the photodynamic therapy.

**96567 Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa with application and (eg, lip) by illumination/activation of photosensitive drug(s), per day each phototherapy exposure session**

The RUC agreed that the coding structure for this family of services should cover situations both where the photodynamic therapy application was solely performed by the clinical labor staff and also if it was solely performed by a Physician. **To accomplish this, the RUC recommends that PE-only CPT code 96567 should be undeleted and remain zero physician work.** Also, the RUC agreed that the descriptor for 96567 should have an editorial change to “*Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day.*”

**96573 Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

The RUC reviewed the survey results from 88 dermatologists and agreed with the specialty on the following physician time components: 5 minutes of pre-service evaluation time, 10 minutes of intra-service time, and 5 minutes of immediate post-service time.

The RUC reviewed the survey 25th percentile work RVU of 0.92 and agreed that the survey respondents overvalued the work involved in performing this service. To find an appropriate work RVU crosswalk for CPT code 96573, the RUC compared the survey code to CPT code 99212 *Office or other outpatient visit for the evaluation and management of an established patient*, (work RVU=0.48, 10 minutes intra-service ) and noted that both services involve an identical amount of intra-service time and a similar amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk from code 99212 to code 96573. For additional support, the RUC also referenced CPT code 99201 (work RVU=0.48, 10 minutes intra-service time), which also has identical intra-service time and involves a similar amount of physician work relative to 96573.

The RUC also agreed that the global for this code should be 000-day to avoid the potential for billing of same day E/M related to performing the photodynamic therapy service. Further, the RUC recommends that an NCCI edit of “1” should be applied to this code. In addition, the RUC agreed that a CPT parenthetical should be created to prohibit the performance of same-day E/M that is related to the photodynamic therapy and that it cannot be reported with 96567 or 96574. **The RUC recommends a work RVU of 0.48 for 96573, as well as a 000-day global period and a descriptor change so the service can only be provided by a physician or other qualified health care professional.** The RUC noted that their work RVU recommendation is contingent on CMS using the 000-day global and that CPT Editorial Panel implementing the recommended code changes.

***96574 Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day***

The RUC reviewed the survey results from 69 dermatologists and agreed with the specialty on the following physician time components: 10 minutes of pre-service evaluation time, 16 minutes of intra-service time, and 10 minutes of immediate post-service time. The RUC noted that 96574 should include more post-service time relative to 96573, since in addition to the same post-service work as 96573, patients typically have additional bleeding following the curettage which often requires cautery.

The RUC reviewed the survey 25th percentile work RVU of 1.25 and agreed that the survey respondents overvalued the work involved in performing this service. To find an appropriate work RVU crosswalk for CPT code 96574, the RUC compared the survey code to CPT code 11042 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less* (work RVU of 1.01, intra-service time of 15 minutes, total time of 36 minutes) and noted that both services have similar intra-service time, identical total time and involve a similar amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk from code 11042 to code 96574. For additional support, the RUC compared the survey code to CPT code 40490 *Biopsy of lip* (work RVU of 1.22, intra-service time of 15 minutes, total time of 34 minutes) and noted that the survey code has slightly more intra-service and total time, while also involving a comparable amount of physician work. The RUC also noted that the intra-service work intensity of 96574 should be somewhat higher than 96573 to account for the more intense physician work involved in performing the curettage.



The RUC also agreed that the global for this code should be 000-day to avoid the potential for billing of same day E/M related to performing the photodynamic therapy service. Further, the RUC recommends that an NCCI edit of “1” should be applied to this code. In addition, the RUC agreed that a CPT parenthetical should be created to prohibit the performance of same-day E/M that is related to the photodynamic therapy and that it cannot be reported with 96567 or 96573. **The RUC recommends a work RVU of 1.01 for 96574, as well as a 000-day global period and a descriptor change so the service can only be provided by a physician or other qualified health care professional.** The RUC noted that their work RVU recommendation is contingent on CMS using the 000-day global and that CPT Editorial Panel implementing the recommended code changes.

### **Practice Expense**

The RUC reviewed the direct practice expense inputs as approved by the Practice Expense Subcommittee. As the Practice expense subcommittee convened prior to the RUC’s decision to make several coding changes, the RUC made several modifications to the Practice Expense Subcommittee’s original recommendations. The RUC determined that the current practice expense inputs for undeleted code 96567 would be the same with the reduction of assist physician performing procedure to 0 minutes and including 10 minutes for the clinical staff to perform the procedure. Also the RUC determined that 2 minutes to check dressings & wound/home care instructions/coordinate office visits/prescriptions should be added to CPT 96567. In addition, the intraservice component of the service period to assist physician in performing procedure will be removed from CPT code 96573 and 96574. The RUC approved the direct practice expense inputs approved by the Practice Expense Subcommittee, though with the above modifications.

### **Global Period**

The RUC also agreed that 96573 and 96574 should have the 000-day global period to avoid the potential for billing of related same day E/M related to performing the photodynamic therapy service.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Special Dermatological Procedures</b> <b>Photodynamic Therapy</b>  <u>Codes 96573, 96574 should be used to report nonsurgical treatment of cutaneous lesions using photodynamic therapy by external application of light to destroy premalignant lesion(s) of the skin and adjacent mucosa (eg, face, scalp) by activation of photosensitizing drug(s).</u>  <u>A treatment session is defined as an application of photosensitizer to all lesions within an anatomic area (eg, face, scalp), with or without debridement of all premalignant hyperkeratotic lesions in that area, followed by illumination/activation with an appropriate light source to the same area.</u>  <u>Do not report codes for debridement (11000 – 11005), lesion shaving (11300 – 11313), biopsy (11100, 11101), or lesion excision (11400-11471) within the treatment area(s) on the same day as photodynamic therapy (96573, 96574).</u>				
96567	-	Photodynamic therapy by external application of light to destroy premalignant <del>and/or malignant</del> lesions of the skin and adjacent mucosa <u>with application and (eg, lip) by illumination/activation of photosensitive drug(s), per day each phototherapy exposure session</u>	-	0.00
●96573	EE1	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) <u>provided by a physician or other qualified health care professional</u> , per day  (Do not report 96573 with 96567 or 96573 for the same anatomic area)	000	0.48

●96574	EE2	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day  (Do not report 96574 with 96567 or 96573 for the same anatomic area)	000	1.01
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December 13, 2016

Sherry Smith  
AMA/Specialty Society RVS Update Committee  
515 North State Street  
Chicago, IL 60610

RE: Summary of Recommendations for Tab 17

Dear Sherry,

The American Academy of Dermatology Association (AADA) appreciates the opportunity to submit the attached summary of recommendations of physician work and practice expense for Tab 17, Photodynamic Codes 96X73 and 96X74.

Below is a list of the attached items:

- RUC Summary spreadsheet – Tab 17
- Work SOR 96X73 - Tab 17
- Work SOR 96X74 - Tab 17
- Practice Expense Recommendation Worksheet - Tab 17
- PE SOR for 96X73 – Tab 17
- PE SOR for 96X74 – Tab 17
- Paid Invoices for new supply items
- Attestation and Financial disclosures

If you have any questions regarding the survey and the recommendations, please feel free to contact Helen Olkaba at [holkaba@aad.org](mailto:holkaba@aad.org) or (202) 712-2612.

Respectfully submitted,



Howard Rogers, M.D.  
Acting RUC Advisor  
American Academy of Dermatology Association



*American Academy of Dermatology*  
Excellence in Dermatology™

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 96573      Tracking Number   EE1

Original Specialty Recommended RVU: **0.68**Presented Recommended RVU: **0.68**

Global Period: 000

RUC Recommended RVU: **0.48**

CPT Descriptor: Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65-year-old female patient with numerous, ill-defined actinic keratosis.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review pertinent data in medical records and relevant pathology. Obtain pertinent history from patient to include previous skin cancers, prior treatment history, sun protection history, photosensitizing conditions or medications, etc. Discuss choice of treatment options. Describe the photodynamic therapy procedure method and expected reaction and results. Review medical risks, such as bleeding, pain and/or paresthesias, edema, infection, delayed healing, scarring, pigmentary alteration, and actinic keratosis recurrence. Obtain informed consent and advise staff on necessary supplies and instrument tray preparation.

Patient is gowned and positioned. The patient is examined under surgical lighting and magnification. Each lesion within the treatment field is identified and graded based on size, degree of thickness/hyperkeratosis and potential functional risk. Lesions are marked for photography, and the total number of lesions is counted and recorded. Pre-procedural topical skin preparation for removal of oils, sebum, and loose stratum corneum. Preparation of photosensitizer.

Description of Intra-Service Work: Variable application of prepared photo-sensitizing agent in topical solution form directly to individual lesions and entire treatment field dependent on clinical characteristics. Allow drying. Apply occlusive dressing and photoprotective shielding.

Description of Post-Service Work: The patient is allowed to incubate in dark room for the period of time determined by the physician. Patient is positioned for illumination and proper monochromatic eye protection applied. The patient receives illumination of the treatment area with appropriate light source to completely activate photosensitizer. Patient must be observed and this process is monitored by a qualified healthcare professional to provide intervention to any adverse reaction. Apply photoprotective topical product, and apply dressing, when appropriate. Instruct patient and/or family on postoperative wound care, dressing changes, as well as instructions for problems such as bleeding or pain and restrictions on activities, continued duration of photosensitivity, functional risks, and follow-up period. Provide prescriptions for pain and antibiotics/antivirals, as necessary. Complete medical record and communicate results to referring physician as appropriate.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Howard Rogers, M.D., and Mark Kaufmann, M.D.				
<b>Specialty(s):</b>	American Academy of Dermatology				
<b>CPT Code:</b>	96573				
<b>Sample Size:</b>	965	<b>Resp N:</b>	87	<b>Response:</b>	9.0 %
<b>Description of Sample:</b>	Targeted				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	30.00	<b>57.00</b>	131.00	866.00
<b>Survey RVW:</b>	0.25	0.92	<b>1.15</b>	1.39	2.78
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	5.00	<b>10.00</b>	15.00	120.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

<b>CPT Code:</b>	96573	<b>Recommended Physician Work RVU: 0.48</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>13.00</b>	<b>-8.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>1.00</b>	<b>-1.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>6.00</b>	<b>-6.00</b>	
<b>Intra-Service Time:</b>	<b>10.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>18.00</b>	<b>-13.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96921	000	1.30	RUC Time

CPT Descriptor Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96920	000	1.15	RUC Time

CPT Descriptor Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93015	XXX	0.75	RUC Time	1,082,643

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17      % of respondents: 19.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 13      % of respondents: 14.7 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>96573</u>	Top Key Reference CPT Code: <u>96921</u>	2nd Key Reference CPT Code: <u>96920</u>
Median Pre-Service Time	5.00	7.00	7.00
Median Intra-Service Time	10.00	30.00	23.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>42.00</b>	<b>35.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.82	-0.23
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.47	-0.23
Urgency of medical decision making	0.35	-0.15
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.06	0.46
Physical effort required	0.24	0.23



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.59	0.77
Outcome depends on the skill and judgment of physician	0.24	0.31
Estimated risk of malpractice suit with poor outcome	0.53	0.77

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.35	0.46
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

The American Academy of Dermatology Association (AADA) surveyed the two new Photodynamic therapy codes 96573 and 96574. These two codes replace the current CPT code 96567, which entered the fee schedule in 2002. When the code was presented in 2001 as a new technology, the society felt that physician work, on the day of the procedure, was not typical. The survey data did suggest that physician work was inherent to the procedure, but the society decided to not include this work in valuation since the procedure was new, and it was not clear how the procedure would be performed in practice as it became more widely available.

In preparation to survey CPT code 96567 in 2016, the society's expert panel conducted an informal survey of various internal committees to determine if there was any physician work in providing the service. This survey simply asked if physicians see the patient on the day of the service and, if so, to describe the work they do. The work described by those respondents included application of the photosensitizing drug (always) and curettage of hyperkeratotic lesions (sometimes). It was clear to the expert panel that the procedure had evolved over time such that impermeable hyperkeratotic epidermis is removed and application of the photosensitizing drug is titrated based on the degree of disease present to achieve the dual goals of both individual lesion treatment and broad general field therapy. Therefore, the society asked to take code 96567 back to CPT. The result of that effort was two new codes for photodynamic therapy, one without (96573) and one with the curettage of hyperkeratotic lesions (96574).

The RUC requested the society to survey the new codes for the January 2017 RUC meeting. The society conducted a targeted survey using a list provided by DUSA Pharmaceuticals, Inc., the vendor that manufactures the equipment, with the approval of the Research Subcommittee.

**Recommendation**

The expert panel reviewed the survey result recommended the following RVUs and Times for the RUC's review for code 96573.

*Pre-service time:*

The expert panel recommends the median survey pre service time of 5 minutes for evaluation and the selected pre-time package is XXX global code.

*Intra-service time:*

The expert panel recommends the median intra-service time of 10 minutes.

*Post-Service time*

The expert panel believes the survey median post-service time of 5 minutes would accurately account for the work performed during the post service time.

*Relative Value Units:*

The expert panel believes that the 25<sup>th</sup> percentile value does not compare appropriately with the selected key reference services, especially when the intensity and complexity measures are taken into account. Therefore, the expert panel recommends 0.68 work RVUs for this procedure, which is lower than the 25% percentile of the survey data. We believe this relative value is supported by recently reviewed XXX-global codes with the same times. We compared the time and RVU of the survey data with other comparator codes that have the same Pre/Intra/Post times as shown in the table below. Placing the survey code in the middle of this group, we recommend a direct crosswalk to code 76642 (*Ultrasound, breast, unilateral*).

**Recently Reviewed XXX-global Comparator Codes**

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Intra Time	Post Time	Total Time	IWPUT	Most Recent RUC Review
78013	Thyroid imaging (including vascular flow, when	XXX	0.37	5	10	5	20	0.0146	Apr12
62367	Electronic analysis of programmable, implan	XXX	0.48	5	10	5	20	0.0256	Feb11
78014	Thyroid imaging (including vascular flow, when	XXX	0.50	5	10	5	20	0.0276	Apr12
93882	Duplex scan of extracranial arteries; unilateral	XXX	0.50	5	10	5	20	0.0276	Apr14
93888	Transcranial Doppler study of the intracranial a	XXX	0.50	5	10	5	20	0.0276	Apr14
93926	Duplex scan of lower extremity arteries or arte	XXX	0.50	5	10	5	20	0.0276	Apr14
93931	Duplex scan of upper extremity arteries or arte	XXX	0.50	5	10	5	20	0.0276	Apr14
93979	Duplex scan of aorta, inferior vena cava, iliac v	XXX	0.50	5	10	5	20	0.0276	Apr14
76642	Ultrasound, breast, unilateral, real time with in	XXX	0.68	5	10	5	20	0.0456	Jan14
96X73	Photodynamic therapy by external application	XXX	0.68	5	10	5	20	0.0456	
76856	Ultrasound, pelvic (nonobstetric), real time with	XXX	0.69	5	10	5	20	0.0466	13-Oct
76770	Ultrasound, retroperitoneal (eg, renal, aorta, n	XXX	0.74	5	10	5	20	0.0516	Oct13
78226	Hepatobiliary system imaging, including gallbl	XXX	0.74	5	10	5	20	0.0516	Feb11
78264	Gastric emptying imaging study (eg, solid, liq	XXX	0.74	5	10	5	20	0.0516	Apr15
78580	Pulmonary perfusion imaging (eg, particulate)	XXX	0.74	5	10	5	20	0.0516	Feb11
78597	Quantitative differential pulmonary perfusion, in	XXX	0.75	5	10	5	20	0.0526	Feb11
78070	Parathyroid planar imaging (including subtract	XXX	0.80	5	10	5	20	0.0576	Apr12
99462	Subsequent hospital care, per day, for evaluat	XXX	0.84	5	10	5	20	0.0616	Oct10
78472	Cardiac blood pool imaging, gated equilibrium;	XXX	0.98	5	10	5	20	0.0756	Sept11

In summary, the expert panel recommends 0.68 RVUs, 5 minutes of pre-service time, 10 minutes for intra-service time and 5 minutes of post-time for code 96573.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96567

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology                      How often? Sometimes

Specialty                                      How often?

Specialty                                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 201675

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Since the existing code is split into three codes, this represents the 50% of the Medicare database volume of 134450 (67,225) and multiplied by 3.

Specialty Dermatology	Frequency 167350	Percentage 82.98 %
Specialty Physician Assistants	Frequency 20309	Percentage 10.07 %
Specialty Nurse Practitioners	Frequency 8128	Percentage 4.03 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 67,225 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The estimation is based on the 2015 Medicare utilization rate accounting for the fact that the original code 96567 is split into three codes.

Specialty Dermatology	Frequency 55783	Percentage 82.97 %
Specialty Physician Assistants	Frequency 6743	Percentage 10.03 %
Specialty Nurse Practitioners	Frequency 2709	Percentage 4.02 %

Do many physicians perform this service across the United States? No

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Skin

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96567

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 96574      Tracking Number   EE2

Original Specialty Recommended RVU: **1.00**Presented Recommended RVU: **1.00**

Global Period: 000

RUC Recommended RVU: **1.01**

CPT Descriptor: Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65-year female patient with numerous, hyperkeratotic actinic keratoses on separate body areas

Percentage of Survey Respondents who found Vignette to be Typical: 87%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review pertinent data in medical records and relevant pathology. Obtain pertinent history from patient to include previous skin cancers, prior treatment history, sun protection history, photosensitizing conditions or medications, etc. Discuss choice of treatment options. Describe the curettage and photodynamic therapy procedure method and expected reaction and results. Review medical risks, such as bleeding, pain and/or paresthesias, edema, infection, delayed healing, scarring, pigmentary alteration, and actinic keratosis recurrence. Obtain informed consent and advise staff on necessary supplies and instrument tray preparation.

Patient is gowned and positioned. Each lesion within the treatment field is identified and graded based on size, degree of thickness/hyperkeratosis and potential functional risk. Lesions are marked for photography, and the total number of lesions is counted and recorded. Pre-procedural topical skin preparation for removal of oils, sebum, and loose stratum corneum. Sterilely prep patient's skin. Injection of appropriate local anesthetic into all hyperkeratotic lesions prior to curettage and wait for effect. Apply sterile drapes. Preparation of photosensitizer.

Description of Intra-Service Work: Using curette, remove hyperkeratotic epidermis from each lesion. Achieve hemostasis with pressure, or electrocautery, or application of topical hemostatic agents. Variable application of prepared photosensitizing agent in topical solution form directly to individual curetted lesions, non-hyperkeratotic (non-curetted) lesions and entire treatment field dependent on clinical characteristics. Allow drying. Apply occlusive dressing and photoprotective shielding.

Description of Post-Service Work: The patient is allowed to incubate in dark room for the period of time determined by the physician. Patient is positioned for illumination and proper monochromatic eye protection applied. The patient receives illumination of the treatment area with appropriate light source to completely activate photosensitizer. Patient must be observed and this process is monitored by a qualified healthcare professional to provide intervention to any adverse reaction. Apply antibiotic ointment and photoprotective topical product, and apply dressing, when appropriate. Instruct patient and/or family on postoperative wound care, dressing changes, as well as instructions for problems such as bleeding or pain and restrictions on activities, continued duration of photosensitivity, functional risks, and follow-up period. Provide prescriptions for pain and antibiotics/antivirals, as necessary. Complete medical record and communicate results to referring physician as appropriate.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Howard Rogers, M.D., and Mark Kaufmann, M.D.				
<b>Specialty(s):</b>	American Academy of Dermatology				
<b>CPT Code:</b>	96574				
<b>Sample Size:</b>	965	<b>Resp N:</b>	68	<b>Response:</b>	7.0 %
<b>Description of Sample:</b>	Targeted				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	10.00	30.00	450.00
<b>Survey RVW:</b>	0.50	1.25	1.46	1.60	2.78
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	10.00	16.00	25.00	240.00
<b>Immediate Post Service-Time:</b>	<u>10.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth)

<b>CPT Code:</b>	96574	<b>Recommended Physician Work RVU: 1.01</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	10.00	13.00	-3.00	
<b>Pre-Service Positioning Time:</b>	0.00	1.00	-1.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	6.00	-6.00	
<b>Intra-Service Time:</b>	16.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	18.00	-8.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
11308	000	1.46	RUC Time

CPT Descriptor Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99214	XXX	1.50	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
11042	000	1.01	RUC Time	1,628,800

CPT Descriptor 1 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 14      **% of respondents:** 20.2 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 13      **% of respondents:** 18.8 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>96574</u>	Top Key Reference CPT Code: <u>11308</u>	2nd Key Reference CPT Code: <u>99214</u>
Median Pre-Service Time	10.00	6.00	5.00
Median Intra-Service Time	16.00	26.00	25.00
Median Immediate Post-service Time	10.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>36.00</b>	<b>37.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.43	0.46
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.21	0.15
Urgency of medical decision making	0.36	0.23
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.29	0.92



Physical effort required	0.36	1.31
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.93	1.00
Outcome depends on the skill and judgment of physician	0.57	0.77
Estimated risk of malpractice suit with poor outcome	0.79	1.38

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.93	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

The American Academy of Dermatology Association (AADA) surveyed the two new Photodynamic therapy codes 96573 and 96574. These two codes replace the current CPT code 96567, which entered the fee schedule in 2002. When the code was presented in 2001 as a new technology, the society felt that physician work, on the day of the procedure, was not typical. The survey data did suggest that physician work was inherent to the procedure, but the society decided to not include this work in valuation since the procedure was new, and it was not clear how the procedure would be performed in practice as it became more widely available.

In preparation to survey CPT code 96567 in 2016, the society's expert panel conducted an informal survey of various internal committees to determine if there was any physician work in providing the service. This survey simply asked if physicians see the patient on the day of the service and, if so, to describe the work they do. The work described by those respondents included application of the photosensitizing drug (always) and curettage of hyperkeratotic lesions (sometimes). It was clear to the expert panel that the procedure had evolved over time such that impermeable hyperkeratotic epidermis is removed and application of the photosensitizing drug is titrated based on the degree of disease present to achieve the dual goals of both individual lesion treatment and broad general field therapy. Therefore, the society asked to take code 96567 back to CPT. The result of that effort was two new codes for photodynamic therapy, one without (96573) and one with the curettage of hyperkeratotic lesions (96574).

The RUC requested the society to survey the new codes for the January 2017 RUC meeting. The society conducted a targeted survey using a list provided by DUSA Pharmaceuticals, Inc., the vendor that manufactures the equipment, with the approval of the Research Subcommittee.

**Recommendation**

The expert panel reviewed the survey result recommended the following RVUs and Times for the RUC's review for code 96574.

*Pre-service time:*

The expert panel recommends the median survey pre service time of 10 minutes for evaluation and the selected pre-time package is XXX global code.

#### *Intra-service time:*

The expert panel recommends the median intra-service time of 16 minutes.

#### *Post-Service time*

The expert panel believes the survey median post-service time of 10 minutes would accurately account for the work performed during the post service time.

#### *Relative Value Units:*

Similarly to the base code (96573), the expert panel believes that the 25<sup>th</sup> percentile value does not compare appropriately with the selected key reference services, especially when the intensity and complexity measures are taken into account. The expert panel recommends 1.00 work RVUs for this procedure, which is lower than the 25% percentile of the survey data. We believe this relative value is supported by recently reviewed XXX-global codes with similar times. We compared the time and RVU of the survey data with other comparator codes that have the similar Pre/Intra/Post times as shown in the table below. Placing the survey code within this group, we recommend a direct crosswalk to code 95907 (*Nerve conduction studies*), with the understanding that the crosswalk code has one minute less intra-service time than the survey code.

#### **Recently Reviewed XXX-global Comparator Codes**

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Intra Time	Post Time	Total Time	IWPUT	Most Recent RUC Review
95869	Needle electromyography; thor	XXX	0.37	10	15	10	35	-0.0052	Apr12
95870	Needle electromyography; limi	XXX	0.37	10	15	10	35	-0.0052	Apr12
76872	Ultrasound, transrectal;	XXX	0.69	10	15	10	35	0.0161	Apr12
93261	Interrogation device evaluation	XXX	0.74	10	15	10	35	0.0195	Apr14
95867	Needle electromyography; crai	XXX	0.79	10	15	10	35	0.0228	Apr12
93260	Programming device evaluation	XXX	0.85	10	15	10	35	0.0268	Apr14
95801	Sleep study, unattended, simu	XXX	1.00	10	15	15	40	0.0293	Apr10
95907	Nerve conduction studies; 1-2	XXX	1.00	10	15	10	35	0.0368	Apr12
96X74	Debridement of premalignant h	XXX	1.00	10	16	10	36	0.0345	
95866	Needle electromyography; her	XXX	1.25	10	15	10	35	0.0535	Apr12
95865	Needle electromyography; lary	XXX	1.57	10	15	7	32	0.0800	Apr12

Furthermore, the additional 0.32 RVUs in addition to the base code (96573) value of 0.68 RVU takes into account the increased intensity, the time factor, and maintains rank order across the family, and is consistent with the RVU differential seen in the survey. The 96574 code involves debridement of the lesions in addition to the photodynamic treatment, which necessitates the increased time.

In summary, the expert panel recommends 1.00 RVUs, 10 minutes of pre-service time, 16 minutes for intra-service time and 10 minutes of post-time for code 96574.

#### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.

- ☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96567

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology                      How often? Sometimes

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 176340

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Since this code is split into three codes, this represents the 40% the Medicare database volume of 134450 (53,780) and multiplied by 3.

Specialty Dermatology	Frequency 145710	Percentage 82.63 %
Specialty Nurse Practitioner	Frequency 17687	Percentage 10.03 %
Specialty Physician Assistant	Frequency 7124	Percentage 4.03 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 53,780 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The estimation is based on the 2015 Medicare utilization rate accounting for the fact that the original code 96567 being split into three codes.

Specialty Dermatology	Frequency 44438	Percentage 82.62 %
Specialty Nurse Practitioner	Frequency 5394	Percentage 10.02 %
Specialty Physician Assistant	Frequency 2167	Percentage 4.02 %

Do many physicians perform this service across the United States? No

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
 Procedures

BETOS Sub-classification:  
Minor procedure

BETOS Sub-classification Level II:  
Skin

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96567

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96X73	<b># of Respondents:</b>	87
<b>Survey Code Descriptor:</b>	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day		

<b>Top Ref Code:</b>	96921	<b># of Respondents:</b>	17	<b>% of Respondents:</b>	19%
<b>Top Ref Code Descriptor:</b>	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm				

		Survey Code <b>Compared to</b> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	6%	53%	29%	12%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 18%	Identical 47%	More 35%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 35%	Identical 53%	More 12%		
	Urgency of medical decision making	Less 18%	Identical 53%	More 29%		
<b>Technical Skill:</b>		Less 24%	Identical 35%	More 41%		
<b>Physical Effort:</b>		Less 29%	Identical 35%	More 35%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 24%	Identical 29%	More 47%		
	Outcome depends on the skill and judgment of physician	Less 6%	Identical 56%	More 24%		
	Estimated risk of malpractice suite with poor outcome	Less 47%	Identical 41%	More 65%		

<b>Survey Code:</b>	96X74	<b># of Respondents:</b>	68
<b>Survey Code Descriptor:</b>	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day		

<b>Top Ref Code:</b>	11308	<b># of Respondents:</b>	14	<b>% of Respondents:</b>	20%
<b>Top Ref Code Descriptor:</b>	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	14%	79%	7%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 7%	Identical 43%	More 50%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 0%	Identical 79%	More 21%		
	Urgency of medical decision making	Less 0%	Identical 64%	More 36%		
Technical Skill:		Less 14%	Identical 43%	More 43%		
Physical Effort:		Less 14%	Identical 36%	More 50%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 7%	Identical 21%	More 71%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 57%	More 43%		
	Estimated risk of malpractice suite with poor outcome	Less 0%	Identical 29%	More 71%		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AT				
9	SVY = Survey data - as it appears on the Summary of Recommendation form.																																												
10	REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.																																												
11																																													
12																																													
13	ISSUE: Photodynamic Therapy																																												
14	TAB: 17																																												
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs				Office					Prolonged										
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57					
17	1st REF	96921	Laser treatment for inflammatory skin		0.0344			1.30			42	7					30			5																									
18	2nd REF	96920	Laser treatment for inflammatory skin		0.0383			1.15			35	7					23			5																									
19	CURRENT	96567	Photodynamic therapy by external app		0.0000			0.00			0	0					0			0																									
20	SVY	96573	Photodynamic therapy by external app	88	0.0926	0.25	0.92	1.15	1.39	2.78	20	5			0	5	10	15	120	5																									
21	REC	96573	Photodynamic therapy by external app		0.0256			0.48			20	5					10			5																									
22																																													
23																																													
24																																													
25						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs				Office					Prolonged										
26	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57					
27	1st REF	11308	Shaving of epidermal or dermal lesion		0.0494			1.46			37	1	5				26			5																									
28	2nd REF	99214	Office or other outpatient visit for the e		0.0466			1.50			40	5					25			10																									
29	CURRENT	96567	Photodynamic therapy by external app		0.0000			0.00			0	0					0			0																									
30	SVY	96574	Debridement of premalignant hy	69	0.0633	0.50	1.25	1.46	1.60	2.78	36	10			5	10	16	25	240	10																									
31	REC	96574	Debridement of premalignant hyperker		0.0351			1.01			36	10					16			10																									
32																																													
33																																													
34																																													
35																																													

17  
Tab Number

Photodynamic Therapy  
Issue

96X73 and 96X47  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Howard Rogers, M.D.

\_\_\_\_\_  
Printed Signature

American Academy of Dermatology  
Specialty Society

December 7, 2016  
Date





AMA/Specialty Society RVS Update Committee (RUC)  
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any Vendor or Company that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

96X73 and 96X74  
CPT® Codes

DUSA Pharmaceuticals, Inc.  
Vendor/Company Name

By:

Jesper O Jensen

JESPER O JENSEN  
Printed Signature

CEO DUSA Pharmaceuticals, Inc. DUSA PHARM  
Title

December 13, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since this is a revised code, we used the PE direct inputs of existing code (CPT 96567) as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**The equipment time is calculated accounting for patient incubation time.**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Greet patient, ensure appropriate medical records are available. Review of pertinent test results. Obtain vital signs (Three BP- Pulse, Respiration). Provide pre-service education on treatment requirements, risks and scheduling /obtain consent. Prepare room, equipment, supplies. Patient is gowned and positioned. Assist physician during assessment and documentation of lesions for size, location, functional risks, and thickness. Photograph lesions and treatment area for documentation. **Staff assist in** pre-procedural topical skin preparation for removal of oils, sebum, and loose stratum corneum.

**Intra-Service Clinical Labor Activities:**

Assist physician in application of prepared photo-sensitizing agent including stabilizing patient's head and holding gauze to prevent photosensitizer from running into facial orifices and non-treatment areas. Assist physician in application of topical anesthetic product Assist physician in application of occlusive dressing and photo-protective shielding.

**Post-Service Clinical Labor Activities:**

Prepare room for patient to incubate in dark room for the period of time determined by the physician. Monitor patient intermittently during incubation. Review treatment requirements, any reactions or complaints regarding photosensitizing agent. Pre-illumination topical skin scrub for removal of topical products. Patient is positioned for illumination and proper monochromatic eye protection applied. The patient receives activation of the affected area with the BLU-U Photodynamic Therapy Illuminator for approximately 17 minutes. Patient must be observed and this process must be continuously monitored to provide intervention to any adverse reaction. Apply interventions for discomfort and monitor treatment breaks. Once illumination is complete, apply photoprotective topical product, and apply dressing, when appropriate.

## AMA/Specialty Society Update Process Practice Expense Summary of Recommendation Non Facility Direct Inputs

### CPT Long Descriptor:

Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since this is a revised code, we used the PE direct inputs of existing code (CPT 96567) as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**The equipment time is calculated accounting for patient incubation time.**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

### Pre-Service Clinical Labor Activities:

Greet patient, ensure appropriate medical records are available. Review of pertinent test results. Obtain vital signs. Provide pre-service education on treatment requirements, risks and scheduling /obtain consent. Prepare room, equipment, supplies. Patient is gowned and positioned. Assist physician during assessment and documentation of lesions for size, location, functional risks, and thickness. Photograph lesions and treatment area for documentation. **Assist physician in** pre-procedural topical skin preparation for removal of oils, sebum, and loose stratum corneum. **Assist in** pre-procedural surgical scrub to lesions selected for curettage. Assist physician with injection of local anesthetic to selected lesions.

Intra-Service Clinical Labor Activities:

Assist physician with curettage of hyperkeratotic epidermis from each lesion, including stabilizing patient's head, passing instruments, and holding pressure and obtaining hemostasis. Assist physician in application of prepared photo-sensitizing agent including stabilizing patient's head and holding gauze to prevent photosensitizer from running into facial orifices and non-treatment areas. Assist physician in application of topical anesthetic product. Apply occlusive dressing and photo-protective shielding.

Post-Service Clinical Labor Activities:

Prepare room for patient to incubate in dark room for the period of time determined by the physician. Monitor patient intermittently during incubation. Review treatment requirements, any reactions or complaints regarding photosensitizing agent. Pre-illumination topical skin scrub for removal of topical products. Ensure proper hemostasis. Patient is positioned for illumination and proper monochromatic eye protection applied. The patient receives irradiation of the affected area with the BLU-U Photodynamic Therapy Illuminator for approximately 17 minutes. Patient must be observed and this process must be continuously monitored by a healthcare professional to provide intervention to any adverse reaction. Apply interventions for discomfort and monitor treatment breaks. Once illumination is complete, apply photo-protective topical product, and apply dressing, when appropriate

	A	B	C	D	E	F	G	H	I	J	K
1	updatedd version- 1/14/17 at facilitation			REFERENCE CODE							
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96567		96567		96573		96574	
3	Meeting Date: Jan 2017 Tab: 17 Specialty: American Academy of Dermatology	CMS Code	Staff Type	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of		Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of		Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent		Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	60.0	0.0	14.0	0.0	50.0	0.0	52.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	60.0	0.0	14.0	0.0	50.0	0.0	52.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Other Clinical Activity - specify:										
18	End: When patient enters office/facility for surgery/procedure										
19	SERVICE PERIOD										
20	Start: When patient enters office/facility for surgery/procedure:										
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA					3		3	
22	Obtain vital signs	L037D	RN/LPN/MTA					3		3	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA					2		2	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA					2		2	
25	Setup scope (non facility setting only)										
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA							2	
28	Other Clinical Activity - specify: scrub / scribe	L037D	RN/LPN/MTA					0		0	
29	Intra-service										
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	58		0		0		0	
31	perform procedure	L037D	RN/LPN/MTA			10					
32	Post-Service										
33	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D	RN/LPN/MTA								
34	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1							35		35	
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA					3		3	
36	Clean Scope										
37	Clean Surgical Instrument Package										
38	Complete diagnostic forms, lab & X-ray requisitions										
39	Review/read X-ray, lab, and pathology reports										

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G	H	I	J	K
1	updatedd version- 1/14/17 at facilitation			REFERENCE CODE							
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96567		96567		96573		96574	
3	Meeting Date: Jan 2017 Tab: 17 Specialty: American Academy of Dermatology	CMS Code	Staff Type	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of		Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of		Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent		Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			2		0		0	
41	Other Clinical Activity - specify:										
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
45	End: Patient leaves office										



	A	B	C	D	E	F	G	H	I	J	K
1	updatedd version- 1/14/17 at facilitation			REFERENCE CODE							
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96567		96567		96573		96574	
3	Meeting Date: Jan 2017 Tab: 17 Specialty: American Academy of Dermatology	CMS Code	Staff Type	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of		Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of		Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent		Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46	POST-SERVICE Period										
47	Start: Patient leaves office/facility										
48	Conduct phone calls/call in prescriptions										
49	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
50	99211 16 minutes		16								
51	99212 27 minutes		27								
52	99213 36 minutes		36								
53	99214 53 minutes		53								
54	99215 63 minutes		63								
55	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
56	Other Clinical Activity - specify:										
57	End: with last office visit before end of global period										
58	MEDICAL SUPPLIES*	CODE	UNIT								
59	pack, minimum multi-specialty visit	SA048	pack	1		1					
60	drape, non-sterile, sheet 40in x 60in	SB006	item	2		2		2		2	
61	applicator, cotton-tipped, non-sterile 6in	SG008	item	4		4					
62	Drape, sterile fnenstrated	SB011	item							1	
63	gown, staff, impervious	SB027	item	2		2		4		5	
64	swab-pad, alcohol	SJ053	item	4		4					
65	ice (per cup)	SK041	item	1		1					
66	patient education booklet	SK062	item	1		1		1		1	
67	goggles, uv-blocking	SJ027	item	3		3		0		0	
68	acetone	SL001	ml					5		5	
69	gauze, sterile 4in x 4in	SG055	item	1		1		0		0	
70	LMX 4% anesthetic cream	SH092	gm	30		30		30		30	
71	ice pack, instant	SJ029	item	1		1		3		3	
72	bacitracin oint (15gm uou)	SJ008	item	0.5		0.5		0.5		0.5	
73	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item					3		3	
74	gloves, sterile	SB024	item							2	
75	tape, surgical paper 1in (Micropore)	SG079	inch					6		12	
76	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1		1		4		4	
77	drape, sterile, for Mayo stand	SB012	item					1		2	
78	drape-cover, sterile, OR light handle	SB016	item							1	
79	gloves, non-sterile, nitrile	SB023	pair					5		5	
80	needle, OSHA compliant (SafetyGlide)	SC080	item							2	
81	dressing, 3in x 4in (Telfa, Release)	SG035	item					2		2	
82	zinc oxide ointment	SJ064	oz					2		2	

	A	B	C	D	E	F	G	H	I	J	K
1	updatedd version- 1/14/17 at facilitation			REFERENCE CODE							
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96567		96567		96573		96574	
3	Meeting Date: Jan 2017 Tab: 17 Specialty: American Academy of Dermatology	CMS Code	Staff Type	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of		Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of		Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent		Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
83	lip screen	SK045	item					1		1	
84	curette, dermal	SF024	item							1	
85	bath soap (one bar uou)	SK009	item					1		1	
86	water, sterile for irrigation (250-1000ml uou)	SH074	item					1		1	
87	swab, patient prep, 3.0 ml (chloraprep)	SJ088	item							1	
88	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml							6	
89	biohazard glass disposal box (per disposed slide)	SM005	item					0		0	
90	dressing, eye pad (Opticlude)	SG043	item					2		2	
91	Q-Tip	SL471	item					4		4	
92	towel, non-sterile	SB042	item					1		1	
93	cup 8 ounce	SL157	item					1		1	
94	pillow case	SB037	item					1		1	
95	mask, surgical, with face shield	SB034	item					3		3	
96	paper, exam table	SB036	foot					7		7	
97	cautery, monopolar, pencil-handpiece	SF020	item							1	
98	silver nitrate applicator	SJ046	item					4		0	
99	Plastic Wrap	SK066	ft					1		1	
100	googles - patient	INVOICE						1		1	
101	googles - staff	INVOICE						2		2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item							2	
103											
104	EQUIPMENT	CODE									
105	table, power	EF031		19		14.0		230		232	
106	chair with headrest, exam, reclining	EF008		39		0		0		0	
107	light, external PDT, w-probe set (LumaCare)	EQ169		39		20		20		20	
108	light, exam	EQ168		58		14.0		0		52	
109											
110											
111											
112											

\*\*\*HISTORICAL\*\*\*

Dusa - Wilmington  
25 Upton Drive  
Wilmington MA 01887

Invoice	INVC-000000011582
Date	12/8/2016
Page	1

Bill To:

[Redacted Bill To Address]

Ship To:

[Redacted Ship To Address]

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	FOB	Payment Terms	Req Ship Date	
SALE		BACK001		R0150003	UPS GROUND	Shipping Point	Net 30	12/8/2016	
Ordered	Shipped	B/O	Item Number	Description			Discount	Unit Price	Ext. Price
1.0000	1.0000	0.0000	D1003 003837	Labeled Clinician Goggles, Package of 4 1.0000			\$0.0000	\$24.0000	\$24.00
<div>PAID</div>									

MGH

Subtotal	\$24.00
Misc	\$0.00
Tax	\$1.52
Freight	\$0.00
Trade Discount	\$0.00
Total	\$25.52

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
\*CMS High Expenditure Procedural Codes\*

January 2017

**Psychological and Neuropsychological Testing**

In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, include codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for *CPT 2018*. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for *CPT 2019*. **The RUC supports referral to CPT.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Psychiatry</b>				
<b>Functional Brain Mapping</b>				
96020		<i>Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test</i>		

*administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report*

*(For functional magnetic resonance imaging [fMRI], brain, use 70555)*

*(Do not report 96020 in conjunction with ~~96101-96103~~, 96116-96120, 963X0-963X5)*

*(Do not report 96020 in conjunction with 70554)*

*(Evaluation and Management services codes should not be reported on the same day as 96020)*

**Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)**

The following codes are used to report the services provided during testing of ~~the cognitive~~ psychological, neuropsychological and cognitive function of the central nervous system. The testing of cognitive processes, including but not limited to visual motor responses, memory, and abstractive reasoning/problem-solving abilities is accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report. A minimum of 31 minutes must be provided to report any per hour code. ~~Services 96101, 96116, 96118, and 96125 report time as face to face time with the patient and the time spent evaluating, interpreting and preparing the report.~~

*(For development of cognitive skills, see 97532, 97533)*

*(For cognitive performance assessment performed by a physician, see **Evaluation and Management** services codes)*

*(Do not report ~~96101-96125, 96125, 96105, 96110, 96116, 96125, 963X0-963X5~~ in conjunction with 0364T, 0365T, 0366T, 0367T, 0373T, 0374T)*

Psychological evaluation services in the testing context may include record review, integration of test results with other sources of clinical data, interpretation, clinical decision making, treatment planning and report. Evaluation domains may include emotional and interpersonal functioning, intellectual abilities, thought processes, personality and psychopathology.

Psychological test battery administration is performed via multiple, individually administered paper/pencil test instruments, technical apparatus, and/or interactive electronic platforms.

Neuropsychological evaluation services may include record review, integration of test battery results with other sources of clinical data, interpretation, diagnostic decision making, treatment planning and report. The relevant domains for neuropsychological evaluation include intellectual function, attention, executive function, language and communication, memory, visual-spatial function, sensorimotor function,

emotional and personality features, and adaptive behavior.

Neuropsychological test battery administration is performed via multiple, individually administered paper/pencil test instruments, technical apparatus, and/or interactive electronic platforms.

Cognitive performance testing (96125) assesses the patient's ability to complete specific functional tasks applicable to the patient's environment in order to identify or quantify specific cognitive deficits. The results are used to determine impairments and develop therapeutic goals and objectives.

Do not report psychological or neuropsychological testing in conjunction with 96125 for the same service.

~~Neuropsychological test battery administration is performed via multiple, individually administered paper/pencil test instruments, technical apparatus, and/or interactive electronic platforms.~~

Interactive feedback is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when preformed.

<b>D 96101</b>	-	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg,MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report  (96101 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician and computer administered tests)  (Do not report 96101 for the interpretation and report of 96102, 96103)	-	1.86
<b>D 96102</b>	-	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation	-	0.50

		<del>and report, administered by technician, per hour of technician time, face-to-face</del>		
<b>D 96103</b>	-	<del>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report</del>	-	<del>0.51</del>
<u>(96101-96103 have been deleted. To report psychological testing services, see 963X0, 963X2, 963X3, 963X4, 963X5)</u>				
<b>(f) 96105</b>	DD1	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	XXX	REFER TO CPT (as part of family, no coding changes expected) (2017: 1.75) HCPAC
<b>(f) 96110</b>	DD2	Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument  (For an emotional/behavioral assessment, use 96127)	XXX	REFER TO CPT (2017: 0.00)
<b>D 96111</b>	-	<del>Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report</del>  <u>(96111 has been deleted. To report developmental testing, see 963X6)</u>	-	<del>2.60</del>
<b>(f) 96116</b>	DD3	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	XXX	REFER TO CPT (2017: 1.86)

<b>D 96118</b>	-	<p>Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report</p> <p><i>(96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician and computer-administered tests)</i></p> <p><i>(Do not report 96118 for the interpretation and report of 96119 or 96120)</i></p>	-	1.86
<b>D 96119</b>	-	<p>Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face to face</p>	-	0.55
<b>D 96120</b>	-	<p>Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report</p> <p><i>(For functional magnetic resonance imaging [fMRI], brain, use 70555)</i></p> <p><i>(Do not report 96020 in conjunction with 96101-96103, 96116-96120)</i></p> <p><i>(Do not report 96020 in conjunction with 70554)</i></p> <p><i>(Evaluation and Management services codes should not be reported on the same day as 96020)</i></p>	-	0.51
<u>(96118-96120 have been deleted. To report neuropsychological testing services, see 963X1, 963X2, 963X3, 963X4, 963X5)</u>				



(f) 96125	DD4	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report  (For psychological and neuropsychological testing by a physician or qualified health care professional-psychologist, see <del>96101-96103, 96118-96120-963X0-963X9-963X5</del> )	XXX	REFER TO CPT (as part of family, no coding changes expected)  (2017: 1.70) HCPAC
●963X0	DD5	Psychological evaluation services by physician, or other qualified health care professional, including record review, interpretation of test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, per hour	XXX	REFER TO CPT HCPAC
●963X1	DD6	Neuropsychological evaluation services by physician, or other qualified health care professional, including record review, interpretation of test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s) when performed, per hour	XXX	REFER TO CPT
●963X2	DD7	Psychological or neuropsychological test administration and scoring by technician two or more tests administered any method per 30 minutes  <u>(963X2 may be reported in conjunction with 963X0 or 963X1 on the same or different days)</u>	XXX	REFER TO CPT
●963X3	DD8	Psychological or neuropsychological test administration and scoring by physician, or other qualified health care professional two or more tests any method, per 30 minutes  <u>(963X3 may be reported in conjunction with 963X0 or 963X1 on the same or different days)</u>	XXX	REFER TO CPT HCPAC

●963X4	DD9	Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician, or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed, per day	XXX	REFER TO CPT
●963X5	DD10	Psychological or neuropsychological test administration by physician or other qualified health care professional, with single automated instrument via electronic platform, with automated report only	XXX	REFER TO CPT HCPAC
●963X6	DD11	Developmental test administration, (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed) by physician, or other qualified health care professional time with interpretation and report, per 30 minutes	XXX	REFER TO CPT
(f) 96127	DD12	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument (For developmental screening, use 96110)	XXX	REFER TO CPT (2017: 0.00)
<b>Category III</b> <b>Adaptive Behavior Assessments</b>  <i>Behavior identification assessment (0359T) conducted.....</i> <i>Observational behavioral follow-up assessment .....</i> <i>Codes 0360T and 0361T describe services provided.....</i> <i>Exposure behavioral follow-up assessment (0362T, 0363T).....</i> <i>The typical patients for 0362T and 0363T include.....</i> <i>Codes 0362T and 0363T include exposing the.....</i> <i>Codes 0360T, 0361T, 0362T, and 0363T are reported....</i>  (Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, <del>96101-96105</del> , 96110, 96116, 96125, 96150, 96151, 96152, 96153, 96154, 96155 963X0, 963X1, 963X2, 963X3, 963X4, 963X5, 963X6 on the same date)  (For psychiatric diagnostic evaluation, see 90791, 90792) (For speech evaluations, see 92521, 92522, 92523, 92524)				

0364T	<i>Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time</i>
✚ 0365T	<i>each additional 30 minutes of technician time (List separately in addition to code for primary procedure)</i> (Use 0365T in conjunction with 0364T)
(Do not report 0364T, 0365T in conjunction with 90785- 90899, 92507, <del>96101-96155</del> <u>96105, 96110, 96116, 96125, 96127, 96150-96155, 963X0-963X6, 97532</u> )	
✚ 0363T	<i>each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)</i> (Use 0363T in conjunction with 0362T)
(0362T, 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)	
(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, <del>96101-96155</del> <u>96105, 96110, 96116, 96125, 96150, 96151, 96152, 96153, 96154, 96155, 963X0-963X6</u> )	
✚ 0367T	<i>each additional 30 minutes of technician time (List separately in addition to code for primary procedure)</i> (Use 0367T in conjunction with 0366T)
(Do not report 0366T, 0367T if the group is larger than eight patients)	
(Do not report 0366T, 0367T in conjunction with 90785-90899, 92508, <del>96101-96155</del> <u>963X0, 96105, 96110, 96116, 96150-96155, 963X0-963X6, 97150</u> )	
✚ 0374T	<i>each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)</i> (Use 0374T in conjunction with 0373T)
(0373T, 0374T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)	
(Do not report 0373T, 0374T in conjunction with 90785-90899, <del>96101, 96105, 96110, 96116, 96150-96155, 963X0, 963X6</del> )	

December 13, 2016

Peter Smith, MD  
Chair, AMA/Specialty Society RVS Update Committee (RUC)  
American Medical Association  
AMA Plaza  
330 North Wabash Ave.  
Chicago, IL 60611-5885

**RE: Tab 18/29, Psychological and Neuropsychological Evaluation and Testing**

Dear Dr. Smith:

The American Academy of Neurology (AAN), the American Academy of Pediatrics (AAP), the American Psychological Association (APA), the American Psychiatric Association (APA), and the American Speech-Language-Hearing Association (ASHA) are writing you today regarding Tab 18/29, Psychological Evaluation and Testing which is on the agenda for the January 2017 RUC meeting. This tab is made up of the following codes (96105, 96110, 96116, 96125, 96127, and 963X0-X6). We would like to inform the RUC that we have made a request to the CPT Editorial Panel that this code family be referred back to the Panel and as such we would like to request that the RUC remove this issue from the agenda of the January 2017 RUC meeting. The societies will be submitting a Code Change Proposal by the March 1, 2017 deadline for the May/June 2017 CPT Editorial Panel meeting.

Tab 18 is made up of codes that describe psychological and neuropsychological evaluation and testing; developmental testing; aphasia testing; and cognitive testing. They were identified on the CMS High Expenditure Procedural Codes screen and were reviewed at the October 2016 CPT Editorial Panel meeting. The current psychological testing and neuropsychological testing codes were last revised in 2006. Since that time, there have been significant changes in testing practice – particularly concerning the growth of computerized testing. The developmental testing code was surveyed for work relative value units in 2003. Testing had been performed before that year, but 2004 was the first year the service could be tracked.

The societies attempted to survey the codes for the January 2017 RUC meeting. While an adequate number of responses were received, the expert panel of reviewers found the survey results to be quite flawed for a majority of the codes in the tab, which is believed to be a result of survey respondents' confusion about the coding structure of the new family of codes. The family of codes is made up of individual 60-minute and 30-minute codes that will typically be reported multiple times for a battery of tests. These tests and associated pre- and post-work may be provided over multiple days. The high recommended work RVUs and time (pre, intra and post) of the survey results indicated to the expert panel that some survey respondents were not valuing the individual codes but the entire episode of care.

We would note that we did not experience this problem with the two aphasia and cognitive testing codes (96105 and 96125) that are also a part of this tab. While their data were not problematic and we do not believe they need to go back to CPT Editorial Panel, we do believe

December 13, 2016

Peter Smith, MD

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that to avoid rank order within the family and other issues, it is important that the family of codes is valued together. Therefore we have included them as part of this larger request to the RUC and CPT Editorial Panel.

The table below summarizes the RUC survey data for CPT code 963X3 (*Psychological or neuropsychological test administration and scoring by physician, or other qualified health care professional two or more tests any method, per 30 minutes*) and exemplifies the type of problematic data that we encountered with this survey.

			Work RVU			Pre-Service			Intra-Service			Post-Service			Key Ref. Code		Second Ref.	
		No.	25th	Med.	75th	25th	Med.	75th	25th	Med.	75th	25th	Med.	75th	Code	Work RVU	Code	Work RVU
963X3	Test admin & scoring, per 30 min (professional)	149	2.1	3	3.5	15	30	30	45	180	300	15	45	90	99205	3.17	90791	3

As you can see the survey times did not correspond to the code which is defined per 30 minutes. As a result it was unclear to us if respondents were recommending work RVU values for the entire episode of care or for the 30 minutes. We experienced similar intra, pre and post service survey problems with the other per hour and per half hour codes.

In addition to concerns regarding intra-service time, a primary RUC-related concern emerged during the review of the survey data: while these services do contain pre and post time, these codes are reported multiple times, the current survey responses reflect redundant pre- and post-time, because these codes are reported in multiple units. The typical scenario of reporting multiple units of the codes will result in what is often described as “double-dipping” at the RUC. We believe this problem cannot be addressed by just resurveying the codes. The coding structure of the family must be revised to better reflect the actual process of care. The participating societies have already discussed potential alternatives to the coding structure.

We are keenly aware that there is great interest by the Centers for Medicare and Medicaid Services (CMS) and the RUC for these codes to be reviewed and revalued. We agree that these codes are outdated (excepting codes 96105 and 96125) and must be revised; this request is not an attempt to delay their revision. This code family represents significant and critical services provided by not just psychologists but also neurologists, pediatricians and speech-language-hearing specialists and could have a significant impact on the access to these important services. We believe that this compels us to ensure that these codes are appropriately designed and valued.

We appreciate your consideration of our request. Please contact us if you have any questions.

Sincerely,

Marianna Spanaki, MD, PhD  
*American Academy of Neurology (AAN)*

Steven E. Krug, MD  
*American Academy of Pediatrics (AAP)*

December 13, 2016

Peter Smith, MD

Page 2

Randy Phelps, PhD

*American Psychological Association (APA)*

Jeremey Musher, MD

*American Psychiatric Association (APA)*

Leisha Eiten, AuD, CCC-A

*American Speech-Language-Hearing Association (ASHA)*

December 13, 2016

Kenneth P. Brin, MD, PhD  
Chair, CPT Editorial Panel  
American Medical Association  
AMA Plaza  
330 North Wabash Ave.  
Chicago, IL 60611-5885

**RE: Tab 82, Psychological and Neuropsychological Evaluation and Testing (October 2016 CPT Editorial Panel meeting)**

Dear Dr. Brin:

The American Academy of Neurology (AAN), the American Academy of Pediatrics (AAP), the American Psychological Association (APA), the American Psychiatric Association (APA), and the American Speech-Language-Hearing Association (ASHA) are writing you today regarding Tab 82, Psychological Evaluation and Testing which was reviewed and approved at the October 2016 CPT Editorial Panel meeting. A set of new and revised codes are scheduled to be published in the 2018 CPT book. We would like to request the CPT Editorial Panel that these approved codes be rescinded and that this code family is referred back to the Panel. This code family is also on the agenda for the January 2017 RUC meeting (Tab 18) and we have also submitted a letter to the RUC asking to remove this tab from the agenda of the January 2017 RUC meeting. The codes on the agenda at the RUC meeting are: 96105, 96110, 96116, 96125, 96127, and 963X0-X6. The societies will be submitting a Code Change Proposal by the March 1, 2017 deadline for the May/June 2017 CPT Editorial Panel meeting. We would note that this issue (Tab 40) is on the agenda for the February 2017 CPT meeting for some editorial clean-up. Approval of this request would also result in removing this agenda item from the February 2017 meeting.

We would note that the CPT codes 96105 and 96125 which while part of this family and are on the agenda for the upcoming RUC meeting did not go through the recent CPT Editorial Panel review and are not part of the request to go back to the Panel.

Tab 82 from the October 2016 CPT Editorial Panel meeting is made up of codes that describe psychological and neuropsychological evaluation and testing; developmental testing; and cognitive testing. They were identified on the CMS High Expenditure Procedural Codes screen and were reviewed at the October 2016 CPT Editorial Panel meeting (CPT codes 96105 and 96125 are low volume codes that were not captured by this screen). The current psychological testing and neuropsychological testing codes were last revised in 2006. Since that time, there have been significant changes in testing practice – particularly concerning the growth of computerized testing. The developmental testing code was surveyed for work relative value units in 2003. Testing had been performed before that year, but 2004 was the first year the service could be tracked.

The societies attempted to survey the codes for the January 2017 RUC meeting. While an adequate number of responses were received, the expert panel of reviewers found the survey results to be quite flawed for the majority of codes in the tab, which is believed to be a result of survey respondents' confusion about the coding structure of the new family of codes.. The family of codes is made up of individual 60 minute and 30 minute codes that will typically be reported multiple times for a battery of tests. These tests and associated pre- and post-work may be provided over multiple days. The high recommended work RVUs and time (pre, intra and post) of the survey results indicated to the expert panel that some survey respondents were not valuing the individual codes but the entire episode of care.

We would note that we did not experience this problem with the two aphasia and cognitive testing codes (96105 and 96125) that are also a part of this tab. While their data were not problematic and we do not believe they need to go back to CPT Editorial Panel, we do believe that to avoid rank order within the family and other issues, it is important that the family of codes is valued together. Therefore we have included them as part of this larger request to the RUC and CPT Editorial Panel.

The table below summarizes the RUC survey data for CPT code 963X3 (*Psychological or neuropsychological test administration and scoring by physician, or other qualified health care professional two or more tests any method, per 30 minutes*) and exemplifies the type of problematic data that we encountered with this survey.

		No.	Work RVU			Pre-Service			Intra-Service			Post-Service			Key Ref. Code		Second Ref.	
			25th	Med.	75th	25th	Med.	75th	25th	Med.	75th	25th	Med.	75th	Code	Work RVU	Code	Work RVU
963X3	Test admin & scoring, per 30 min (professional)	149	2.1	3	3.5	15	30	30	45	180	300	15	45	90	99205	3.17	90791	3

As you can see the survey times did not correspond to the code which is defined per 30 minutes. As a result it was unclear to us if respondents were recommending work RVU values for the entire episode of care or for the 30 minutes. We experienced similar intra, pre and post service survey problems with the other per hour and per half hour codes.

In addition to concerns regarding intra-service time, a primary RUC-related concern emerged during the review of the survey data is that while these services do contain pre- and post- time, since these codes are reported multiple times, the current survey responses reflect redundant pre- and post-time and the typical scenario of reporting multiple instances of the codes will result in what is often described as “double-dipping” at the RUC. We believe this problem cannot be addressed by just resurveying the codes. The coding structure of the family must be revised to better reflect the actual process of care. The participating societies have already discussed potential alternatives to the coding structure.

We are keenly aware that there is great interest by the Centers for Medicare and Medicaid Services (CMS), the CPT Editorial Panel and the RUC for these codes to be reviewed and revalued. We agree that these codes are outdated and must be revised and this request is not an attempt to delay their revision. This code family represents significant and critical services provided by not just psychologists but also neurologists, pediatricians and speech-language-



hearing specialists, and could have a significant impact on the access to these important services. We believe that this compels us to ensure that these codes are appropriately designed and valued.

We appreciate your consideration of our request. Please contact us if you have any questions.

Sincerely,

Bruce H. Cohen, MD, FAAN  
*American Academy of Neurology (AAN)*

Joel F. Bradley, Jr, MD, FAAP  
*American Academy of Pediatrics (AAP)*

Neil H. Pliskin, PhD, ABPP-CN  
*American Psychological Association (APA)*

Jeremey Musher, MD  
*American Psychiatric Association (APA)*

Stuart G. Trembath, MA, CCC-A  
*American Speech-Language-Hearing Association (ASHA)*

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*High Volume Growth\**

January 2017

**INR Monitoring**

In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013 and these services were identified. In January 2016, the RAW recommended to survey G0250 along with G0248 and G0249 for April 2016. In April 2016, the specialty society indicated that they intend to develop Category I codes to describe home INR monitoring services for the September 2016 CPT meeting with review at the January 2017 RUC meeting. The RUC recommends that codes G0248, G0249 and G0250 be referred to CPT to create Category I codes to describe these services. In September 2016, the Editorial Panel deleted 99363 and 99364 and created two new codes.

**93792 Patient/caregiver training for initiation of home INR monitoring under the direction of a physician or other qualified health care professional, including face-to-face, use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results**

CPT code 93792 is a practice expense only service performed by an RN, independent of a physician. The Practice Expense (PE) Subcommittee discussed that the intra-service portion of the service period recommended by the specialty society of 50 minutes and found that there was no clinical explanation for the established time, rather it was crosswalked from code G0248. Code G0248 was never reviewed by the PE Subcommittee and it is unclear how the time of 50 minutes in the G code was determined. The PE Subcommittee agreed with the specialty that an RN performs the service, but reduced the time of 50 minutes to 40 minutes. The Practice Expense (PE) Subcommittee made this reduction based on their own clinical expertise and recommends that survey data be obtained to better understand the time required. The Subcommittee also discussed that although an RN may perform the pre- and post-service tasks related to this service the training of an RN is not required. The PE Subcommittee determined that it is appropriate to change all clinical staff time apart from the intra-service portion of the service period to clinical staff type RN/LPN/MTA (L037D). **The PE Subcommittee recommends that this service be surveyed for practice expense the next time it is under review because it is performed by clinical staff independently.**

**93793 Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab International Normalized Ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s) when performed**

The RUC reviewed the survey results from 57 cardiologists and agreed with the societies on the following physician time components: a pre-service time of 3 minutes, an intra-service time of 4 minutes and a post-service time of 2 minutes.

The specialty society explained that the vignette they selected for their survey pertained to a patient with a mechanical valve instead of a patient with arrhythmia as is what was the most common ICD-9 code grouping per the CY 2014 Medicare claims data available in the RUC database. In 2010, the first of the warfarin replacement anticoagulation medications were released; there are now four of these new novel direct-acting anticoagulants. In 2015, for the first time, the majority of patients placed on anticoagulant therapy were placed on one of these new agents. The expert panel projects that the usage of warfarin will decline. However, none of the new agents are recommended or indicated for mechanical valves, so those patients will remain on warfarin indefinitely for as long as they live. Mechanical valves are put in less frequently these days because of the durability of bovine pericardial valves. Hence, looking forward, as the mechanical valve patients eventually die, it is anticipated that warfarin will be used less and less. Currently, the CPT codes for management of INR (99363-99364) are designated as bundled services under Medicare, so the utilization of 93793 will go up in Medicare utilization for the first year once the work is reported using this new code.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.18 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.18, the RUC compared the survey code to MPC code 71010 *Radiologic examination, chest; single view, frontal* (work RVU of 0.18, intra-service time of 3 minutes, total time of 5 minutes) and noted that the survey code involves more intra-service and total time, supporting the proposed value for the survey code. To further support an RVU of 0.18, the RUC also compared the survey code to CPT code 77080 *Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)* (work RVU of 0.20, intra-service time of 5 minutes, total time of 9 minutes) and noted that both services have similar intra-service time and identical total time. **The RUC recommends a work RVU of 0.18 for CPT code 93793.**

**Practice Expense**

CPT code 93792 is a practice expense only service performed by an RN, independent of a physician. The Practice Expense (PE) Subcommittee discussed that the intra-service portion of the service period recommended by the specialty society of 50 minutes and found that there was no clinical explanation for the time, rather it was crosswalked from the G code G0248. G code G0248 was never reviewed by the PE Subcommittee and it is unclear how the time of 50 minutes in the G code was determined. The PE Subcommittee agreed with the specialty that an RN performs the service, but reduced the time of 50 minutes to 40 minutes. The Practice Expense (PE) Subcommittee made this reduction based on their own clinical expertise and recommends that survey data be obtained to better understand the time required. The Subcommittee also discussed that although an RN may perform the pre- and post-service tasks related to this service the training of an RN is not required. The PE Subcommittee determined that it is appropriate to change all clinical staff time apart from the intra-service portion of

the service period to clinical staff type RN/LPN/MTA (L037D). **The PE Subcommittee recommends that this service be surveyed for practice expense the next time it is under review because it is performed by clinical staff independently.**

### **Recommendation to Delete G codes G0248, G0249 and G0250**

With the creation of new CPT codes 93792 and 93793, the RUC recommends for CMS to delete G codes 90248, 90249 and 90250.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><b>Evaluation and Management Services</b>  <b>Prolonged Services</b>  <b>Prolonged service Without Direct Patient Contact</b></p> <p><i>Code 99358 and 99359 . . .</i>  . . .</p> <p>Do not report 99358, 99359 for time spent in care plan oversight services (99339, 99340, 99374-99380), <del>anticoagulant management (99363, 99364)</del> home INR monitoring (93792, 93793), medical team conferences (99366-99368), on-line medical evaluations (99444), or other non-face-to-face services that have more specific codes and no upper time limit in the CPT code set. Codes 99358, 99359 may be reported when related to other non-face-to-face services codes that have a published maximum time (eg, telephone services).</p> <p><b>Case Management Services</b>  <i>Case management is a process in which a physician or another qualified health care professional is responsible for direct care of a patient and, additionally, for coordinating, managing access to, initiating, and/or supervising other health care services needed by the patient.</i></p> <p><b>Anticoagulant Management</b>  <del>Anticoagulant services are intended to describe the outpatient management of warfarin therapy, including ordering, review, and interpretation of International Normalized Ratio (INR) testing, communication with patient, and dosage adjustments as appropriate.</del></p> <p><del>When reporting these services, the work of anticoagulant management may not be used as a basis for reporting an evaluation and</del></p>				

management (E/M) service or care plan oversight time during the reporting period. Do not report these services with 98966-98969, 99441-99444 when telephone or on-line services address anticoagulation with warfarin management. If a significant, separately identifiable E/M service is performed, report the appropriate E/M service code using modifier 25.

These services are outpatient services only. When anticoagulation therapy is initiated or continued in the inpatient or observation setting, a new period begins after discharge and is reported with 99364. Do not report 99363-99364 with 99217-99239, 99291-99292, 99304-99318, 99471-99480 or other code(s) for physician review, interpretation, and patient management of home INR testing for a patient with mechanical heart valve(s).

Any period less than 60 continuous outpatient days is not reported. If less than the specified minimum number of services per period are performed, do not report the anticoagulant management services (99363-99364).

<b>D 99363</b>	-	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	-	1.65
<b>D 99364</b>	-	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)  (Do not report 99363, 99364 during the same month with 99487-99489)  (Do not report 99363, 99364 when performed during the service time of codes 99495 or 99496)	-	0.63

(99363, 99364 have been deleted. To report, see 93792, 93793)

**Medicine**

**Cardiovascular**

**International Normalization Ratio (INR)**

**Home INR Monitoring**

Home International Normalized Ratio (INR) monitoring services describe the management of warfarin therapy, including ordering, review, and interpretation of new INR test result(s), patient instructions, and dosage adjustments as needed.

If a significantly, separately identifiable E/M service is performed on the same day as 93792, the appropriate E/M service may be reported using modifier 25.

Do not report 93793 on the same day as an evaluation and management (E/M) service.

Do not report 93792, 93793 in conjunction with 98966, 98967, 98968, 98969, 99441, 99442, 99443, 99444 when telephone or on-line services address home INR monitoring.

Do not report 93792, 93793 when performed during the service time of 99487, 99489, 99490, 99495, 99496.

●93792	M1	Patient/caregiver training for initiation of home INR monitoring under the direction of a physician or other qualified health care professional, including face-to-face, use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results  <u>(For provision of test materials and equipment for home INR monitoring see code 99070 or the appropriate supply code)</u>	XXX	0.00  (PE Only)
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●93793	M2	<p>Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab International Normalized Ratio (INR) test result, patient instructions, dosage adjustment (as needed), and-scheduling of additional test(s) when performed</p> <p><u>(Do not report 93793 in conjunction with 99201-99215, 99241-99245)</u></p> <p><u>(Report 93793 no more than once per day, regardless of the number of tests reviewed)</u></p>	XXX	0.18
<p><b>Non-Face-to-Face Services</b>  <b>Telephone Services</b></p> <p>99441      <i>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management service provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion</i></p> <p>99443      <i>21-30 minutes of medical discussion</i></p> <p><i>(Do not report 99441-99443 when using 99339-99340, 99374-99380 for the same call[s])</i></p> <p><i>(Do not report 99441-99443 for <del>anticoagulation management</del> home INR monitoring when reporting <del>99363, 99364</del> 93792, 93793)</i></p> <p><u>(Do not report 99441, 99442, 99443 in conjunction with 93792, 93793)</u></p> <p><i>(Do not report 99441-99443 during the same month with 99487-99489)</i></p> <p><i>(Do not report 99441-99443 when performed during the service time of codes 99495 or 99496)</i></p> <p>99444      <i>Online evaluation and management service provided by a physician or other qualified health care professional who may report</i></p>				

*evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network*

*(Do not report 99444 when using 99339, 99340, 99374- 99380 for the same communication[s])*

*(Do not report 99444 for ~~anticoagulation management~~ home INR monitoring when reporting ~~99363, 99364~~ 93792, 93793)*

*(Do not report 99444 during the same month with 99487- 99489)*

.....

### **Care Management Services**

*Care management services . . .*

*A plan of care . . .*

E/M services may be reported separately by the same physician or other qualified health care professional during the same calendar month. Care management services include care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), ~~anticoagulant management (99363, 99364), home INR monitoring (93792, 93793)~~, medical team conferences (99366, 99367, 99368), education and training (98960, 98961, 98962, 99071, 99078), telephone services (99366, 99367, 99368, 99441, 99442, 99443), on-line medical evaluation (98969, 99444), preparation of special reports (99080), analysis of data (99090, 99091), transitional care management services (99495, 99496), medication therapy management services (99605, 99606, 99607) and, if performed, these services may not be reported separately during the month for which 99487, 99489, 99490 are reported. All other services may be reported. Do not report 99487, 99489, 99490 if reporting ESRD services (90951-90970) during the same month. If the care management services are performed within the postoperative period of a reported surgery, the same individual may not report 99487, 99489, 99490.

. . .

### **Complex Chronic Care Management Services**

#### **✚99489**

*Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month*



*(List separately in addition to code for primary procedure)*

~~(Do not report 99487, 99489, 99490 in conjunction with 93792, 93793)~~

*(Report 99489 in conjunction with 99487)*

*(Do not report 99489 for care management services of . . .*

*(Do not report 99487, 99489, 99490 during the same month with 90951-90970, 98960-98962, 98966-98969, 99071, 99078, 99080, 99090, 99091, 99339, 99340, 99358, 99359, ~~99363, 99364~~ 93792, 93793, 99366-99368, 99374-99380, 99441-99444, 99495, 99496, 99605-99607)*

### **Transitional Care Management**

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A physician or other qualified health care professional who reports codes 99495, 99496 may not report care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), ~~anticoagulant management (99363, 99364), home INR monitoring (93792, 93793)~~ medical team conferences (99366-99368), education and training (98960-98962, 99071, 99078), telephone services (98966-98968, 99441-99443), end stage renal disease services (90951-90970), online medical evaluation services (98969, 99444), preparation of special reports (99080), analysis of data (99090, 99091), complex chronic care coordination services (99487-99489), medication therapy management services (99605-99607), during the time period covered by the transitional care management services codes.

**★99496**      *Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge*

(Do not report 99495, 99496 in conjunction with 93792, 93793)

*(Do not report 90951-90970, 98960-98962, 98966-98969, 99071, 99078, 99080, 99090, 99091, 99339, 99340, 99358, 99359, ~~99363, 99364~~, 99366-99368, 99374-99380, 99441-99444, 99487-99489, 99605-99607 when performed during the service time of codes 99495 or 99496)*

### **Medicine Cardiovascular**

98968      *Telephone assessment and management service provided by a qualified nonphysician health care professional to*

*an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion*

*(Do not report 98966-98968 during the same month with 99487-99489)*

*(Do not report 98966-98968 when performed during the service time of codes 99495, 99496)*

*(Do not report 98966, 98967, 98968 in conjunction with 93792, 93793)*

**98969**      *Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network*

*(Do not report 98969 when using 99339-99340, 99374- 99380 for the same communication[s])*

*(Do not report 98969 for anticoagulation management when reporting 99363, 99364, 93792, 993X<sup>2</sup>)*

<b>D G0248</b>	-	<del>Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face to face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results</del>	-	Recommend CMS delete
<b>D G0249</b>	-	<del>Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a</del>	-	Recommend CMS delete

		<del>week; testing materials, billing units of service include 4 tests</del>		
<b>D G0250</b>	-	<del>Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests</del>	-	Recommend CMS delete

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 93793      Tracking Number M2

Original Specialty Recommended RVU: **0.18**Presented Recommended RVU: **0.18**

Global Period: XXX

RUC Recommended RVU: **0.18**

CPT Descriptor: Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab International Normalized Ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s) when performed

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old female with a mechanical heart valve is managed for anticoagulation with warfarin.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: For each prothrombin time test, a physician accesses and reviews the patient's medical record, determines where test result was obtained and whether patient has any new complaints.

Description of Intra-Service Work: Review the results, and determine if any dosage adjustment and/or change in care plan is necessary. The physician may make dosage adjustments and/or care plan changes to account for: acute illness, possible drug interactions, diet changes affecting vitamin K intake; and/or procedures that require withholding or alternative anticoagulation.

Description of Post-Service Work: The physician then must make a notation in the medical record and arrange repeat testing at the appropriate interval.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Thad Waites, MD				
<b>Specialty(s):</b>	ACC				
<b>CPT Code:</b>	93793				
<b>Sample Size:</b>	1400	<b>Resp N:</b>	57	<b>Response:</b> 4.0 %	
<b>Description of Sample:</b>	random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	50.00	100.00	400.00	5000.00
<b>Survey RVW:</b>	0.01	0.18	0.22	0.35	2.00
<b>Pre-Service Evaluation Time:</b>			3.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	2.00	4.00	8.00	45.00
<b>Immediate Post Service-Time:</b>	<b>3.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93793	<b>Recommended Physician Work RVU: 0.18</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	0.00	3.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	4.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99211	XXX	0.18	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93010	XXX	0.17	RUC Time

CPT Descriptor Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71010	XXX	0.18	RUC Time	17,329,127
<u>CPT Descriptor 1</u> Radiologic examination, chest; single view, frontal				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93043	XXX	0.15	RUC Time	517,383

CPT Descriptor 2 Rhythm ECG, 1-3 leads; interpretation and report only

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72170	XXX	0.17	RUC Time

CPT Descriptor Radiologic examination, pelvis; 1 or 2 views

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 25      % of respondents: 43.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 21.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93793</u></b>	<b>Top Key Reference CPT Code: <u>99211</u></b>	<b>2nd Key Reference CPT Code: <u>93010</u></b>
Median Pre-Service Time	3.00	0.00	0.00
Median Intra-Service Time	4.00	5.00	5.00
Median Immediate Post-service Time	2.00	2.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>9.00</b>	<b>7.00</b>	<b>6.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.12	-0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.28	-0.17
Urgency of medical decision making	0.92	0.33

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.08	-0.92
Physical effort required	-0.36	0.08

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.92	0.58
Outcome depends on the skill and judgment of physician	0.68	0.17
Estimated risk of malpractice suit with poor outcome	1.12	1.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.68	0.08
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

G0250 was flagged by the RAW as a service with Medicare utilization of more than 10,000 or more that increased by at least 100% from 2008 to 2013. This code was created in 2002 in coordination with a [2002 CMS NCD](#) that covered use of "home PT INR monitoring for OAC management for patients with mechanical heart valves on Warfarin." Additional indications for "chronic AF or venous thromboembolism" were added in a [2008 NCD reconsideration](#). Believing the G0250 code to be unnecessarily limited to patients that fall within the NCD regarding home INR monitoring because it does not account for other uses of INRs, ACC, ACP, and AAFP submitted a CCP to create the code you have before you. 93793 can be used to report each INR reading, no matter where it is obtained.

93793 is a new code that describes the work of anticoagulation management when reading a single INR test result, provision of patient instructions, dosage adjustment (as needed), and scheduling of additional test(s) when performed. A random survey of 1400 cardiologists was executed with 57 completed surveys.

The key reference was selected by 25 respondents. Respondents who selected Level 1 office visit (99211) found anticoagulation management to be somewhat more intense/complex than 99211. The second key reference service was selected by 12 respondents. Respondents who selected interpretation and report of an EKG indicated anticoagulation management to be more intense in some aspects, less in others, and fairly similar overall. Both the primary and secondary key references are MPC services.

Reflecting a robust survey, **we recommend the survey 25<sup>th</sup>-percentile work RVU of 0.18 with survey median times of 3 minutes preservice, 4 minutes intraservice, and 2 minutes postservice.** As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

---

**SERVICES REPORTED WITH MULTIPLE CPT CODES**



1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty How often?

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. uncertain

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

554,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Twice the utilization of G0250 from 2015 RUC database

Specialty cardiology	Frequency 390000	Percentage 70.39 %
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Specialty primary care/other	Frequency 164000	Percentage 29.60 %
------------------------------	------------------	--------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States?

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Lab tests

BETOS Sub-classification Level II:

Other (MPFS)

---

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. G0250

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93793	<b># of Respondents:</b>	57
<b>Survey Code Descriptor:</b>	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab International Normalized Ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s) when performed		

<b>Top Ref Code:</b>	99211	<b># of Respondents:</b>	25	<b>% of Respondents:</b>	44%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	36%	60%	4%
<b>Overall Intensity and Complexity:</b>						
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		20%	48%	32%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		16%	48%	36%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	24%	72%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		24%	56%	20%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		36%	52%	12%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	12%	80%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	24%	68%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	20%	80%		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
13	ISSUE: INR Monitoring																			
14	TAB: 19																			
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF	99211	Office or other outpatient visit for	25	0.027			0.18			7	0					5			2
18	2nd REF	93010	Electrocardiogram, routine ECG	12	0.030			0.17			6	0					5			1
19	CURRENT	G0250	Physician review, interpretation		0.027			0.18			7	0					5			2
20	SVY	93793	Anticoagulant management for a	57	0.027	0.01	0.18	0.22	0.35	2.00	9	3			1	2	4	5	45	2
21	REC	93793			0.017	0.18					9	3					4			2
22	MPC	71010	Radiologic examination, chest; s		0.045	0.18					5	1						3		1
23	MPC	93043	Rhythm ECG, 1-3 leads; interpre		0.020	0.15					7	2						3		2
24	COMP	72170	Radiologic examination, pelvis;		0.026	0.17					7	1						4		2
25																				
26																				
27																				
28																				
29																				
30																				

11, 19, 23, 24  
Tab Number

Incompetent Vein, INR Monitoring, EP Device Monitoring, 3D Mapping  
Issue

36470-71, 36475, 36482-83, 36465-66; 93792-93793; 93293-95, 93297-98; 93613  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

\_\_\_\_\_  
Signature

Richard Wright, MD  
Printed Signature

ACC  
Specialty Society

12/12/16  
Date

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor: 93792: Patient/caregiver training for initiation of home INR monitoring under the direction of a physician or other qualified health care professional, including face-to-face, use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC reviewer panel utilized a consensus panel process to develop recommended inputs.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

93792 is fundamentally an updated version of G0248. The clinical limitations transferred from CMS coverage language into G0248 are not present in 93792. Clinical staff spend significant time training the patient and providing ongoing support for their home monitoring needs. 93792 is similar to G0248 in that it will typically be provided by an RN who travels to the patient's home to initiate home INR monitoring. Significant effort was made to quantify G0248 inputs when CMS assigned these values in 2001. Little has changed about the time it takes for clinical staff to complete these tasks or which supplies and equipment are required. We recommend crosswalking the inputs from G0248 to 93792.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Nurse coordinates with patient to schedule time to come to patient's home for initial INR demonstration and provisioning.

Intra-Service Clinical Labor Activities:

Nurse trains the patient/caregiver on use of home INR monitor, demonstrating how to obtain blood sample, instructing how to report home INR test results.

Post-Service Clinical Labor Activities:

Documentation of proficiency of patient, addressing follow-up questions patient has.

CPT Long Descriptor: 93793: Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab International Normalized Ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s) when performed

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC reviewer panel utilized a consensus panel process to develop recommended inputs.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

93793 has similarities to to-be-deleted codes 99363 and 99364. Both services require clinical staff to review charts and communicate with the patient and physician. The difference is that the existing codes were designed to be billed when clinical staff and a clinician in a physician office setting manage outpatients over a period of time, while 93793 is meant to be billed each time an INR test is obtained, regardless of where the patient is located. Since 93793 cannot be billed on the same day as an E/M, we predict the typical use to still be management of outpatients and recommend crosswalking the six minutes per INR clinical staff time from 99363 and 99364. For patients who go to a lab for INR testing, the lab would bill routine venipuncture code 36415.

Finally, the CPT Panel avoided creating a third code that mirrors existing home INR resupply code G0249. The Panel did not feel it was appropriate for CPT to create a customized supply code, and instead includes parenthetical instructions "For provision of test materials and equipment for home INR monitoring see code 99070 or the appropriate supply code." While we respect the Panel's process and decision, some sort of resupply code does need to exist. Similar to the use of G0248 inputs for 93792, we recommend the RUC affirm the clinical staff, supply, and equipment minutes from G0249 so they can continue to be used in G0249 or whatever resupply G code CMS may deem appropriate. The 4315 minutes for the INR monitor was calculated as a way to approximate the costs of the monitor by dividing the \$2000.00 over an equipment lifespan of four years and dividing it into the number of minutes needed per for tests.  $\$2000/4=\$500$ ;  $\$500/12=\$41.67$ . At a price of \$0.093 per minute, that closely approximates \$40.11 in the fee schedule.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: The current G code for interpreting INR testing does not have any direct PE inputs. It is not the case that when this test result is obtained and read it is done without assistance by clinical staff.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: n/a

Intra-Service Clinical Labor Activities: Clinical staff reviews charts and communicates results, dosage changes, etc. to patient

**CPT Code: 93792-93793**  
**Specialty Society(s) ACC**

Post-Service Clinical Labor Activities: n/a



			REFERENCE CODE				REFERENCE CODE	
*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.								
			G0248		93792		G0250	
Meeting Date: January 2017 Tab: 19 Specialty: ACC	CMS Code	Staff Type	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic		Patient/caregiver training for initiation of home INR monitoring under the direction of a physician or other		Physician review, interpretation, and patient management of home INR testing for patient with either	
LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX							
TOTAL CLINICAL LABOR TIME	L051A	RN	75.0	0.0	46.0	0.0	0.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L051A	RN	5.0	0.0	3.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	50.0	0.0	40.0	0.0	0.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L051A	RN	20.0	0.0	3.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MT						
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MT						
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MT						
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MT						
TOTAL CLINICAL LABOR TIME	L037A	EDX Tech						
TOTAL PRE-SERV CLINICAL LABOR TIME	L037A	EDX Tech						
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037A	EDX Tech						
TOTAL POST-SERV CLINICAL LABOR TIME	L037A	EDX Tech						
PRE-SERVICE								
Start: Following visit when decision for surgery or procedure made								
Complete pre-service diagnostic & referral forms								
Coordinate pre-surgery services	L037D	RN/LPN/MT	5		3			
End: When patient enters office/facility for surgery/procedure								
SERVICE PERIOD								
Start: When patient enters office/facility for surgery/procedure:								
Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MT						
Obtain vital signs								
Provide pre-service education/obtain consent								
Prepare room, equipment, supplies								
Setup scope (non facility setting only)								
Prepare and position patient/ monitor patient/ set up IV								
Sedate/apply anesthesia								
Other Clinical Activity - specify: review charts	L037D	RN/LPN/MT						
Intra-service								
Assist physician in performing procedure	L051A	RN	50		40			
Assist physician in performing procedure	L037A	EDX Tech						
Assist physician in performing procedure	L037D	RN/LPN/MT						
Post-Service								
Other Clinical Activity - specify: communicate results/dosage changes etc to patient (3 min per call)	L037D	RN/LPN/MT						
End: Patient leaves office								
POST-SERVICE Period								
Start: Patient leaves office/facility								
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MT	20		3			
End: with last office visit before end of global period								
MEDICAL SUPPLIES*			CODE	UNIT				
pack, minimum multi-specialty visit	SA048	pack						
lancet	SC021	item	4		4			
swab-pad, alcohol	SJ053	item	4		4			
test strip, INR	SJ055	item	4		4			
battery, AAA	SK011	item	3		0			
patient education booklet	SK062	item	1		1			
EQUIPMENT			CODE					
INR monitor, home	EQ031		50		40			
INR analysis and reporting system w-software	EQ312		50		40			

			REFERENCE CODE		REFERENCE CODE				REFERENCE CODE		
*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			99363		99364		93793		G0249		
Meeting Date: January 2017 Tab: 19 Specialty: ACC			CMS Code	Staff Type	Anticoagulant management for an outpatient taking warfarin, physician review and		Anticoagulant management for an outpatient taking warfarin, physician review and		Anticoagulant management for a patient taking warfarin, must include review and interpretation of a		Provision of test materials and equipment for home INR monitoring of patient with either
LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	
GLOBAL PERIOD	XXX										
TOTAL CLINICAL LABOR TIME	L051A	RN									
TOTAL PRE-SERV CLINICAL LABOR TIME	L051A	RN									
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN									
TOTAL POST-SERV CLINICAL LABOR TIME	L051A	RN									
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MT	90.0	0.0	24.0	0.0	6.0	0.0			
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MT	0.0	0.0	0.0	0.0	0.0	0.0			
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MT	90.0	0.0	24.0	0.0	6.0	0.0			
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MT	0.0	0.0	0.0	0.0	0.0	0.0			
TOTAL CLINICAL LABOR TIME	L037A	EDX Tech							32.0	0.0	
TOTAL PRE-SERV CLINICAL LABOR TIME	L037A	EDX Tech							0.0	0.0	
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037A	EDX Tech							32.0	0.0	
TOTAL POST-SERV CLINICAL LABOR TIME	L037A	EDX Tech							0.0	0.0	
PRE-SERVICE											
Start: Following visit when decision for surgery or procedure made											
Complete pre-service diagnostic & referral forms											
Coordinate pre-surgery services	L037D	RN/LPN/MT									
End: When patient enters office/facility for surgery/procedure											
SERVICE PERIOD											
Start: When patient enters office/facility for surgery/procedure:											
Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MT					3				
Obtain vital signs											
Provide pre-service education/obtain consent											
Prepare room, equipment, supplies											
Setup scope (non facility setting only)											
Prepare and position patient/ monitor patient/ set up IV											
Sedate/apply anesthesia											
Other Clinical Activity - specify: review charts	L037D	RN/LPN/MT	30		12		0				
Intra-service											
Assist physician in performing procedure	L051A	RN									
Assist physician in performing procedure	L037A	EDX Tech							32		
Assist physician in performing procedure	L037D	RN/LPN/MT									
Post-Service											
Other Clinical Activity - specify: communicate results/dosage changes etc to patient (3 min per call)	L037D	RN/LPN/MT	60		12		3				
End: Patient leaves office											
POST-SERVICE Period											
Start: Patient leaves office/facility											
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MT									
End: with last office visit before end of global period											
MEDICAL SUPPLIES*			CODE	UNIT							
pack, minimum multi-specialty visit	SA048	pack									
lancet	SC021	item							4		
swab-pad, alcohol	SJ053	item							4		
test strip, INR	SJ055	item							4		
battery, AAA	SK011	item									
patient education booklet	SK062	item	1								
EQUIPMENT			CODE								
INR monitor, home	EQ031								4315		
INR analysis and reporting system w-software	EQ312								32		

## AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2017

### Psychiatric Collaborative Care Management Services

In February 2016, the CPT Editorial Panel created three new codes to describe a model for providing psychiatric care in the primary care setting. This code set is one of several in response to a request from CMS to facilitate appropriate valuation of the services furnished under the Collaborative Care Model (CoCM). This CoCM is used to treat patients with common psychiatric conditions in the primary care setting through the provision of a defined set of services which operationalize the following core concepts: 1) Patient-Centered Team Care/Collaborative Care; 2) Population-Based Care; 3) Measurement-Based Treatment to Target; and 4) Evidence-Based Care.

In April 2016, the RUC reviewed the new code set for Psychiatric Collaborative Care Management, which captures a primary care physician working with a behavioral health manager and consulting psychiatrist to manage a patient's psychiatric care. The specialty societies requested that this issue be deferred until the January 2017 RUC meeting. The RUC noted that an Ad Hoc Workgroup has been created to provide feedback and guidance to the specialties involved to appropriately survey this code set. The Workgroup and the Research Subcommittee reviewed the unique survey plan and survey tool before it was launched. The RUC also recommended inclusion of a proposed G code, 99484, to be included in the survey for this issue as CMS finalized it in the Final Rule for 2017.

Specialty societies representing family medicine, internal medicine, geriatric medicine and psychiatry all participated in a survey in November/December 2016. Although the organizations received 80+ combined surveys, the number of primary care physicians responding is considered too low to be representative. The specialty societies concluded that respondents estimated the total time spent by all physicians/behavioral health care managers during the course of the month, rather than their own individual time for which the specialties intended to sum. The RUC agreed that the time in this survey was not reliable. The RUC concurred with the specialties that the estimated work values followed the same pattern as the time estimates and were also not reliable. The RUC recommends that the following CMS times and work values be retained until sufficient experience is obtained to resurvey. When the services are reviewed again in two years, the RUC's Research Subcommittee will work with the specialties to design a survey instrument to better obtain physician time and work estimates.

●99492 *Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (work RVU = 1.70, intra-time only = 40 minutes)*

●99493 *Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (work RVU = 1.53, intra-time only = 36 minutes)*

●+99494 *Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) (work RVU = 0.82, intra-time only = 18 minutes)*

●99484 *Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month (work RVU= 0.61, intra-time only = 15 minutes)*

#### Practice Expense

The PE Subcommittee reviewed the practice expense inputs which are similar to the CMS HCPCS codes outlined in the final rule for 2017. The Subcommittee agreed with the specialty societies that additional minimal supplies and equipment should be added into the direct practice expense inputs for 2018. The Subcommittee reduced the supply item, *tissue (Kleenex)* (SK114) from 1 to 0.05 to maintain consistency with other services utilizing this supply item. The Subcommittee notes that equipment time for the *One Couch and Two Chairs* (EF042) reflects usage during 45% of the time needed for care management activities. The RUC reviewed and approved the practice expense inputs as approved with modifications by the PE Subcommittee.

#### New Technology

These codes will be added to the new technology list so that they will be flagged for review in two years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Evaluation and Management</b> <b>Care Management Services</b>  <i>Care management services are management, and support services provided by clinical staff under the direction of a physician or other qualified health care professional, to a patient residing at home or in a domiciliary, rest home, or assisted living facility. Services may include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals</i>				

*and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living.*

*A plan of care must...*

*Codes 99487, 99489, 99490...*

*The face-to-face and...*

*E/M services may be reported...*

*Care management codes may...*

*Care management codes may be ...*

For Psychiatric Collaborative Care Management Services, see 99492, 99493, 99494.

### **Chronic Care Management Services**

*Chronic Care management services...*

*#99490            Chronic care management...*

### **Complex Chronic Care Management Services**

*Complex chronic care management...*

*Patient who require complex...*

*99487            Complex chronic care...*

*99489            each additional 30 min...*

-----**Coding Tip**-----

***Time of care management with the emergency department is reportable using 99487, 99489, 99490 but time while the patient is inpatient or admitted as observation is not.***

*If the physician personally performs the clinical staff activities, his or her time may be counted toward the required clinical staff time to meet the elements of the code.*

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### **Psychiatric Collaborative Care Management Services**

Psychiatric collaborative care services are provided under the direction of a treating physician or other qualified health care professional (see definitions below) during a calendar month. These services are provided when a patient has a diagnosed psychiatric disorder that requires a behavioral health care assessment; establishing, implementing, revising, or monitoring a care plan; and provision of brief interventions. These services are reported by the treating physician or other qualified health care professional and include the services of the treating physician or other qualified health care professional, the behavioral health care manager (see definition below), and the psychiatric consultant (see definition below) who has contracted directly with the treating physician or other qualified health care professional, to provide consultation.

Patients directed to the behavioral health care manager typically have newly diagnosed conditions, may need help in engaging in treatment, have not responded to standard care delivered in a non-psychiatric setting, or require further assessment and engagement, prior to consideration of referral to a psychiatric care setting.

The following definitions apply to this section:

#### **Episode of Care**

Patients are treated for an episode of care, defined as beginning when the patient is directed by the treating physician or other qualified health care professional to the behavioral health care manager and ending with:

- the attainment of targeted treatment goals, which typically results in the discontinuation of care management services and continuation of usual follow-up with the treating physician or other qualified healthcare professional; or
- failure to attain targeted treatment goals culminating in referral to a psychiatric care provider for ongoing treatment; or
- lack of continued engagement with no psychiatric collaborative care management services provided over a consecutive six month calendar period (break in episode).

A new episode of care starts after a break in episode of six calendar months or more.

### **Health Care Professionals**

#### **Treating Physician or Other Qualified Health Care Professional**

The treating physician or other qualified health care professional directs the behavioral health care manager and continues to oversee the patient's care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed. Evaluation and management (E/M) and other services may be reported separately by the same physician or other qualified health care professional during the same calendar month.

#### **Behavioral Health Care Manager**

The behavioral health care manager refers to clinical staff with a masters/doctoral-level education or specialized training in behavioral health who provides care management services as well as an assessment of needs, including the administration of validated rating scales, the development of a care plan, provision of brief interventions, ongoing collaboration with the treating physician or other qualified health care profession, maintenance of a registry, all in consultation with a psychiatric consultant. Services are provided both face-to-face and non-face-to-face and psychiatric consultation is provided minimally on a weekly basis, typically non face-to-face.

The behavioral health care manager providing other services in the same calendar month, such as psychiatric evaluation (90791, 90792), psychotherapy (90832, 90833, 90834, 90836, 90837, 90838), psychotherapy for crisis (90839, 90840), family psychotherapy (90846, 90847), multiple family group psychotherapy (90849), group psychotherapy (90853), smoking and tobacco use cessation counseling (99406, 90407), and alcohol and/or substance abuse structured screening and brief intervention services (99408, 99409), may report these services separately. Activities for services reported separately are not included in the time applied to 99492, 99493, 99494.

#### **Psychiatric Consultant**

The psychiatric consultant refers to a medical professional trained in psychiatry or behavioral health and qualified to prescribe the full range of medications. The psychiatric consultant advises and makes recommendations, as needed, for psychiatric and other medical care, including psychiatric and other medical differential diagnosis, treatment strategies regarding appropriate therapies, medication management, medical management of complications associated with treatment of psychiatric disorders, and referral for specialty services; which are communicated to the treating physician or other qualified health care professional typically through the behavioral

health care manager. The psychiatric consultant does not typically see the patient nor prescribe medications, except in rare circumstances.

The psychiatric consultant may provide services in the calendar month described by other codes, such as evaluation and management (E/M) services and psychiatric evaluation (90791, 90792). These services may be reported separately by the psychiatric consultant. Activities for services reported separately are not included in the services reported using 99492, 99493, 99494.

### Code Selection

Do not report 99492 and 99493 in the same calendar month.

Table X

Type of Service	Total Duration of Collaborative Care Management Over Calendar Month	Code(s)
Initial – 70 minutes	Less than 36 minutes	Not reported separately
	36-85 minutes (36 minutes – 1 hr. 25 minutes)	99492
Initial plus each additional increment up to 30 minutes	86-116 minutes (1 hr. 26 minutes – 1 hr. 54 minutes)	99492 X 1 AND 99494 X 1
Subsequent – 60 minutes	Less than 31 minutes	Not reported separately
	31-75 minutes (31 minutes – 1 hr. 15 minutes)	99493
Subsequent plus each additional	76-105 minutes (1 hr. 16 minutes – 1 hr.	99493 X 1 AND 99494 X 1



	increment up to 30 minutes	45 minutes)		
●99492	A1	<p>Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:</p> <ul style="list-style-type: none"> <li>• outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional;</li> <li>• initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan;</li> <li>• review by the psychiatric consultant with modifications of the plan if recommended;</li> <li>• entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and</li> <li>• provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.</li> </ul>	XXX	<p>1.70 CMS 2017 RVU Re-review after two years of experience</p>

●99493	A2	<p>Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:</p> <ul style="list-style-type: none"> <li>• tracking patient follow-up and progress using the registry, with appropriate documentation;</li> <li>• participation in weekly caseload consultation with the psychiatric consultant;</li> <li>• ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers;</li> <li>• additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant;</li> <li>• provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies;</li> <li>• monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.</li> </ul>	XXX	<p>1.53 CMS 2017 RVU Re-review after two years of experience</p>
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●+99494	A3	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)  (Use 99494 in conjunction with 99492, 99493)	ZZZ	0.82 CMS 2017 RVU Re-review after two years of experience
<b>Coding Tips</b>  If the treating physician or other qualified health care professional personally performs behavioral health care manager activities and those activities are not used to meet criteria for a separately reported code, his or her time may be counted toward the required behavioral health care manager time to meet the elements of codes 99492, 99493, 99494.  Behavioral health care manager time spent coordinating care with the emergency department may be reported using 99492, 99493, 99494, but time while the patient is inpatient or admitted to observation status may not be reported using 99492, 99493, 99494.				
●99484	A4	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: <ul style="list-style-type: none"> <li>• Initial assessment or follow-up monitoring, including the use of applicable validated rating scales;</li> <li>• Behavioral health care planning in relation to behavioral/ psychiatric health problems, including revision for patients who are not progressing or whose status changes;</li> <li>• Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and</li> <li>• Continuity of care with a designated member of the care team.</li> </ul>	XXX	0.61 CMS 2017 RVU Re-review after two years of experience

December 13, 2016

Peter Smith, MD  
Chair, AMA/Specialty Society RVS Update Committee  
American Medical Association  
AMA Plaza  
330 North Wabash Ave., Suite 39300  
Chicago, IL 60611-5885

Re: Psychiatric Collaborative Care Management Services (994X1-994X3) and Care Mgt for Behavioral Health (G0507)

Dear Dr. Smith and members of the RUC -

On behalf of the AAFP, ACP, AGS, and AACAP, we are providing the following information in an effort to clarify our RUC submission for Tab 20 (994X1-994X3 and G0507). As you recall, we conducted surveys of two different provider groups (PCPs and Psychiatrists), and (994X1-994X3 surveys were all to a targeted pool, while G0507 included results that were both from targeted and random pools of participants.

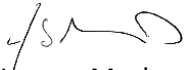
1. Regarding the RUC Summary form (applies to all codes unless otherwise noted)
  - a. The top two Key Reference Service codes are listed for each provider (PCP and Psychiatrist) and are shaded in light green
  - b. The current CMS values (from the November 2016 final rule) are below that in orange.
  - c. The combined survey data (includes both the PCP and the Psychiatric Consultant together) is in yellow.
  - d. Then individual survey data from the PCP (bright green) and the Psychiatrist (blue) are next followed by basic information (time and experience) we collected from the Behavioral Health Care Manager (tan) to use for our PE submission.
  - e. The same holds true for the G0507 EXCEPT
    - i. The top two Key Reference Service codes are calculated on the total of the targeted (PCP T or Psych T) and random (PCP R or Psych R) responses by provider type.
    - ii. The brighter yellow is the combined data for all survey respondents, both PCP and Psych and targeted and random together.
    - iii. There are two rows in light yellow that reflect the combined data for the targeted and random groups, again by provider type.
2. Regarding the Work Summary of Recommendation Forms
  - a. There is both an adult vignette and adolescent vignette (for all codes).
  - b. The description of work for the 994X1-994X3 codes includes a brief description of the duties of both the primary care provider as well as the psychiatric consultant – a separate header identifies each.
  - c. The “Survey Data” in the SOR form lists the data of the combined surveys - both the PCPs and the Psychiatrists and in the case of the G0507 it includes both the targeted and random responses. These are the figures displayed on the RUC Summary in bright yellow.
  - d. In all cases, the “Top Key Reference Service” is the top key reference service selected by the PCPs and the “Second Highest Key Reference Service” is the top key reference service selected by the Psychiatrists. This holds true for the discussion of time, and intensity complexity. In the case of the G0507 it is the key reference service identified when the data from both the random and targeted surveys were combined (The targeted and random group of PCPs is the “Key” reference service and the targeted and random group of Psychiatrists is the “Second Highest Key” reference service.
3. Regarding the Intensity and Complexity Forms

- a. Forms have been completed for both the PCP and the Psychiatrist with data on their respective "Top Key Reference Service." The number of responses correspond to the number of survey participants with that specific group. Each are labeled at the top as to the type of provider.

We've included some background information below the rationale which is the same in each Work Summary of Recommendation form with the exception of the specific RVW and time recommendations for the individual code.

We hope this information is helpful and are happy to respond to any questions.

Thank you,



Jeremy Musher, MD  
APA Advisor, AMA RUC

Cc: Douglas Leahy, MD  
Margie Andreae, MD  
Sherry Barron Seabrook, MD  
Jennifer Aloff, MD  
Donna Sweet, MD  
John Agens, MD

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 99484      Tracking Number    A4

Original Specialty Recommended RVU: **0.61**Presented Recommended RVU: **0.61**

Global Period: XXX

RUC Recommended RVU: **0.61**

CPT Descriptor: Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- Initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
- Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- Continuity of care with a designated member of the care team.

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year old female established patient presents with complaints of fatigue and sleep disturbance following the recent loss of her spouse. The primary care physician diagnoses the patient with a behavioral health disorder and recommends that the patient receive behavioral health care management as part of the treatment.

A 15-year-old child presents to the primary care physician with vague complaints of stomach aches, fatigue, excessive sleep and atypically poor grades. The primary care physician diagnoses the patient with a behavioral health disorder and recommends that the patient receive behavioral health care management as part of the treatment plan.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: (Not applicable)

Description of Intra-Service Work: Provides direction and general supervision of care management services for behavioral health conditions which are generally provided by clinical staff. Provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living.

Description of Post-Service Work: (Not applicable)

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jennifer Aloff, MD; Donna Sweet, MD; Mary Newman, MD; Jeremy Musher, MD; John Agens, MD; Kai-ping Wang, MD; Jurgen Unitzer, MD, MPH; Virna Little, PsyD, LCSW-r				
<b>Specialty(s):</b>	Family Medicine, Internal Medicine, Psychiatry, Geriatrics, Child and Adolescent Psychiatry				
<b>CPT Code:</b>	99484				
<b>Sample Size:</b>	10969	<b>Resp N:</b>	161	<b>Response:</b> 1.4 %	
<b>Description of Sample:</b>	Targeted sample of psychiatrist and primary care physicians who provide the Collaborative Care Model (approved by Research Subcommittee) plus a random sample of family physicians and internists				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	12.00	40.00	1800.00
<b>Survey RVW:</b>	0.00	0.80	1.20	1.98	20.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	15.00	30.00	45.00	240.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	99484	<b>Recommended Physician Work RVU: 0.61</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99214	XXX	1.50	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76536	XXX	0.56	RUC Time	798,297

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76815	XXX	0.65	RUC Time	16,683

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99490	XXX	0.61	CMS Time File



**CPT Descriptor** Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 20      % of respondents: 12.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 9.3 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>99484</u></b>	<b>Top Key Reference CPT Code: <u>99213</u></b>	<b>2nd Key Reference CPT Code: <u>99214</u></b>
Median Pre-Service Time	0.00	3.00	5.00
Median Intra-Service Time	15.00	15.00	25.00
Median Immediate Post-service Time	0.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>15.00</b>	<b>23.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

### **Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.35	3.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.35	3.20

Urgency of medical decision making	0.15	2.93
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**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.15	2.93
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Physical effort required	-0.15	2.67
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.50	0.13
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Outcome depends on the skill and judgment of physician	0.75	0.20
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Estimated risk of malpractice suit with poor outcome	0.30	0.07
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.55	3.13
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

The American Geriatrics Society (AGS), American College of Physicians (ACP), American Academy of Family Physicians (AAFP), American Academy of Child and Adolescent Psychiatry (AACAP), and American Psychiatric Association (APA), conducted joint targeted surveys of their memberships in November 2016 for CPT codes 99492, 99493, and 99494 as well as a targeted and random survey for CMS created code 99484. A joint AGS, ACP, AAFP, AACAP, and APA RVS expert panel ("joint panel") consisting of physician advisors and specialty experts reviewed the survey work and time data and developed recommendations through participation in conference calls and e-mail discussions. Please note that the societies also conducted a survey of Behavioral Health Care Managers (BHCMS) that was only used to develop recommendations for practice expenses.

For code 99492, there were 84 responses (25 primary care physicians (PCP), 59 Psychiatric Consultants [Psych]) to the survey request with a median performance rate of 20 (PCP 10, Psych 40); 96% of the survey respondents found the vignette to be typical. For 99493, there were 80 response (23 PCP, 57 Psych) responses with a median performance rate of 20 (PCP 10, Psych 30); 94% of the respondents found the vignette to be typical. For code 99494, there were 79 responses (22 PCP, 57 Psych) with a median performance rate of 10 (PCP 4, Psych 15); 92% of the respondents found the vignette to be typical. For 99484, there were 161 responses (23 PCP targeted, 53 PCP random, 51 Psych targeted, 34 Psych random) with a median performance rate of 12 (PCP T 5, PCP R 15, Psych T 10, Psych R 15); 87% of the respondents found the vignette to be typical. The RUC summary contains a breakout of PCP participants, Psychiatric Consultant participants, and BHCMS.

The joint panel kept in mind that 99492, 99493, and 99494 are unlike any other services in CPT, because they include the work of two different physicians or other qualified health care professionals, but only one of those individuals reports the

service. The joint panel agreed that, in order for the survey data to be credible, there had to be a sufficient number of responses from both PCPs and Psychiatric Consultants and that those respondents value only the time and work effort of their individual portion of the service (e.g., PCPs should value only the time and work for the PCP portion of the service). The joint panel agreed that, because the PCP is the billing provider, it was particularly crucial for PCP responses to meet the RUC minimum threshold for number of survey responses.

With respect to the number of respondents, unfortunately, even after extending the survey and after repeated reminders and adding new participants identified by other participants, the end result of the targeted survey was that there were fewer than 30 PCP responses for each code. This does not reach the RUC minimum requirement. While the total number of respondents was more than 75 for each code, the joint panel agreed that the number of responses from each physician type (PCP, Psych) needed to meet the minimum threshold (30), because each type was performing separate, distinct work. Therefore, the joint panel was very concerned about the validity of the PCP data given the small numbers and in light of the fact that this is a new service and that the work of the PCP is essential to the service.

After noting these concerns, the expert panel reviewed the targeted survey data for 99492, 99493, and 99494 as well as the targeted and random survey data for 99484.

### **Physician Time Discussion**

The joint panel noted that these services do not include any pre and post service time, because they describe care furnished over a calendar month. Therefore, the reliability of the intra-service time data is critical to appropriately valuing the service. The joint panel also reviewed the survey instrument, which clearly stated that the respondent was to value “their” portion of the work - not the work of the entire service. This meant that the intent of the survey was to “sum” the times reported by PCPs and by the Psychiatric Consultants to arrive at a total physician time.

The joint panel then reviewed the time data for 99492. It noted that the PCPs reported a median intra-service time of 40 minutes while Psychiatric Consultant respondents reported a median intra-service time of 30 minutes. When the expert panel summed these times, the resulting value of 70 minutes was judged by the joint panel to not be credible. Specifically, the panel noted the following: (1) the vast majority of PCP and Psychiatric Consultant time is spent interacting with the BHCM, (2) if the total physician time was 70 minutes that would mean that virtually all the BHCM time (70 minutes minimum for 99492) was spent with the PCP and Psychiatric Consultant. This is not the case, as much BHCM time is spent interacting directly with the patient. The joint panel then looked at the individual times and concluded that given the requirements of the code, the Psychiatric Consultant time of 30 minutes was much more credible than the PCP time of 40 minutes and that both were high, given that the BHCM is a Masters or PhD level clinical staff person, or a clinical staff person with specialized training, experience, and expertise in managing behavioral health problems. Based on its review, the joint panel agreed that it was very possible that respondents valued the time required for the entire service, not just “their portion” of the service. If such was the case, this would mean that the median intra-service (and total) time when all survey responses were combined (combined group), (30 minutes) could represent the time of the entire service. However, for a number of reasons, the panel concluded it would be completely inappropriate to develop recommendations using this approach. For example, the panel had no idea if this reading of the data was actually the case, and second, if this reading of the data was correct, the panel had serious concerns that PCPs could accurately estimate the time spent by Psychiatric Consultant, and vice versa. Therefore, the panel did not pursue this approach further.

Next, the joint panel reviewed the time data for 99493. This review revealed the same problem as that identified for 99492. PCPs reported a median intra-service time of 40 minutes and Psychiatric Consultant respondents reported a median of 20 minutes. Based on its review, the joint panel concluded that a total time of 60 minutes was not credible. Further, the panel was concerned that PCPs were reporting the same time for 99493 as for 99492 whereas 99493 should take less time given that the patient was already receiving, as opposed to being new to, collaborative care. As with 99492, the summed time of 60 minutes would mean that all the BHCM time (60 minutes minimum) was spent with the PCP and Psychiatric Consultant, which, as with 99492, is not true. As with 99492, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (20 minutes) bore any relation to the actual combined median intra-service time for both physicians. The panel’s review of 99494 led to similar conclusions. PCPs and Psychiatric Consultants both reported median times of 15 minutes, which meant that the entire 30 minutes of required BHCM time would be spent with the physicians. As

with 99492 and 99493, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (15 minutes) bore any relation to the actual combined median intra-service time for both physicians.

Lastly, the panel reviewed the physician time for 99484. This is a code that was created by CMS and reported based on clinical staff time, and the panel was not sure whether respondents would be familiar with it. The societies surveyed both the targeted group who were surveyed for 99492, 99493, and 99494 as well as a random group. The targeted PCPs and Psychiatric Consultants reported median intra-service times of 20 and 15 minutes, respectively, while the random PCPs and Psychiatric Consultants reported median times of 30 and 60 minutes, respectively. Given these wildly disparate times and that the service requires only 20 minutes of clinical staff time, the panel concluded these times were not reliable or usable. As with 99492, 99493, and 99494, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (30 minutes), of all 4 groups of respondents, bore any relation to the actual median intra-service time for both physicians.

In summary, the joint panel concluded that the physician time data for 99492, 99493, 99494, and 99484 could not be used to develop a recommendation for the RUC. Aside from the issue of the small numbers of PCP respondents, the panel concluded that it appeared that the respondents had not understood the survey questions, had difficulty determining the time of “their portion” of the service (e.g., because it is spread out over a calendar month in very small increments), and/or tried to estimate the time of the entire service. Whatever the reason, the joint panel concluded the data was not reliable.

### Physician Work Discussion

Next, the joint panel reviewed the work RVW data. As with time, the joint panel noted that the intent of the survey was for PCPs and Psychiatric Consultants to value “their own” work, not the work of the entire service. This meant the total RVW should be the sum of the PCP and Psychiatric Consultant RVWs.

First, the panel reviewed the RVW data for 99492. The median work RVW for PCPs and Psychiatric Consultant was 2.00 and 2.75, respectively, with a summed RVW of 4.75. Assuming the median times were also summed, for a total of 70 minutes, the joint panel agreed this was not credible or presentable to the RUC. For example, 99291, *Critical care, first hour*, which is a face-to-face service and is considered the most intense E/M service, has a work RVW of 4.50 with times of (15/40/15, total 70.) Further, 4.75, for a non-face-to-face physician service, even with 70 minutes of time, would create rank order anomalies with the reference services and with all the other non-face-to-face services recently valued by the RUC. Based on its review, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just “their portion” of the service. If such was the case, this would mean that the median RVW for the combined group (2.50) could represent the work of the entire service. However, for a number of reasons, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW’s from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

When the joint panel did review the PCP and Psychiatric Consultant work data, individually, the panel noted that the PCP and Psychiatric Consultant medians were very different. The Psychiatric Consultant work values were much higher than those of the PCPs with a much lower intra-service time. This disparity was notable and resulted in very different work intensities, which led the panel to believe that, whether the respondents were valuing the entire service or just “their portion” of the work, PCPs and Psychiatric Consultants may have very different concepts of what this service is - in spite of the fact that the vignette was considered typical by both groups. The panel concluded that, for 99492, this disparity cast even more doubt on the validity of the survey data.

The analyses for 99493, 99494, and 99484 were very similar.

For 99493, the sum of the PCP survey median RVW (1.50) and the Psychiatric Consultant survey median (1.50) was 3.00, which, even with a summed time of 60 minutes, yielded rank order anomalies with face-to-face and non-face-to-face E/M services. As with 99492, the joint panel agreed that it was very possible that respondents valued the work required for the entire service, not just “their portion” of the service. If this was the case, it would mean that the median RVW for the combined group (1.50) could represent the work of the entire service. However, for a number of

reasons, as with 99492, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

For 99494, sum of the median work RVW for PCPs (1.50) and the median work RVW for Psychiatric Consultants (1.00) was 2.50, which, even with an assumed summed time of 30 minutes, was not credible. For example, 99292, *Critical care, additional 30 minutes*, has a work RVW of 2.25 with a total time of 30 minutes (all intra-service). As with 99492 and 99493, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just "their portion" of the service. If this was the case, it would mean that the median RVW for the combined group (1.00) could represent the work of the entire service. However, for a number of reasons, as with 99492 and 99493, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

Lastly, the panel reviewed the work values for 99484, and the same problems were identified. Irrespective of which PCP and Psychiatric Consultant work RVWs were used, the sum of the PCP and Psychiatric Consultant RVWs was not credible. Further, the disparity between the targeted and random groups was so great that the panel concluded the various groups of respondents appeared to have very different ideas as to what the service involves. As with 99492, 99493, and 99494, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just "their portion" of the service. If this was the case, it would mean that the median RVW for the combined group could represent the work of the entire service. However, for the reasons described above, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

In order to develop a recommendation to bring to the RUC, the joint panel did an extensive search of the RUC database for recently RUC reviewed codes with XXX globals (and ZZZ globals for 99494). In order to do the search, the joint panel had to decide what intra-service time parameters to use. For 99492 and 99493, the panel searched a range of codes between 20 and 40 minutes of intra-service time in order to account for the disparity of time in the survey data. For 99494, the search included codes with intra-service times in the 15-20 minute range (also to take into account the range of survey data).

The expert panel found that there were a number of potential crosswalk codes that supported the CMS values for work. Specifically, there were many codes in the 70000 series with similar intra-service and total times that supported the CMS valuation. For example, 70554 (*Functional MRI by tech*) has 15/35/10 (total 60) minutes with a work RVW of 2.11 which supports the CMS value for 99492. 74170 (*CT abdomen*) has 5/18/5 (total 28) minutes with a work RVW of 1.40 that supports the CMS value for 99493. There are numerous ZZZ globals with intra-times of 15 to 20 minutes with work RVWs of 0.80 to 1.00.

Furthermore, the values for 99487 (*Cmplx chron care*) are 26 minutes of intra-time and a work RVW of 1.00. This fits nicely between the CMS times and values for 99493 and 99494. The panel also noted that the MPC codes 99239 (*Hospital discharge day*) with times of 10/30/15 (total 55) minutes and a work RVW of 1.90 and 99309 (*Nursing fac care subseq*) with times of 10/25/10 (total 45) minutes and a work RVW of 1.55 also supports the CMS values for 99492 and 99493.

Therefore, even though it has reservations about the CMS methodology for establishing work RVWs for 99492, 99493, and 99494, the joint panel recommends that the CMS values be maintained as interim for three years until such time as members from the surveying specialties gain experience using these codes, at which time the specialties will

conduct another survey. As we have learned from this survey, it will be important to ensure that survey participants only report time and value work for “their portion” rather than estimating time and work the entire service.

For 99484, the specialties also recommend that the CMS values be maintained as interim until another survey can be performed in three years. CMS modeled this code after 99490 (*Chron care mgmt srvc 20 min*) (times of 0/15/0 minutes, work RVW of 0.61), and cross-walked the work RVW from 99490. Given that there does not appear to be a clear, and consistent understanding of what this service entails, the joint panel believes maintaining the CMS value on an interim basis is appropriate.

### Summary

In summary, the joint panel believes that the survey data for physician work and time is simply not credible. That said, the joint panel and the societies agree that a lot has been learned by going through the survey process. This series of codes is the first of its kind that involves the work of two different physicians that is reported by only one of the two. The joint panel and the societies think that the societies can work together to create a new survey that is modified to take into account the lessons from the current survey (e.g., to better ensure that respondents only value the work and time of “their portion” of the service and to “ignore the portion of the service performed by the...”). Further, at that point, more physicians in the field will have experience using the codes, which increases the likelihood of gaining sufficient survey respondents, especially PCPs.

Therefore, the joint panel recommends that the CMS physician work and time values for all 4 codes be maintained as interim for three years after which, the APA, AACAP, AAFP, ACP, AGS, and any other interested society will conduct another survey of all 4 codes.

### Recommendations

In summary, **we recommend the CMS RVW and times of 0.61 with 0 minutes pre, 15 minutes intra, and 0 minutes post, with a total time of 15 minutes for 99484.**

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### HISTORY/BACKGROUND

The Psychiatric Collaborative Care Services codes were developed following a request by CMS in the proposed rule for the CY 2016 Medicare Physician Fee Schedule to create a payment structure to describe a specific model of collaborative care services for patients with common behavioral health conditions. CMS referred to the Collaborative Care Model described by the University of Washington’s AIMS Center (<http://aims.uw.edu>) in which a Primary Care Practitioner (PCP)/treating physician and Behavioral Health Care Manager (BHCM) collaborate with a Psychiatric Consultant to provide behavioral healthcare to a population of patients to help ensure the patients are improving, and to make treatment adjustments as necessary in an effort to ensure the patients reach established treatment goals. Most of the collaboration between the Psychiatric Consultant and the BCHM is non-face-to-face over the phone, through regular caseload reviews with additional contact as needed. There are instances where the PCP and Psychiatric Consultant communicate directly about specific patients, either by phone or in person, but that is not typical. Importantly, although much of the contact between the Psychiatric Consultant and the BCHM is non-face-to-face, there is also face-to-face and non-face-to-face contact between the BCHM and the patient. The face-to-face contact between the BCHM and the patient typically consists of office visits where the BCHM evaluates the patient, provides brief therapeutic interventions, and/or communicates /educates the patient regarding changes to the care plan.

As stated in the CPT coding guidelines:

- The PCP/treating physician directs the Behavioral Health Care Manager and continues to oversee the patient’s care, including prescribing medications, providing treatments for medical conditions and making referrals to specialty care.
- The Behavioral Health Care Manager is a clinical staff person with a masters/doctoral-level education or specialized training in behavioral health who provides care management services as well as an assessment of behavioral health needs including the administration of validated rating scales, the development of a care plan, provision of brief interventions, ongoing collaboration with the treating physician (which includes communicating treatment recommendations/adjustments from the Psychiatric Consultant), and maintenance of a registry, all in

consultation with a Psychiatric Consultant. The services provided to the patient are both face-to-face and non-face-to-face.

- The Psychiatric Consultant (e.g., MD, DO, PA, APRN) refers to a medical professional trained in psychiatry and qualified to prescribe the full range of medications. The consultant advises and makes recommendations as needed for psychiatric and other medical care, including psychiatric and other medical diagnoses, treatment strategies including appropriate therapies, medication management and medical management of complications associated with treatment of psychiatric disorders, and referral for specialty care services, that are communicated to the treating physician, typically through the Behavioral Health Care Manager. The Psychiatric Consultant does not typically see the patient face-to-face.

Three new CPT codes were proposed and approved by the CPT Editorial Panel at its February 2016 meeting. There is one code (99492) for the initial calendar month of services within the collaborative care program, one code for each subsequent calendar month of services, and an add-on code for additional time that can be reported in addition to the other two codes.

The new code set describes the work of two medical professionals, only one of whom submits the bill, and a clinical staff person working together collaboratively to manage a population of patients. The codes are similar to other care management codes (99487 and 99490) in that they are billed per calendar month based on the Behavioral Health Care Manager's time and they include the work of the PCP. HOWEVER, the new codes also include the work of the Psychiatric Consultant. In the model described by these codes, the Psychiatric Consultant is paid directly by the primary care practice and does not bill for his/her time using a separate CPT code.

### **RUC Process**

The AMA RUC Research Subcommittee set up a workgroup, (Ad Hoc Psychiatric Collaborative Care Management Workgroup), to assist in the modification of the standard survey tool to accommodate these new codes, as well as review the vignettes, reference service lists and survey pool. The Research Subcommittee reviewed and approved our request to do a targeted survey for CPT codes 99492- 99494. The targeted pool of participants included those PCPs and Psychiatric Consultants who have practiced in the Collaborative Care Model or who have been educated/trained in the model. In order to expand the targeted pool, each participant was asked to identify others who have worked in the model (past and present) as well as anyone who has had training in the model. The Research Subcommittee also approved two separate reference services lists (one for the PCP and one for the Psychiatric Consultant) as well as the vignettes. They also approved a modified survey tool which asked respondents to value their work with their typical patient within the "total service period" which encompassed the monthly timeframe.

### **CMS Final Rule on the CY 2017 Medicare Physician Fee Schedule**

After all the above work was completed, CMS finalized coding, coverage, and payment (effective January 1, 2017) for these services in the Final Rule for the CY 2017 Medicare Physician Fee Schedule.

#### **G0502-G0503 (99492-99494)**

CMS created three G codes, adopting the language of the CPT codes, and finalized relative value units for physician work (RVUs) (1.70, 1.53, and 0.82 RVUs respectively), physician times (40, 36, and 18 minutes respectively), and clinical labor times (70, 60, and 30 minutes respectively) as well as a clinical labor type for the Behavioral Health Care Manager. CMS assigned temporary G Codes (G0502, G0503, G0504) for use until the CPT codes go into effect on January 1, 2018.

According to CMS: "To value HCPCS codes G0502, G0503, and G0504, we proposed to base the portion of the work RVU that accounts for the work of the treating physician or other qualified health care professional on a direct crosswalk to the proposed work values for the complex CCM codes, CPT codes 99487 and 99489...Therefore, in allocating a differential portion of the work RVU to each practitioner, we believe the work RVU associated with the billing practitioner should be greater than the work RVU associated with the Psychiatric Consultant. After considering these comments, we are finalizing total work RVUs of 1.70 for G0502, 1.53 for G0503, and 0.82 for G0504. These RVUs include 0.52 for the Psychiatric Consultant based on a crosswalk to the work per minute of a level three established patient office visit [and an CMS estimate of 10 minutes of Psychiatric Consultant time per patient per month]...Since the Behavioral Health Care Manager in the services described by HCPCS codes G0502, G0503, and G0504 should have

specialized training in behavioral health, we proposed a new clinical labor type for the Behavioral Health Care Manager, L057B, at \$0.57 per minute, based on the rates for genetic counselors in the direct PE input database.”

#### 99484

CMS also finalized payment for an additional care management code, 99484, Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, (99484) which describes care management for beneficiaries with behavioral health conditions under models of care other than the collaborative care model describe above. This service may be furnished when the beneficiary has a psychiatric or behavioral health condition(s) that in the PCP/treating physician clinical judgment, requires a behavioral health care assessment, behavioral health care planning, and provision of interventions. And per CMS includes “an initial assessment or follow-up monitoring, including the use of applicable validated rating scales; Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and Continuity of care with a designated member of the care team.”

CMS finalized relative value units for physician RVUs (0.61 RVUs), physician time (15 minutes), and clinical labor times (20 minutes) as well as a clinical labor type for the care manager that is the same (L057B, at \$0.57 per minute) as that for the collaborative care codes discussed above.

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
- 

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) (not previously reported)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Primary Care                      How often? Commonly

Specialty Psychiatry                      How often? Sometimes

Specialty                      How often?



Estimate the number of times this service might be provided nationally in a one-year period? 147343

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. General U.S. population is approximately seven times the Medicare population

Specialty Primary Care	Frequency 104996	Percentage 71.25 %
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Specialty Psychiatry	Frequency 42347	Percentage 28.74 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

21,049 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Taken from utilization estimates in final rule on 2017 Medicare physician fee schedule

Specialty Primary Care	Frequency 15000	Percentage 71.26 %
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Specialty Psychiatry	Frequency 6049	Percentage 28.73 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:

BETOS Sub-classification Level II:

NA

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99490

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 99492      Tracking Number A1

Original Specialty Recommended RVU: **1.70**Presented Recommended RVU: **1.70**

Global Period: XXX

RUC Recommended RVU: **1.70**

CPT Descriptor: Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional;
- initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan;
- review by the psychiatric consultant with modifications of the plan if recommended;
- entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Adult: A 55-year-old woman who is separated from her husband and has no children at home has been feeling more fatigued, not sleeping well, and missing doses of the medicine she takes for her hypertension and diabetes. She worries a lot about her future. The patient is diagnosed as having a behavioral health disorder and the primary care physician recommends that the patient be enrolled in the psychiatric collaborative care management services program.

Child/Adolescent: A 15-year-old child brought in by a parent because of concerns about social withdrawal, anxiety, diminished school performance and substance abuse. The patient is diagnosed as having a behavioral health disorder and the primary care physician recommends that the patient be enrolled in the psychiatric collaborative care management services program.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: NA

Description of Intra-Service Work: Primary Care Physician/Treating Physician: Directs and provides general supervision of the behavioral health care manager (BHCM) and continues to provide or oversee the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living. Reviews treatment recommendations from the psychiatric consultant with the BHCM and implements as appropriate. Ensures services are documented appropriately.

Psychiatric Consultant: Receives and reviews information from the BHCM, including HPI, past psychiatric/chemical dependency history, family history, social history, and treatments, as well as a medical history, review of systems, and focused questions related to safety, lethality, aggression, and/or competence, as indicated. Reviews the recommended

treatment plan from the PCP and formulates any additional treatment recommendations as indicated. Communicates the recommendations and associated rationale to the BHCM who, in turn, communicates those to the PCP/Treating physician to consider implementing.

Description of Post-Service Work: NA

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jennifer Aloff, MD; Donna Sweet, MD; Mary Newman, MD; Jeremy Musher, MD; John Agens, MD; Kai-ping Wang, MD; Jorgen Unitzer, MD, MPH; Virna Little, PsyD, LCSW-r				
<b>Specialty(s):</b>	Family Medicine, Internal Medicine, Psychiatry, Geriatrics, Child and Adolescent Psychiatry				
<b>CPT Code:</b>	99492				
<b>Sample Size:</b>	1969	<b>Resp N:</b>	84	<b>Response:</b> 4.2 %	
<b>Description of Sample:</b>	Targeted				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	20.00	100.00	600.00
<b>Survey RVW:</b>	0.00	1.50	2.50	3.17	50.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	20.00	30.00	55.00	420.00
<b>Immediate Post Service-Time:</b>	<u>0.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	99492	<b>Recommended Physician Work RVU: 1.70</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	40.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99205	XXX	3.17	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90792	XXX	3.25	RUC Time

CPT Descriptor Psychiatric diagnostic evaluation with medical services

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99304	XXX	1.64	RUC Time	365,409

CPT Descriptor 1 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99318	XXX	1.71	RUC Time	117,250

CPT Descriptor 2 Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
70554	XXX	2.11	RUC Time

CPT Descriptor Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 8      **% of respondents:** 9.5 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 26      **% of respondents:** 30.9 %

### **TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>99492</u>	<b>Top Key Reference CPT Code:</b> <u>99205</u>	<b>2nd Key Reference CPT Code:</b> <u>90792</u>
Median Pre-Service Time	0.00	7.00	10.00
Median Intra-Service Time	40.00	45.00	60.00
Median Immediate Post-service Time	0.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>40.00</b>	<b>67.00</b>	<b>90.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.13	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.13	0.54
Urgency of medical decision making	-0.50	0.12

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.63	0.62
Physical effort required	-0.38	-0.08

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.13	0.58
Outcome depends on the skill and judgment of physician	0.25	0.50
Estimated risk of malpractice suit with poor outcome	0.13	-0.04

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.25	0.57
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

The American Geriatrics Society (AGS), American College of Physicians (ACP), American Academy of Family Physicians (AAFP), American Academy of Child and Adolescent Psychiatry (AACAP), and American Psychiatric Association (APA), conducted joint targeted surveys of their memberships in November 2016 for CPT codes 99492, 99493, and 99494 as well as a targeted and random survey for CMS created code 99484. A joint AGS, ACP, AAFP, AACAP, and APA RVS expert panel ("joint panel") consisting of physician advisors and specialty experts reviewed the survey work and time data and developed recommendations through participation in conference calls and e-mail discussions. Please note that the societies also conducted a survey of Behavioral Health Care Managers (BHCMS) that was only used to develop recommendations for practice expenses.

For code 99492, there were 84 responses (25 primary care physicians (PCP), 59 Psychiatric Consultants [Psych]) to the survey request with a median performance rate of 20 (PCP 10, Psych 40); 96% of the survey respondents found the vignette to be typical. For 99493, there were 80 response (23 PCP, 57 Psych) responses with a median performance rate of 20 (PCP 10, Psych 30); 94% of the respondents found the vignette to be typical. For code 99494, there were 79 responses (22 PCP, 57 Psych) with a median performance rate of 10 (PCP 4, Psych 15); 92% of the respondents found the vignette to be typical. For 99484, there were 161 responses (23 PCP targeted, 53 PCP random, 51 Psych targeted, 34 Psych random) with a median performance rate of 12 (PCP T 5, PCP R 15, Psych T 10, Psych R 15); 87% of the respondents found the vignette to be typical. The RUC summary contains a breakout of PCP participants, Psychiatric Consultant participants, and BHCMS.

The joint panel kept in mind that 99492, 99493, and 99494 are unlike any other services in CPT, because they include the work of two different physicians or other qualified health care professionals, but only one of those individuals reports the service. The joint panel agreed that, in order for the survey data to be credible, there had to be a sufficient number of responses from both PCPs and Psychiatric Consultants and that those respondents value only the time and work effort of

their individual portion of the service (e.g., PCPs should value only the time and work for the PCP portion of the service). The joint panel agreed that, because the PCP is the billing provider, it was particularly crucial for PCP responses to meet the RUC minimum threshold for number of survey responses.

With respect to the number of respondents, unfortunately, even after extending the survey and after repeated reminders and adding new participants identified by other participants, the end result of the targeted survey was that there were fewer than 30 PCP responses for each code. This does not reach the RUC minimum requirement. While the total number of respondents was more than 75 for each code, the joint panel agreed that the number of responses from each physician type (PCP, Psych) needed to meet the minimum threshold (30), because each type was performing separate, distinct work. Therefore, the joint panel was very concerned about the validity of the PCP data given the small numbers and in light of the fact that this is a new service and that the work of the PCP is essential to the service.

After noting these concerns, the expert panel reviewed the targeted survey data for 99492, 99493, and 99494 as well as the targeted and random survey data for 99484.

### **Physician Time Discussion**

The joint panel noted that these services do not include any pre and post service time, because they describe care furnished over a calendar month. Therefore, the reliability of the intra-service time data is critical to appropriately valuing the service. The joint panel also reviewed the survey instrument, which clearly stated that the respondent was to value “their” portion of the work - not the work of the entire service. This meant that the intent of the survey was to “sum” the times reported by PCPs and by the Psychiatric Consultants to arrive at a total physician time.

The joint panel then reviewed the time data for 99492. It noted that the PCPs reported a median intra-service time of 40 minutes while Psychiatric Consultant respondents reported a median intra-service time of 30 minutes. When the expert panel summed these times, the resulting value of 70 minutes was judged by the joint panel to not be credible. Specifically, the panel noted the following: (1) the vast majority of PCP and Psychiatric Consultant time is spent interacting with the BHCM, (2) if the total physician time was 70 minutes that would mean that virtually all the BHCM time (70 minutes minimum for 99492) was spent with the PCP and Psychiatric Consultant. This is not the case, as much BHCM time is spent interacting directly with the patient. The joint panel then looked at the individual times and concluded that given the requirements of the code, the Psychiatric Consultant time of 30 minutes was much more credible than the PCP time of 40 minutes and that both were high, given that the BHCM is a Masters or PhD level clinical staff person, or a clinical staff person with specialized training, experience, and expertise in managing behavioral health problems. Based on its review, the joint panel agreed that it was very possible that respondents valued the time required for the entire service, not just “their portion” of the service. If such was the case, this would mean that the median intra-service (and total) time when all survey responses were combined (combined group), (30 minutes) could represent the time of the entire service. However, for a number of reasons, the panel concluded it would be completely inappropriate to develop recommendations using this approach. For example, the panel had no idea if this reading of the data was actually the case, and second, if this reading of the data was correct, the panel had serious concerns that PCPs could accurately estimate the time spent by Psychiatric Consultant, and vice versa. Therefore, the panel did not pursue this approach further.

Next, the joint panel reviewed the time data for 99493. This review revealed the same problem as that identified for 99492. PCPs reported a median intra-service time of 40 minutes and Psychiatric Consultant respondents reported a median of 20 minutes. Based on its review, the joint panel concluded that a total time of 60 minutes was not credible. Further, the panel was concerned that PCPs were reporting the same time for 99493 as for 99492 whereas 99493 should take less time given that the patient was already receiving, as opposed to being new to, collaborative care. As with 99492, the summed time of 60 minutes would mean that all the BHCM time (60 minutes minimum) was spent with the PCP and Psychiatric Consultant, which, as with 99492, is not true. As with 99492, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (20 minutes) bore any relation to the actual combined median intra-service time for both physicians. The panel’s review of 99494 led to similar conclusions. PCPs and Psychiatric Consultants both reported median times of 15 minutes, which meant that the entire 30 minutes of required BHCM time would be spent with the physicians. As with 99492 and 99493, and using the same reasoning (described above), the panel concluded that it had serious



concerns that the combined intra-service median time (15 minutes) bore any relation to the actual combined median intra-service time for both physicians.

Lastly, the panel reviewed the physician time for 99484. This is a code that was created by CMS and reported based on clinical staff time, and the panel was not sure whether respondents would be familiar with it. The societies surveyed both the targeted group who were surveyed for 99492, 99493, and 99494 as well as a random group. The targeted PCPs and Psychiatric Consultants reported median intra-service times of 20 and 15 minutes, respectively, while the random PCPs and Psychiatric Consultants reported median times of 30 and 60 minutes, respectively. Given these wildly disparate times and that the service requires only 20 minutes of clinical staff time, the panel concluded these times were not reliable or usable. As with 99492, 99493, and 99494, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (30 minutes), of all 4 groups of respondents, bore any relation to the actual median intra-service time for both physicians.

In summary, the joint panel concluded that the physician time data for 99492, 99493, 99494, and 99484 could not be used to develop a recommendation for the RUC. Aside from the issue of the small numbers of PCP respondents, the panel concluded that it appeared that the respondents had not understood the survey questions, had difficulty determining the time of “their portion” of the service (e.g., because it is spread out over a calendar month in very small increments), and/or tried to estimate the time of the entire service. Whatever the reason, the joint panel concluded the data was not reliable.

### Physician Work Discussion

Next, the joint panel reviewed the work RVW data. As with time, the joint panel noted that the intent of the survey was for PCPs and Psychiatric Consultants to value “their own” work, not the work of the entire service. This meant the total RVW should be the sum of the PCP and Psychiatric Consultant RVWs.

First, the panel reviewed the RVW data for 99492. The median work RVW for PCPs and Psychiatric Consultant was 2.00 and 2.75, respectively, with a summed RVW of 4.75. Assuming the median times were also summed, for a total of 70 minutes, the joint panel agreed this was not credible or presentable to the RUC. For example, 99291, *Critical care, first hour*, which is a face-to-face service and is considered the most intense E/M service, has a work RVW of 4.50 with times of (15/40/15, total 70.) Further, 4.75, for a non-face-to-face physician service, even with 70 minutes of time, would create rank order anomalies with the reference services and with all the other non-face-to-face services recently valued by the RUC. Based on its review, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just “their portion” of the service. If such was the case, this would mean that the median RVW for the combined group (2.50) could represent the work of the entire service. However, for a number of reasons, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW’s from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

When the joint panel did review the PCP and Psychiatric Consultant work data, individually, the panel noted that the PCP and Psychiatric Consultant medians were very different. The Psychiatric Consultant work values were much higher than those of the PCPs with a much lower intra-service time. This disparity was notable and resulted in very different work intensities, which led the panel to believe that, whether the respondents were valuing the entire service or just “their portion” of the work, PCPs and Psychiatric Consultants may have very different concepts of what this service is - in spite of the fact that the vignette was considered typical by both groups. The panel concluded that, for 99492, this disparity cast even more doubt on the validity of the survey data.

The analyses for 99493, 99494, and 99484 were very similar.

For 99493, the sum of the PCP survey median RVW (1.50) and the Psychiatric Consultant survey median (1.50) was 3.00, which, even with a summed time of 60 minutes, yielded rank order anomalies with face-to-face and non-face-to-face E/M services. As with 99492, the joint panel agreed that it was very possible that respondents valued the work required for the entire service, not just “their portion” of the service. If this was the case, it would mean that the median RVW for the combined group (1.50) could represent the work of the entire service. However, for a number of reasons, as with 99492, the panel concluded it would be completely inappropriate to develop recommendations using

this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

For 99494, sum of the median work RVW for PCPs (1.50) and the median work RVW for Psychiatric Consultants (1.00) was 2.50, which, even with an assumed summed time of 30 minutes, was not credible. For example, 99292, *Critical care, additional 30 minutes*, has a work RVW of 2.25 with a total time of 30 minutes (all intra-service). As with 99492 and 99493, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just "their portion" of the service. If this was the case, it would mean that the median RVW for the combined group (1.00) could represent the work of the entire service. However, for a number of reasons, as with 99492 and 99493, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

Lastly, the panel reviewed the work values for 99484, and the same problems were identified. Irrespective of which PCP and Psychiatric Consultant work RVWs were used, the sum of the PCP and Psychiatric Consultant RVWs was not credible. Further, the disparity between the targeted and random groups was so great that the panel concluded the various groups of respondents appeared to have very different ideas as to what the service involves. As with 99492, 99493, and 99494, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just "their portion" of the service. If this was the case, it would mean that the median RVW for the combined group could represent the work of the entire service. However, for the reasons described above, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

In order to develop a recommendation to bring to the RUC, the joint panel did an extensive search of the RUC database for recently RUC reviewed codes with XXX globals (and ZZZ globals for 99494). In order to do the search, the joint panel had to decide what intra-service time parameters to use. For 99492 and 99493, the panel searched a range of codes between 20 and 40 minutes of intra-service time in order to account for the disparity of time in the survey data. For 99494, the search included codes with intra-service times in the 15-20 minute range (also to take into account the range of survey data).

The expert panel found that there were a number of potential crosswalk codes that supported the CMS values for work. Specifically, there were many codes in the 70000 series with similar intra-service and total times that supported the CMS valuation. For example, 70554 (*Functional MRI by tech*) has 15/35/10 (total 60) minutes with a work RVW of 2.11 which supports the CMS value for 99492. 74170 (*CT abdomen*) has 5/18/5 (total 28) minutes with a work RVW of 1.40 that supports the CMS value for 99493. There are numerous ZZZ globals with intra-times of 15 to 20 minutes with work RVWs of 0.80 to 1.00.

Furthermore, the values for 99487 (*Cmplx chron care*) are 26 minutes of intra-time and a work RVW of 1.00. This fits nicely between the CMS times and values for 99493 and 99494. The panel also noted that the MPC codes 99239 (*Hospital discharge day*) with times of 10/30/15 (total 55) minutes and a work RVW of 1.90 and 99309 (*Nursing fac care subseq*) with times of 10/25/10 (total 45) minutes and a work RVW of 1.55 also supports the CMS values for 99492 and 99493.

Therefore, even though it has reservations about the CMS methodology for establishing work RVWs for 99492, 99493, and 99494, the joint panel recommends that the CMS values be maintained as interim for three years until such time as members from the surveying specialties gain experience using these codes, at which time the specialties will conduct another survey. As we have learned from this survey, it will be important to ensure that survey participants only report time and value work for "their portion" rather than estimating time and work the entire service.

For 99484, the specialties also recommend that the CMS values be maintained as interim until another survey can be performed in three years. CMS modeled this code after 99490 (*Chron care mgmt svc 20 min*) (times of 0/15/0 minutes, work RVW of 0.61), and cross-walked the work RVW from 99490. Given that there does not appear to be a clear, and consistent understanding of what this service entails, the joint panel believes maintaining the CMS value on an interim basis is appropriate.

### Summary

In summary, the joint panel believes that the survey data for physician work and time is simply not credible. That said, the joint panel and the societies agree that a lot has been learned by going through the survey process. This series of codes is the first of its kind that involves the work of two different physicians that is reported by only one of the two. The joint panel and the societies think that the societies can work together to create a new survey that is modified to take into account the lessons from the current survey (e.g., to better ensure that respondents only value the work and time of “their portion” of the service and to “ignore the portion of the service performed by the....”). Further, at that point, more physicians in the field will have experience using the codes, which increases the likelihood of gaining sufficient survey respondents, especially PCPs.

Therefore, the joint panel recommends that the CMS physician work and time values for all 4 codes be maintained as interim for three years after which, the APA, AACAP, AAFP, ACP, AGS, and any other interested society will conduct another survey of all 4 codes.

### Recommendations

In summary, **we recommend the CMS RVW and times of 1.70 with 0 minutes pre, 40 minutes intra, and 0 minutes post, with a total time of 40 minutes for 99492.**

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### HISTORY/BACKGROUND

The Psychiatric Collaborative Care Services codes were developed following a request by CMS in the proposed rule for the CY 2016 Medicare Physician Fee Schedule to create a payment structure to describe a specific model of collaborative care services for patients with common behavioral health conditions. CMS referred to the Collaborative Care Model described by the University of Washington’s AIMS Center (<http://aims.uw.edu>) in which a Primary Care Practitioner (PCP)/treating physician and Behavioral Health Care Manager (BHCM) collaborate with a Psychiatric Consultant to provide behavioral healthcare to a population of patients to help ensure the patients are improving, and to make treatment adjustments as necessary in an effort to ensure the patients reach established treatment goals. Most of the collaboration between the Psychiatric Consultant and the BCHM is non-face-to-face over the phone, through regular caseload reviews with additional contact as needed. There are instances where the PCP and Psychiatric Consultant communicate directly about specific patients, either by phone or in person, but that is not typical. Importantly, although much of the contact between the Psychiatric Consultant and the BCHM is non-face-to-face, there is also face-to-face and non-face-to-face contact between the BCHM and the patient. The face-to-face contact between the BCHM and the patient typically consists of office visits where the BCHM evaluates the patient, provides brief therapeutic interventions, and/or communicates /educates the patient regarding changes to the care plan.

As stated in the CPT coding guidelines:

- The PCP/treating physician directs the Behavioral Health Care Manager and continues to oversee the patient’s care, including prescribing medications, providing treatments for medical conditions and making referrals to specialty care.
- The Behavioral Health Care Manager is a clinical staff person with a masters/doctoral-level education or specialized training in behavioral health who provides care management services as well as an assessment of behavioral health needs including the administration of validated rating scales, the development of a care plan, provision of brief interventions, ongoing collaboration with the treating physician (which includes communicating treatment recommendations/adjustments from the Psychiatric Consultant), and maintenance of a registry, all in consultation with a Psychiatric Consultant. The services provided to the patient are both face-to-face and non-face-to-face.

- The Psychiatric Consultant (e.g., MD, DO, PA, APRN) refers to a medical professional trained in psychiatry and qualified to prescribe the full range of medications. The consultant advises and makes recommendations as needed for psychiatric and other medical care, including psychiatric and other medical diagnoses, treatment strategies including appropriate therapies, medication management and medical management of complications associated with treatment of psychiatric disorders, and referral for specialty care services, that are communicated to the treating physician, typically through the Behavioral Health Care Manager. The Psychiatric Consultant does not typically see the patient face-to-face.

Three new CPT codes were proposed and approved by the CPT Editorial Panel at its February 2016 meeting. There is one code (99492) for the initial calendar month of services within the collaborative care program, one code for each subsequent calendar month of services, and an add-on code for additional time that can be reported in addition to the other two codes.

The new code set describes the work of two medical professionals, only one of whom submits the bill, and a clinical staff person working together collaboratively to manage a population of patients. The codes are similar to other care management codes (99487 and 99490) in that they are billed per calendar month based on the Behavioral Health Care Manager's time and they include the work of the PCP. HOWEVER, the new codes also include the work of the Psychiatric Consultant. In the model described by these codes, the Psychiatric Consultant is paid directly by the primary care practice and does not bill for his/her time using a separate CPT code.

### **RUC Process**

The AMA RUC Research Subcommittee set up a workgroup, (Ad Hoc Psychiatric Collaborative Care Management Workgroup), to assist in the modification of the standard survey tool to accommodate these new codes, as well as review the vignettes, reference service lists and survey pool. The Research Subcommittee reviewed and approved our request to do a targeted survey for CPT codes 99492- 99494. The targeted pool of participants included those PCPs and Psychiatric Consultants who have practiced in the Collaborative Care Model or who have been educated/trained in the model. In order to expand the targeted pool, each participant was asked to identify others who have worked in the model (past and present) as well as anyone who has had training in the model. The Research Subcommittee also approved two separate reference services lists (one for the PCP and one for the Psychiatric Consultant) as well as the vignettes. They also approved a modified survey tool which asked respondents to value their work with their typical patient within the "total service period" which encompassed the monthly timeframe.

### **CMS Final Rule on the CY 2017 Medicare Physician Fee Schedule**

After all the above work was completed, CMS finalized coding, coverage, and payment (effective January 1, 2017) for these services in the Final Rule for the CY 2017 Medicare Physician Fee Schedule.

#### **G0502-G0503 (99492-99494)**

CMS created three G codes, adopting the language of the CPT codes, and finalized relative value units for physician work (RVUs) (1.70, 1.53, and 0.82 RVUs respectively), physician times (40, 36, and 18 minutes respectively), and clinical labor times (70, 60, and 30 minutes respectively) as well as a clinical labor type for the Behavioral Health Care Manager. CMS assigned temporary G Codes (G0502, G0503, G0504) for use until the CPT codes go into effect on January 1, 2018.

According to CMS: "To value HCPCS codes G0502, G0503, and G0504, we proposed to base the portion of the work RVU that accounts for the work of the treating physician or other qualified health care professional on a direct crosswalk to the proposed work values for the complex CCM codes, CPT codes 99487 and 99489...Therefore, in allocating a differential portion of the work RVU to each practitioner, we believe the work RVU associated with the billing practitioner should be greater than the work RVU associated with the Psychiatric Consultant. After considering these comments, we are finalizing total work RVUs of 1.70 for G0502, 1.53 for G0503, and 0.82 for G0504. These RVUs include 0.52 for the Psychiatric Consultant based on a crosswalk to the work per minute of a level three established patient office visit [and an CMS estimate of 10 minutes of Psychiatric Consultant time per patient per month]...Since the Behavioral Health Care Manager in the services described by HCPCS codes G0502, G0503, and G0504 should have specialized training in behavioral health, we proposed a new clinical labor type for the Behavioral Health Care Manager, L057B, at \$0.57 per minute, based on the rates for genetic counselors in the direct PE input database."

99484

CMS also finalized payment for an additional care management code, 99484, Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, (99484) which describes care management for beneficiaries with behavioral health conditions under models of care other than the collaborative care model describe above. This service may be furnished when the beneficiary has a psychiatric or behavioral health condition(s) that in the PCP/treating physician clinical judgment, requires a behavioral health care assessment, behavioral health care planning, and provision of interventions. And per CMS includes “an initial assessment or follow-up monitoring, including the use of applicable validated rating scales; Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and Continuity of care with a designated member of the care team.”

CMS finalized relative value units for physician RVUs (0.61 RVUs), physician time (15 minutes), and clinical labor times (20 minutes) as well as a clinical labor type for the care manager that is the same (L057B, at \$0.57 per minute) as that for the collaborative care codes discussed above.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) NA

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Primary Care                      How often? Sometimes

Specialty                                      How often?

Specialty                                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 70000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. General U.S. population is approximately seven times the Medicare population

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is approximately 1% of the total Medicare claims billed for CCM services in 2015

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Evaluation Management

BETOS Sub-classification:

BETOS Sub-classification Level II:

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99487

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 99493      Tracking Number    A2

Original Specialty Recommended RVU: **1.53**Presented Recommended RVU: **1.53**

Global Period: XXX

RUC Recommended RVU: **1.53**

CPT Descriptor: Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- tracking patient follow-up and progress using the registry, with appropriate documentation;
- participation in weekly caseload consultation with the psychiatric consultant;
- ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers;
- additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant;
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies;
- monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Adult: A 55-year-old woman who is separated from her husband and has no children at home has been feeling more fatigued, not sleeping well, and missing doses of the medicine she takes for her hypertension and diabetes. She worries a lot about her future. The patient is diagnosed as having a behavioral health disorder and was enrolled in the psychiatric collaborative care management services program and continues to have symptoms.

Child/Adolescent: A 15-year-old child brought in by a parent because of concerns about social withdrawal, anxiety, diminished school performance and substance abuse. The patient is diagnosed as having a behavioral health disorder and was enrolled in the psychiatric collaborative care management services program and continues to have symptoms.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: NA

Description of Intra-Service Work: Primary Care Physician/Treating Physician: Directs and provides general supervision of the behavioral health care manager (BHCM) and continues to provide or oversee the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living. Reviews treatment recommendations from the psychiatric consultant with the BHCM and implements as appropriate. Ensures services are documented appropriately.

Psychiatric Consultant: Psychiatric Consultant: Reviews patient progress with the BHCM, soliciting and analyzing clinical information provided by the BHCM and/or in the patient record. Provides ongoing advice and treatment recommendations, as needed (based on the data) for psychiatric and other medical care, including treatment strategies such

as appropriate therapies, medication management, medical management of complications associated with treatment of psychiatric disorders and referral for specialty care services, which are communicated to the PCP/treating physician through the BHCM.

Description of Post-Service Work: NA



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jennifer Aloff, MD; Donna Sweet, MD; Mary Newman, MD; Jeremy Musher, MD; John Agens, MD; Kai-ping Wang, MD; Jurgen Unitzer, MD, MPH; Virna Little, PsyD, LCSW-r				
<b>Specialty(s):</b>	Family Medicine, Internal Medicine, Psychiatry, Geriatrics, Child and Adolescent Psychiatry				
<b>CPT Code:</b>	99493				
<b>Sample Size:</b>	1969	<b>Resp N:</b>	80	<b>Response:</b> 4.0 %	
<b>Description of Sample:</b>	Targeted				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	<b>20.00</b>	25.00	1000.00
<b>Survey RVW:</b>	0.00	1.00	<b>1.50</b>	2.45	15.00
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	15.00	<b>20.00</b>	36.00	360.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	99493	<b>Recommended Physician Work RVU: 1.53</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>36.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99487	XXX	1.00	RUC Time

CPT Descriptor Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99309	XXX	1.55	RUC Time	8,667,991

CPT Descriptor 1 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99214	XXX	1.50	RUC Time	95,554,488

**CPT Descriptor 2** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74170	XXX	1.40	RUC Time

**CPT Descriptor** Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 9      % of respondents: 11.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 12.5 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>99493</u></b>	<b>Top Key Reference CPT Code: <u>99487</u></b>	<b>2nd Key Reference CPT Code: <u>99213</u></b>
Median Pre-Service Time	0.00	0.00	3.00
Median Intra-Service Time	36.00	26.00	15.00
Median Immediate Post-service Time	0.00	0.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>36.00</b>	<b>26.00</b>	<b>23.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES***(of those that selected Key Reference codes)**Survey respondents are rating the survey code relative to the key reference code.***Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.22	0.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.33	0.29
Urgency of medical decision making	-0.22	-0.12
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	-0.44	0.37
Physical effort required	-0.67	0.00
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.56	0.27
Outcome depends on the skill and judgment of physician	-0.11	0.31
Estimated risk of malpractice suit with poor outcome	-0.56	-0.12

**INTENSITY/COMPLEXITY MEASURES**

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Time Segment (Mean)</u></b>		
Overall intensity/complexity	0.11	0.27

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

The American Geriatrics Society (AGS), American College of Physicians (ACP), American Academy of Family Physicians (AAFP), American Academy of Child and Adolescent Psychiatry (AACAP), and American Psychiatric Association (APA), conducted joint targeted surveys of their memberships in November 2016 for CPT codes 99492, 99493, and 99494 as well as a targeted and random survey for CMS created code 99484. A joint AGS, ACP, AAFP, AACAP, and APA RVS expert panel (“joint panel”) consisting of physician advisors and specialty experts reviewed the survey work and time data and developed recommendations through participation in conference calls and e-mail discussions. Please note that the societies also conducted a survey of Behavioral Health Care Managers (BHCMS) that was only used to develop recommendations for practice expenses.

For code 99492, there were 84 responses (25 primary care physicians (PCP), 59 Psychiatric Consultants [Psych]) to the survey request with a median performance rate of 20 (PCP 10, Psych 40); 96% of the survey respondents found the vignette to be typical. For 99493, there were 80 response (23 PCP, 57 Psych) responses with a median performance rate of 20 (PCP 10, Psych 30); 94% of the respondents found the vignette to be typical. For code 99494, there were 79 responses (22 PCP, 57 Psych) with a median performance rate of 10 (PCP 4, Psych 15); 92% of the respondents found the vignette to be typical. For 99484, there were 161 responses (23 PCP targeted, 53 PCP random, 51 Psych targeted, 34 Psych random) with a median performance rate of 12 (PCP T 5, PCP R 15, Psych T 10, Psych R 15); 87% of the respondents found the vignette to be typical. The RUC summary contains a breakout of PCP participants, Psychiatric Consultant participants, and BHCMS.

The joint panel kept in mind that 99492, 99493, and 99494 are unlike any other services in CPT, because they include the work of two different physicians or other qualified health care professionals, but only one of those individuals reports the service. The joint panel agreed that, in order for the survey data to be credible, there had to be a sufficient number of responses from both PCPs and Psychiatric Consultants and that those respondents value only the time and work effort of their individual portion of the service (e.g., PCPs should value only the time and work for the PCP portion of the service). The joint panel agreed that, because the PCP is the billing provider, it was particularly crucial for PCP responses to meet the RUC minimum threshold for number of survey responses.

With respect to the number of respondents, unfortunately, even after extending the survey and after repeated reminders and adding new participants identified by other participants, the end result of the targeted survey was that there were fewer than 30 PCP responses for each code. This does not reach the RUC minimum requirement. While the total number of respondents was more than 75 for each code, the joint panel agreed that the number of responses from each physician type (PCP, Psych) needed to meet the minimum threshold (30), because each type was performing separate, distinct work. Therefore, the joint panel was very concerned about the validity of the PCP data given the small numbers and in light of the fact that this is a new service and that the work of the PCP is essential to the service.

After noting these concerns, the expert panel reviewed the targeted survey data for 99492, 99493, and 99494 as well as the targeted and random survey data for 99484.

### **Physician Time Discussion**

The joint panel noted that these services do not include any pre and post service time, because they describe care furnished over a calendar month. Therefore, the reliability of the intra-service time data is critical to appropriately valuing the service. The joint panel also reviewed the survey instrument, which clearly stated that the respondent was to value “their” portion of the work - not the work of the entire service. This meant that the intent of the survey was to “sum” the times reported by PCPs and by the Psychiatric Consultants to arrive at a total physician time.

The joint panel then reviewed the time data for 99492. It noted that the PCPs reported a median intra-service time of 40 minutes while Psychiatric Consultant respondents reported a median intra-service time of 30 minutes. When the expert panel summed these times, the resulting value of 70 minutes was judged by the joint panel to not be credible. Specifically, the panel noted the following: (1) the vast majority of PCP and Psychiatric Consultant time is spent interacting with the BHCM, (2) if the total physician time was 70 minutes that would mean that virtually all the BHCM time (70 minutes minimum for 99492) was spent with the PCP and Psychiatric Consultant. This is not the case, as much BHCM time is spent interacting directly with the patient. The joint panel then looked at the individual times and concluded that given the requirements of the code, the Psychiatric Consultant time of 30 minutes was much more credible than the PCP time of 40 minutes and that both were high, given that the BHCM is a Masters or PhD level clinical staff person, or a clinical staff person with specialized training, experience, and expertise in managing

behavioral health problems. Based on its review, the joint panel agreed that it was very possible that respondents valued the time required for the entire service, not just “their portion” of the service. If such was the case, this would mean that the median intra-service (and total) time when all survey responses were combined (combined group), (30 minutes) could represent the time of the entire service. However, for a number of reasons, the panel concluded it would be completely inappropriate to develop recommendations using this approach. For example, the panel had no idea if this reading of the data was actually the case, and second, if this reading of the data was correct, the panel had serious concerns that PCPs could accurately estimate the time spent by Psychiatric Consultant, and vice versa. Therefore, the panel did not pursue this approach further.

Next, the joint panel reviewed the time data for 99493. This review revealed the same problem as that identified for 99492. PCPs reported a median intra-service time of 40 minutes and Psychiatric Consultant respondents reported a median of 20 minutes. Based on its review, the joint panel concluded that a total time of 60 minutes was not credible. Further, the panel was concerned that PCPs were reporting the same time for 99493 as for 99492 whereas 99493 should take less time given that the patient was already receiving, as opposed to being new to, collaborative care. As with 99492, the summed time of 60 minutes would mean that all the BHCM time (60 minutes minimum) was spent with the PCP and Psychiatric Consultant, which, as with 99492, is not true. As with 99492, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (20 minutes) bore any relation to the actual combined median intra-service time for both physicians. The panel’s review of 99494 led to similar conclusions. PCPs and Psychiatric Consultants both reported median times of 15 minutes, which meant that the entire 30 minutes of required BHCM time would be spent with the physicians. As with 99492 and 99493, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (15 minutes) bore any relation to the actual combined median intra-service time for both physicians.

Lastly, the panel reviewed the physician time for 99484. This is a code that was created by CMS and reported based on clinical staff time, and the panel was not sure whether respondents would be familiar with it. The societies surveyed both the targeted group who were surveyed for 99492, 99493, and 99494 as well as a random group. The targeted PCPs and Psychiatric Consultants reported median intra-service times of 20 and 15 minutes, respectively, while the random PCPs and Psychiatric Consultants reported median times of 30 and 60 minutes, respectively. Given these wildly disparate times and that the service requires only 20 minutes of clinical staff time, the panel concluded these times were not reliable or usable. As with 99492, 99493, and 99494, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (30 minutes), of all 4 groups of respondents, bore any relation to the actual median intra-service time for both physicians.

In summary, the joint panel concluded that the physician time data for 99492, 99493, 99494, and 99484 could not be used to develop a recommendation for the RUC. Aside from the issue of the small numbers of PCP respondents, the panel concluded that it appeared that the respondents had not understood the survey questions, had difficulty determining the time of “their portion” of the service (e.g., because it is spread out over a calendar month in very small increments), and/or tried to estimate the time of the entire service. Whatever the reason, the joint panel concluded the data was not reliable.

### **Physician Work Discussion**

Next, the joint panel reviewed the work RVW data. As with time, the joint panel noted that the intent of the survey was for PCPs and Psychiatric Consultants to value “their own” work, not the work of the entire service. This meant the total RVW should be the sum of the PCP and Psychiatric Consultant RVWs.

First, the panel reviewed the RVW data for 99492. The median work RVW for PCPs and Psychiatric Consultant was 2.00 and 2.75, respectively, with a summed RVW of 4.75. Assuming the median times were also summed, for a total of 70 minutes, the joint panel agreed this was not credible or presentable to the RUC. For example, 99291, *Critical care, first hour*, which is a face-to-face service and is considered the most intense E/M service, has a work RVW of 4.50 with times of (15/40/15, total 70.) Further, 4.75, for a non-face-to-face physician service, even with 70 minutes of time, would create rank order anomalies with the reference services and with all the other non-face-to-face services recently valued by the RUC. Based on its review, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just “their portion” of the service. If such was the case, this would mean that the median RVW for the combined group (2.50) could represent the work of the entire service. However,

for a number of reasons, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

When the joint panel did review the PCP and Psychiatric Consultant work data, individually, the panel noted that the PCP and Psychiatric Consultant medians were very different. The Psychiatric Consultant work values were much higher than those of the PCPs with a much lower intra-service time. This disparity was notable and resulted in very different work intensities, which led the panel to believe that, whether the respondents were valuing the entire service or just "their portion" of the work, PCPs and Psychiatric Consultants may have very different concepts of what this service is - in spite of the fact that the vignette was considered typical by both groups. The panel concluded that, for 99492, this disparity cast even more doubt on the validity of the survey data.

The analyses for 99493, 99494, and 99484 were very similar.

For 99493, the sum of the PCP survey median RVW (1.50) and the Psychiatric Consultant survey median (1.50) was 3.00, which, even with a summed time of 60 minutes, yielded rank order anomalies with face-to-face and non-face-to-face E/M services. As with 99492, the joint panel agreed that it was very possible that respondents valued the work required for the entire service, not just "their portion" of the service. If this was the case, it would mean that the median RVW for the combined group (1.50) could represent the work of the entire service. However, for a number of reasons, as with 99492, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

For 99494, sum of the median work RVW for PCPs (1.50) and the median work RVW for Psychiatric Consultants (1.00) was 2.50, which, even with an assumed summed time of 30 minutes, was not credible. For example, 99292, *Critical care, additional 30 minutes*, has a work RVW of 2.25 with a total time of 30 minutes (all intra-service). As with 99492 and 99493, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just "their portion" of the service. If this was the case, it would mean that the median RVW for the combined group (1.00) could represent the work of the entire service. However, for a number of reasons, as with 99492 and 99493, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

Lastly, the panel reviewed the work values for 99484, and the same problems were identified. Irrespective of which PCP and Psychiatric Consultant work RVWs were used, the sum of the PCP and Psychiatric Consultant RVWs was not credible. Further, the disparity between the targeted and random groups was so great that the panel concluded the various groups of respondents appeared to have very different ideas as to what the service involves. As with 99492, 99493, and 99494, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just "their portion" of the service. If this was the case, it would mean that the median RVW for the combined group could represent the work of the entire service. However, for the reasons described above, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

In order to develop a recommendation to bring to the RUC, the joint panel did an extensive search of the RUC database for recently RUC reviewed codes with XXX globals (and ZZZ globals for 99494). In order to do the search, the joint panel had to decide what intra-service time parameters to use. For 99492 and 99493, the panel searched a range of codes between 20 and 40 minutes of intra-service time in order to account for the disparity of time in the

survey data. For 99494, the search included codes with intra-service times in the 15-20 minute range (also to take into account the range of survey data).

The expert panel found that there were a number of potential crosswalk codes that supported the CMS values for work. Specifically, there were many codes in the 70000 series with similar intra-service and total times that supported the CMS valuation. For example, 70554 (*Functional MRI by tech*) has 15/35/10 (total 60) minutes with a work RVW of 2.11 which supports the CMS value for 99492. 74170 (*CT abdomen*) has 5/18/5 (total 28) minutes with a work RVW of 1.40 that supports the CMS value for 99493. There are numerous ZZZ globals with intra-times of 15 to 20 minutes with work RVWs of 0.80 to 1.00.

Furthermore, the values for 99487 (*Cmplx chron care*) are 26 minutes of intra-time and a work RVW of 1.00. This fits nicely between the CMS times and values for 99493 and 99494. The panel also noted that the MPC codes 99239 (*Hospital discharge day*) with times of 10/30/15 (total 55) minutes and a work RVW of 1.90 and 99309 (*Nursing fac care subseq*) with times of 10/25/10 (total 45) minutes and a work RVW of 1.55 also supports the CMS values for 99492 and 99493.

Therefore, even though it has reservations about the CMS methodology for establishing work RVWs for 99492, 99493, and 99494, the joint panel recommends that the CMS values be maintained as interim for three years until such time as members from the surveying specialties gain experience using these codes, at which time the specialties will conduct another survey. As we have learned from this survey, it will be important to ensure that survey participants only report time and value work for “their portion” rather than estimating time and work the entire service.

For 99484, the specialties also recommend that the CMS values be maintained as interim until another survey can be performed in three years. CMS modeled this code after 99490 (*Chron care mgmt srvc 20 min*) (times of 0/15/0 minutes, work RVW of 0.61), and cross-walked the work RVW from 99490. Given that there does not appear to be a clear, and consistent understanding of what this service entails, the joint panel believes maintaining the CMS value on an interim basis is appropriate.

### Summary

In summary, the joint panel believes that the survey data for physician work and time is simply not credible. That said, the joint panel and the societies agree that a lot has been learned by going through the survey process. This series of codes is the first of its kind that involves the work of two different physicians that is reported by only one of the two. The joint panel and the societies think that the societies can work together to create a new survey that is modified to take into account the lessons from the current survey (e.g., to better ensure that respondents only value the work and time of “their portion” of the service and to “ignore the portion of the service performed by the...”). Further, at that point, more physicians in the field will have experience using the codes, which increases the likelihood of gaining sufficient survey respondents, especially PCPs.

Therefore, the joint panel recommends that the CMS physician work and time values for all 4 codes be maintained as interim for three years after which, the APA, AACAP, AAFP, ACP, AGS, and any other interested society will conduct another survey of all 4 codes.

### Recommendations

In summary, **we recommend the CMS RVW and times of 1.53 with 0 minutes pre, 36 minutes intra, and 0 minutes post, with a total time of 36 minutes for 99493.**

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### HISTORY/BACKGROUND

The Psychiatric Collaborative Care Services codes were developed following a request by CMS in the proposed rule for the CY 2016 Medicare Physician Fee Schedule to create a payment structure to describe a specific model of collaborative care services for patients with common behavioral health conditions. CMS referred to the Collaborative Care Model described by the University of Washington’s AIMS Center (<http://aims.uw.edu>) in which a Primary Care Practitioner (PCP)/treating physician and Behavioral Health Care Manager (BHCM) collaborate with a Psychiatric Consultant to provide behavioral healthcare to a population of patients to help ensure the patients are improving, and



to make treatment adjustments as necessary in an effort to ensure the patients reach established treatment goals. Most of the collaboration between the Psychiatric Consultant and the BHCM is non-face-to-face over the phone, through regular caseload reviews with additional contact as needed. There are instances where the PCP and Psychiatric Consultant communicate directly about specific patients, either by phone or in person, but that is not typical. Importantly, although much of the contact between the Psychiatric Consultant and the BHCM is non-face-to-face, there is also face-to-face and non-face-to-face contact between the BHCM and the patient. The face-to-face contact between the BHCM and the patient typically consists of office visits where the BHCM evaluates the patient, provides brief therapeutic interventions, and/or communicates /educates the patient regarding changes to the care plan.

As stated in the CPT coding guidelines:

- The PCP/treating physician directs the Behavioral Health Care Manager and continues to oversee the patient's care, including prescribing medications, providing treatments for medical conditions and making referrals to specialty care.
- The Behavioral Health Care Manager is a clinical staff person with a masters/doctoral-level education or specialized training in behavioral health who provides care management services as well as an assessment of behavioral health needs including the administration of validated rating scales, the development of a care plan, provision of brief interventions, ongoing collaboration with the treating physician (which includes communicating treatment recommendations/adjustments from the Psychiatric Consultant), and maintenance of a registry, all in consultation with a Psychiatric Consultant. The services provided to the patient are both face-to-face and non-face-to-face.
- The Psychiatric Consultant (e.g., MD, DO, PA, APRN) refers to a medical professional trained in psychiatry and qualified to prescribe the full range of medications. The consultant advises and makes recommendations as needed for psychiatric and other medical care, including psychiatric and other medical diagnoses, treatment strategies including appropriate therapies, medication management and medical management of complications associated with treatment of psychiatric disorders, and referral for specialty care services, that are communicated to the treating physician, typically through the Behavioral Health Care Manager. The Psychiatric Consultant does not typically see the patient face-to-face.

Three new CPT codes were proposed and approved by the CPT Editorial Panel at its February 2016 meeting. There is one code (99492) for the initial calendar month of services within the collaborative care program, one code for each subsequent calendar month of services, and an add-on code for additional time that can be reported in addition to the other two codes.

The new code set describes the work of two medical professionals, only one of whom submits the bill, and a clinical staff person working together collaboratively to manage a population of patients. The codes are similar to other care management codes (99487 and 99490) in that they are billed per calendar month based on the Behavioral Health Care Manager's time and they include the work of the PCP. HOWEVER, the new codes also include the work of the Psychiatric Consultant. In the model described by these codes, the Psychiatric Consultant is paid directly by the primary care practice and does not bill for his/her time using a separate CPT code.

### **RUC Process**

The AMA RUC Research Subcommittee set up a workgroup, (Ad Hoc Psychiatric Collaborative Care Management Workgroup), to assist in the modification of the standard survey tool to accommodate these new codes, as well as review the vignettes, reference service lists and survey pool. The Research Subcommittee reviewed and approved our request to do a targeted survey for CPT codes 99492- 99494. The targeted pool of participants included those PCPs and Psychiatric Consultants who have practiced in the Collaborative Care Model or who have been educated/trained in the model. In order to expand the targeted pool, each participant was asked to identify others who have worked in the model (past and present) as well as anyone who has had training in the model. The Research Subcommittee also approved two separate reference services lists (one for the PCP and one for the Psychiatric Consultant) as well as the vignettes. They also approved a modified survey tool which asked respondents to value their work with their typical patient within the "total service period" which encompassed the monthly timeframe.

After all the above work was completed, CMS finalized coding, coverage, and payment (effective January 1, 2017) for these services in the Final Rule for the CY 2017 Medicare Physician Fee Schedule.

#### G0502-G0503 (99492-99494)

CMS created three G codes, adopting the language of the CPT codes, and finalized relative value units for physician work (RVWs) (1.70, 1.53, and 0.82 RVWs respectively), physician times (40, 36, and 18 minutes respectively), and clinical labor times (70, 60, and 30 minutes respectively) as well as a clinical labor type for the Behavioral Health Care Manager. CMS assigned temporary G Codes (G0502, G0503, G0504) for use until the CPT codes go into effect on January 1, 2018.

According to CMS: “To value HCPCS codes G0502, G0503, and G0504, we proposed to base the portion of the work RVU that accounts for the work of the treating physician or other qualified health care professional on a direct crosswalk to the proposed work values for the complex CCM codes, CPT codes 99487 and 99489...Therefore, in allocating a differential portion of the work RVU to each practitioner, we believe the work RVU associated with the billing practitioner should be greater than the work RVU associated with the Psychiatric Consultant. After considering these comments, we are finalizing total work RVUs of 1.70 for G0502, 1.53 for G0503, and 0.82 for G0504. These RVUs include 0.52 for the Psychiatric Consultant based on a crosswalk to the work per minute of a level three established patient office visit [and an CMS estimate of 10 minutes of Psychiatric Consultant time per patient per month]...Since the Behavioral Health Care Manager in the services described by HCPCS codes G0502, G0503, and G0504 should have specialized training in behavioral health, we proposed a new clinical labor type for the Behavioral Health Care Manager, L057B, at \$0.57 per minute, based on the rates for genetic counselors in the direct PE input database.”

#### 99484

CMS also finalized payment for an additional care management code, 99484, Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, (99484) which describes care management for beneficiaries with behavioral health conditions under models of care other than the collaborative care model describe above. This service may be furnished when the beneficiary has a psychiatric or behavioral health condition(s) that in the PCP/treating physician clinical judgment, requires a behavioral health care assessment, behavioral health care planning, and provision of interventions. And per CMS includes “an initial assessment or follow-up monitoring, including the use of applicable validated rating scales; Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and Continuity of care with a designated member of the care team.”

CMS finalized relative value units for physician RVWs (0.61 RVWs), physician time (15 minutes), and clinical labor times (20 minutes) as well as a clinical labor type for the care manager that is the same (L057B, at \$0.57 per minute) as that for the collaborative care codes discussed above.

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) NA

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Primay Care                      How often? Sometimes

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 252000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. General U.S. population is approximately seven times the Medicare population

Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 36,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This approximates the number of claims for patients seen for subsequent care for an episode of care

Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? No

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:

BETOS Sub-classification Level II:

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99487

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 99494      Tracking Number    A3

Original Specialty Recommended RVU: **0.82**Presented Recommended RVU: **0.82**

Global Period: ZZZ

RUC Recommended RVU: **0.82**

CPT Descriptor: Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)

(Use 994X3 in conjunction with 994X1, 994X2)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Adult: A 50-year-old man has been feeling fatigued and has a lack of interest in outside interests since suffering a heart attack 6 months ago. He is accompanied by his wife who reports that he has been drinking more alcohol during this time. The patient is diagnosed as having a behavioral health disorder and the primary care physician recommends that the patient be enrolled or continue in the psychiatric collaborative care management services program. (Use 994X3 in conjunction with 994X1, 994X2)

Child/Adolescent: A 12-year-old child is brought in by a parent who states that she was found with marijuana in her room, has been truant from school, and has refused to take her insulin on several occasions. Her mother believes she may be sexually active. Her parents separated 6 months ago. The patient is diagnosed as having a behavioral health disorder and the primary care physician recommends that the patient be enrolled or continue in the psychiatric collaborative care management services program. (Use 994X3 in conjunction with 994X1, 994X2)

Percentage of Survey Respondents who found Vignette to be Typical: 92%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: NA

Description of Intra-Service Work: Primary Care Physician/Treating Physician: Directs and provides general supervision of the behavioral health care manager (BHCM) and continues to provide or oversee the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living. Reviews treatment recommendations from the psychiatric consultant with the BHCM and implements as appropriate. Ensures services are documented appropriately.

Psychiatric Consultant: Reviews new patient information or established patient progress with the BHCM soliciting and analyzing clinical information provided by the BHCM and/or in the patient record. Provides ongoing advice and treatment recommendations, as needed (based on the data) for psychiatric and other medical care, including treatment strategies such as appropriate therapies, medication management, medical management of complications associated with treatment of psychiatric disorders and referral for specialty care services which are communicated to the PCP/treating physician through the BHCM.

Description of Post-Service Work: NA

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Jennifer Aloff, MD; Donna Sweet, MD; Mary Newman, MD; Jeremy Musher, MD; John Agens, MD; Kai-ping Wang, MD; Jorgen Unitzer, MD, MPH; Virna Little, PsyD, LCSW-r				
<b>Specialty(s):</b>	Family Medicine, Internal Medicine, Psychiatry, Geriatrics, Child and Adolescent Psychiatry				
<b>CPT Code:</b>	99494				
<b>Sample Size:</b>	1969	<b>Resp N:</b>	79	<b>Response:</b> 4.0 %	
<b>Description of Sample:</b>	Targeted				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	10.00	50.00	450.00
<b>Survey RVW:</b>	0.00	0.73	1.00	1.50	75.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	10.00	15.00	30.00	240.00
<b>Immediate Post Service-Time:</b>	<u>0.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	99494	<b>Recommended Physician Work RVU: 0.82</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	18.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
64484	XXX	1.00	RUC Time	467,888

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
51797	ZZZ	0.80	RUC Time	128,931

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93565	ZZZ	0.86	RUC Time

CPT Descriptor Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 7      % of respondents: 8.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 12.6 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>99494</u></b>	<b>Top Key Reference CPT Code: <u>99213</u></b>	<b>2nd Key Reference CPT Code: <u>99213</u></b>
Median Pre-Service Time	0.00	3.00	3.00
Median Intra-Service Time	18.00	15.00	15.00
Median Immediate Post-service Time	0.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>18.00</b>	<b>23.00</b>	<b>23.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.14	0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.14	0.20
Urgency of medical decision making	0.00	0.10



**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.57	0.20
Physical effort required	-0.14	-0.30

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.00	0.40
Outcome depends on the skill and judgment of physician	-0.29	0.60
Estimated risk of malpractice suit with poor outcome	-0.29	0.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.14	-0.30
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

The American Geriatrics Society (AGS), American College of Physicians (ACP), American Academy of Family Physicians (AAFP), American Academy of Child and Adolescent Psychiatry (AACAP), and American Psychiatric Association (APA), conducted joint targeted surveys of their memberships in November 2016 for CPT codes 99492, 99493, and 99494 as well as a targeted and random survey for CMS created code 99484. A joint AGS, ACP, AAFP, AACAP, and APA RVS expert panel ("joint panel") consisting of physician advisors and specialty experts reviewed the survey work and time data and developed recommendations through participation in conference calls and e-mail discussions. Please note that the societies also conducted a survey of Behavioral Health Care Managers (BHCMS) that was only used to develop recommendations for practice expenses.

For code 99492, there were 84 responses (25 primary care physicians (PCP), 59 Psychiatric Consultants [Psych]) to the survey request with a median performance rate of 20 (PCP 10, Psych 40); 96% of the survey respondents found the vignette to be typical. For 99493, there were 80 response (23 PCP, 57 Psych) responses with a median performance rate of 20 (PCP 10, Psych 30); 94% of the respondents found the vignette to be typical. For code 99494, there were 79 responses (22 PCP, 57 Psych) with a median performance rate of 10 (PCP 4, Psych 15); 92% of the respondents found the vignette to be typical. For 99484, there were 161 responses (23 PCP targeted, 53 PCP random, 51 Psych targeted, 34 Psych random) with a median performance rate of 12 (PCP T 5, PCP R 15, Psych T 10, Psych R 15); 87% of the respondents found the vignette to be typical. The RUC summary contains a breakout of PCP participants, Psychiatric Consultant participants, and BHCMS.

The joint panel kept in mind that 99492, 99493, and 99494 are unlike any other services in CPT, because they include the work of two different physicians or other qualified health care professionals, but only one of those individuals reports the service. The joint panel agreed that, in order for the survey data to be credible, there had to be a sufficient number of responses from both PCPs and Psychiatric Consultants and that those respondents value only the time and work effort of

their individual portion of the service (e.g., PCPs should value only the time and work for the PCP portion of the service). The joint panel agreed that, because the PCP is the billing provider, it was particularly crucial for PCP responses to meet the RUC minimum threshold for number of survey responses.

With respect to the number of respondents, unfortunately, even after extending the survey and after repeated reminders and adding new participants identified by other participants, the end result of the targeted survey was that there were fewer than 30 PCP responses for each code. This does not reach the RUC minimum requirement. While the total number of respondents was more than 75 for each code, the joint panel agreed that the number of responses from each physician type (PCP, Psych) needed to meet the minimum threshold (30), because each type was performing separate, distinct work. Therefore, the joint panel was very concerned about the validity of the PCP data given the small numbers and in light of the fact that this is a new service and that the work of the PCP is essential to the service.

After noting these concerns, the expert panel reviewed the targeted survey data for 99492, 99493, and 99494 as well as the targeted and random survey data for 99484.

### **Physician Time Discussion**

The joint panel noted that these services do not include any pre and post service time, because they describe care furnished over a calendar month. Therefore, the reliability of the intra-service time data is critical to appropriately valuing the service. The joint panel also reviewed the survey instrument, which clearly stated that the respondent was to value “their” portion of the work - not the work of the entire service. This meant that the intent of the survey was to “sum” the times reported by PCPs and by the Psychiatric Consultants to arrive at a total physician time.

The joint panel then reviewed the time data for 99492. It noted that the PCPs reported a median intra-service time of 40 minutes while Psychiatric Consultant respondents reported a median intra-service time of 30 minutes. When the expert panel summed these times, the resulting value of 70 minutes was judged by the joint panel to not be credible. Specifically, the panel noted the following: (1) the vast majority of PCP and Psychiatric Consultant time is spent interacting with the BHCM, (2) if the total physician time was 70 minutes that would mean that virtually all the BHCM time (70 minutes minimum for 99492) was spent with the PCP and Psychiatric Consultant. This is not the case, as much BHCM time is spent interacting directly with the patient. The joint panel then looked at the individual times and concluded that given the requirements of the code, the Psychiatric Consultant time of 30 minutes was much more credible than the PCP time of 40 minutes and that both were high, given that the BHCM is a Masters or PhD level clinical staff person, or a clinical staff person with specialized training, experience, and expertise in managing behavioral health problems. Based on its review, the joint panel agreed that it was very possible that respondents valued the time required for the entire service, not just “their portion” of the service. If such was the case, this would mean that the median intra-service (and total) time when all survey responses were combined (combined group), (30 minutes) could represent the time of the entire service. However, for a number of reasons, the panel concluded it would be completely inappropriate to develop recommendations using this approach. For example, the panel had no idea if this reading of the data was actually the case, and second, if this reading of the data was correct, the panel had serious concerns that PCPs could accurately estimate the time spent by Psychiatric Consultant, and vice versa. Therefore, the panel did not pursue this approach further.

Next, the joint panel reviewed the time data for 99493. This review revealed the same problem as that identified for 99492. PCPs reported a median intra-service time of 40 minutes and Psychiatric Consultant respondents reported a median of 20 minutes. Based on its review, the joint panel concluded that a total time of 60 minutes was not credible. Further, the panel was concerned that PCPs were reporting the same time for 99493 as for 99492 whereas 99493 should take less time given that the patient was already receiving, as opposed to being new to, collaborative care. As with 99492, the summed time of 60 minutes would mean that all the BHCM time (60 minutes minimum) was spent with the PCP and Psychiatric Consultant, which, as with 99492, is not true. As with 99492, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (20 minutes) bore any relation to the actual combined median intra-service time for both physicians. The panel’s review of 99494 led to similar conclusions. PCPs and Psychiatric Consultants both reported median times of 15 minutes, which meant that the entire 30 minutes of required BHCM time would be spent with the physicians. As with 99492 and 99493, and using the same reasoning (described above), the panel concluded that it had serious

concerns that the combined intra-service median time (15 minutes) bore any relation to the actual combined median intra-service time for both physicians.

Lastly, the panel reviewed the physician time for 99484. This is a code that was created by CMS and reported based on clinical staff time, and the panel was not sure whether respondents would be familiar with it. The societies surveyed both the targeted group who were surveyed for 99492, 99493, and 99494 as well as a random group. The targeted PCPs and Psychiatric Consultants reported median intra-service times of 20 and 15 minutes, respectively, while the random PCPs and Psychiatric Consultants reported median times of 30 and 60 minutes, respectively. Given these wildly disparate times and that the service requires only 20 minutes of clinical staff time, the panel concluded these times were not reliable or usable. As with 99492, 99493, and 99494, and using the same reasoning (described above), the panel concluded that it had serious concerns that the combined intra-service median time (30 minutes), of all 4 groups of respondents, bore any relation to the actual median intra-service time for both physicians.

In summary, the joint panel concluded that the physician time data for 99492, 99493, 99494, and 99484 could not be used to develop a recommendation for the RUC. Aside from the issue of the small numbers of PCP respondents, the panel concluded that it appeared that the respondents had not understood the survey questions, had difficulty determining the time of “their portion” of the service (e.g., because it is spread out over a calendar month in very small increments), and/or tried to estimate the time of the entire service. Whatever the reason, the joint panel concluded the data was not reliable.

### Physician Work Discussion

Next, the joint panel reviewed the work RVW data. As with time, the joint panel noted that the intent of the survey was for PCPs and Psychiatric Consultants to value “their own” work, not the work of the entire service. This meant the total RVW should be the sum of the PCP and Psychiatric Consultant RVWs.

First, the panel reviewed the RVW data for 99492. The median work RVW for PCPs and Psychiatric Consultant was 2.00 and 2.75, respectively, with a summed RVW of 4.75. Assuming the median times were also summed, for a total of 70 minutes, the joint panel agreed this was not credible or presentable to the RUC. For example, 99291, *Critical care, first hour*, which is a face-to-face service and is considered the most intense E/M service, has a work RVW of 4.50 with times of (15/40/15, total 70.) Further, 4.75, for a non-face-to-face physician service, even with 70 minutes of time, would create rank order anomalies with the reference services and with all the other non-face-to-face services recently valued by the RUC. Based on its review, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just “their portion” of the service. If such was the case, this would mean that the median RVW for the combined group (2.50) could represent the work of the entire service. However, for a number of reasons, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW’s from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

When the joint panel did review the PCP and Psychiatric Consultant work data, individually, the panel noted that the PCP and Psychiatric Consultant medians were very different. The Psychiatric Consultant work values were much higher than those of the PCPs with a much lower intra-service time. This disparity was notable and resulted in very different work intensities, which led the panel to believe that, whether the respondents were valuing the entire service or just “their portion” of the work, PCPs and Psychiatric Consultants may have very different concepts of what this service is - in spite of the fact that the vignette was considered typical by both groups. The panel concluded that, for 99492, this disparity cast even more doubt on the validity of the survey data.

The analyses for 99493, 99494, and 99484 were very similar.

For 99493, the sum of the PCP survey median RVW (1.50) and the Psychiatric Consultant survey median (1.50) was 3.00, which, even with a summed time of 60 minutes, yielded rank order anomalies with face-to-face and non-face-to-face E/M services. As with 99492, the joint panel agreed that it was very possible that respondents valued the work required for the entire service, not just “their portion” of the service. If this was the case, it would mean that the median RVW for the combined group (1.50) could represent the work of the entire service. However, for a number of reasons, as with 99492, the panel concluded it would be completely inappropriate to develop recommendations using

this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

For 99494, sum of the median work RVW for PCPs (1.50) and the median work RVW for Psychiatric Consultants (1.00) was 2.50, which, even with an assumed summed time of 30 minutes, was not credible. For example, 99292, *Critical care, additional 30 minutes*, has a work RVW of 2.25 with a total time of 30 minutes (all intra-service). As with 99492 and 99493, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just "their portion" of the service. If this was the case, it would mean that the median RVW for the combined group (1.00) could represent the work of the entire service. However, for a number of reasons, as with 99492 and 99493, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

Lastly, the panel reviewed the work values for 99484, and the same problems were identified. Irrespective of which PCP and Psychiatric Consultant work RVWs were used, the sum of the PCP and Psychiatric Consultant RVWs was not credible. Further, the disparity between the targeted and random groups was so great that the panel concluded the various groups of respondents appeared to have very different ideas as to what the service involves. As with 99492, 99493, and 99494, the joint panel agreed that it was very possible that the respondents valued the work required for the entire service, not just "their portion" of the service. If this was the case, it would mean that the median RVW for the combined group could represent the work of the entire service. However, for the reasons described above, the panel concluded it would be completely inappropriate to develop recommendations using this approach. Aside from the fact that this would dramatically depart from the intent of the survey (i.e., to sum the RVW's from each group), the panel had no idea whether this supposition was true, and second, if it was true, the panel had serious concerns that PCPs could accurately estimate the work of Psychiatric Consultants, and vice versa. Therefore, the panel did not pursue this approach further.

In order to develop a recommendation to bring to the RUC, the joint panel did an extensive search of the RUC database for recently RUC reviewed codes with XXX globals (and ZZZ globals for 99494). In order to do the search, the joint panel had to decide what intra-service time parameters to use. For 99492 and 99493, the panel searched a range of codes between 20 and 40 minutes of intra-service time in order to account for the disparity of time in the survey data. For 99494, the search included codes with intra-service times in the 15-20 minute range (also to take into account the range of survey data).

The expert panel found that there were a number of potential crosswalk codes that supported the CMS values for work. Specifically, there were many codes in the 70000 series with similar intra-service and total times that supported the CMS valuation. For example, 70554 (*Functional MRI by tech*) has 15/35/10 (total 60) minutes with a work RVW of 2.11 which supports the CMS value for 99492. 74170 (*CT abdomen*) has 5/18/5 (total 28) minutes with a work RVW of 1.40 that supports the CMS value for 99493. There are numerous ZZZ globals with intra-times of 15 to 20 minutes with work RVWs of 0.80 to 1.00.

Furthermore, the values for 99487 (*Cmplx chron care*) are 26 minutes of intra-time and a work RVW of 1.00. This fits nicely between the CMS times and values for 99493 and 99494. The panel also noted that the MPC codes 99239 (*Hospital discharge day*) with times of 10/30/15 (total 55) minutes and a work RVW of 1.90 and 99309 (*Nursing fac care subseq*) with times of 10/25/10 (total 45) minutes and a work RVW of 1.55 also supports the CMS values for 99492 and 99493.

Therefore, even though it has reservations about the CMS methodology for establishing work RVWs for 99492, 99493, and 99494, the joint panel recommends that the CMS values be maintained as interim for three years until such time as members from the surveying specialties gain experience using these codes, at which time the specialties will conduct another survey. As we have learned from this survey, it will be important to ensure that survey participants only report time and value work for "their portion" rather than estimating time and work the entire service.

For 99484, the specialties also recommend that the CMS values be maintained as interim until another survey can be performed in three years. CMS modeled this code after 99490 (*Chron care mgmt svc 20 min*) (times of 0/15/0 minutes, work RVW of 0.61), and cross-walked the work RVW from 99490. Given that there does not appear to be a clear, and consistent understanding of what this service entails, the joint panel believes maintaining the CMS value on an interim basis is appropriate.

### Summary

In summary, the joint panel believes that the survey data for physician work and time is simply not credible. That said, the joint panel and the societies agree that a lot has been learned by going through the survey process. This series of codes is the first of its kind that involves the work of two different physicians that is reported by only one of the two. The joint panel and the societies think that the societies can work together to create a new survey that is modified to take into account the lessons from the current survey (e.g., to better ensure that respondents only value the work and time of “their portion” of the service and to “ignore the portion of the service performed by the....”). Further, at that point, more physicians in the field will have experience using the codes, which increases the likelihood of gaining sufficient survey respondents, especially PCPs.

Therefore, the joint panel recommends that the CMS physician work and time values for all 4 codes be maintained as interim for three years after which, the APA, AACAP, AAFP, ACP, AGS, and any other interested society will conduct another survey of all 4 codes.

### Recommendations

In summary, **we recommend the CMS RVW and times of 0.82 with 0 minutes pre, 18 minutes intra, and 0 minutes post, with a total time of 18 minutes for 99494.**

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### HISTORY/BACKGROUND

The Psychiatric Collaborative Care Services codes were developed following a request by CMS in the proposed rule for the CY 2016 Medicare Physician Fee Schedule to create a payment structure to describe a specific model of collaborative care services for patients with common behavioral health conditions. CMS referred to the Collaborative Care Model described by the University of Washington’s AIMS Center (<http://aims.uw.edu>) in which a Primary Care Practitioner (PCP)/treating physician and Behavioral Health Care Manager (BHCM) collaborate with a Psychiatric Consultant to provide behavioral healthcare to a population of patients to help ensure the patients are improving, and to make treatment adjustments as necessary in an effort to ensure the patients reach established treatment goals. Most of the collaboration between the Psychiatric Consultant and the BCHM is non-face-to-face over the phone, through regular caseload reviews with additional contact as needed. There are instances where the PCP and Psychiatric Consultant communicate directly about specific patients, either by phone or in person, but that is not typical. Importantly, although much of the contact between the Psychiatric Consultant and the BCHM is non-face-to-face, there is also face-to-face and non-face-to-face contact between the BCHM and the patient. The face-to-face contact between the BCHM and the patient typically consists of office visits where the BCHM evaluates the patient, provides brief therapeutic interventions, and/or communicates /educates the patient regarding changes to the care plan.

As stated in the CPT coding guidelines:

- The PCP/treating physician directs the Behavioral Health Care Manager and continues to oversee the patient’s care, including prescribing medications, providing treatments for medical conditions and making referrals to specialty care.
- The Behavioral Health Care Manager is a clinical staff person with a masters/doctoral-level education or specialized training in behavioral health who provides care management services as well as an assessment of behavioral health needs including the administration of validated rating scales, the development of a care plan, provision of brief interventions, ongoing collaboration with the treating physician (which includes communicating treatment recommendations/adjustments from the Psychiatric Consultant), and maintenance of a registry, all in consultation with a Psychiatric Consultant. The services provided to the patient are both face-to-face and non-face-to-face.

- The Psychiatric Consultant (e.g., MD, DO, PA, APRN) refers to a medical professional trained in psychiatry and qualified to prescribe the full range of medications. The consultant advises and makes recommendations as needed for psychiatric and other medical care, including psychiatric and other medical diagnoses, treatment strategies including appropriate therapies, medication management and medical management of complications associated with treatment of psychiatric disorders, and referral for specialty care services, that are communicated to the treating physician, typically through the Behavioral Health Care Manager. The Psychiatric Consultant does not typically see the patient face-to-face.

Three new CPT codes were proposed and approved by the CPT Editorial Panel at its February 2016 meeting. There is one code (99492) for the initial calendar month of services within the collaborative care program, one code for each subsequent calendar month of services, and an add-on code for additional time that can be reported in addition to the other two codes.

The new code set describes the work of two medical professionals, only one of whom submits the bill, and a clinical staff person working together collaboratively to manage a population of patients. The codes are similar to other care management codes (99487 and 99490) in that they are billed per calendar month based on the Behavioral Health Care Manager's time and they include the work of the PCP. HOWEVER, the new codes also include the work of the Psychiatric Consultant. In the model described by these codes, the Psychiatric Consultant is paid directly by the primary care practice and does not bill for his/her time using a separate CPT code.

### **RUC Process**

The AMA RUC Research Subcommittee set up a workgroup, (Ad Hoc Psychiatric Collaborative Care Management Workgroup), to assist in the modification of the standard survey tool to accommodate these new codes, as well as review the vignettes, reference service lists and survey pool. The Research Subcommittee reviewed and approved our request to do a targeted survey for CPT codes 99492- 99494. The targeted pool of participants included those PCPs and Psychiatric Consultants who have practiced in the Collaborative Care Model or who have been educated/trained in the model. In order to expand the targeted pool, each participant was asked to identify others who have worked in the model (past and present) as well as anyone who has had training in the model. The Research Subcommittee also approved two separate reference services lists (one for the PCP and one for the Psychiatric Consultant) as well as the vignettes. They also approved a modified survey tool which asked respondents to value their work with their typical patient within the "total service period" which encompassed the monthly timeframe.

### **CMS Final Rule on the CY 2017 Medicare Physician Fee Schedule**

After all the above work was completed, CMS finalized coding, coverage, and payment (effective January 1, 2017) for these services in the Final Rule for the CY 2017 Medicare Physician Fee Schedule.

#### **G0502-G0503 (99492-99494)**

CMS created three G codes, adopting the language of the CPT codes, and finalized relative value units for physician work (RVUs) (1.70, 1.53, and 0.82 RVUs respectively), physician times (40, 36, and 18 minutes respectively), and clinical labor times (70, 60, and 30 minutes respectively) as well as a clinical labor type for the Behavioral Health Care Manager. CMS assigned temporary G Codes (G0502, G0503, G0504) for use until the CPT codes go into effect on January 1, 2018.

According to CMS: "To value HCPCS codes G0502, G0503, and G0504, we proposed to base the portion of the work RVU that accounts for the work of the treating physician or other qualified health care professional on a direct crosswalk to the proposed work values for the complex CCM codes, CPT codes 99487 and 99489...Therefore, in allocating a differential portion of the work RVU to each practitioner, we believe the work RVU associated with the billing practitioner should be greater than the work RVU associated with the Psychiatric Consultant. After considering these comments, we are finalizing total work RVUs of 1.70 for G0502, 1.53 for G0503, and 0.82 for G0504. These RVUs include 0.52 for the Psychiatric Consultant based on a crosswalk to the work per minute of a level three established patient office visit [and an CMS estimate of 10 minutes of Psychiatric Consultant time per patient per month]...Since the Behavioral Health Care Manager in the services described by HCPCS codes G0502, G0503, and G0504 should have specialized training in behavioral health, we proposed a new clinical labor type for the Behavioral Health Care Manager, L057B, at \$0.57 per minute, based on the rates for genetic counselors in the direct PE input database."

CMS finalized relative value units for physician RVWs (0.61 RVWs), physician time (15 minutes), and clinical labor times (20 minutes) as well as a clinical labor type for the care manager that is the same (L057B, at \$0.57 per minute) as that for the collaborative care codes discussed above.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. General U.S. population is approximately seven times the Medicare population

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency	Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 14,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. This approximates the number of claims for patients seen for initial or subsequent care for an episode of care

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
 Evaluation Management

BETOS Sub-classification:

BETOS Sub-classification Level II:

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99489



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	994X1	<b># of Respondents:</b>	25
<b>Survey Code Descriptor:</b>	<b>Initial psychiatric collaborative care management</b> , first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:		

<b>Top Ref Code:</b>	99205	<b># of Respondents:</b>	8	<b>% of Respondents:</b>	32%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	25%	38%	25%	13%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		38%	38%	25%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		25%	38%	38%		
	Urgency of medical decision making	Less	Identical	More		
		38%	63%	0%		
Technical Skill:		Less	Identical	More		
		75%	13%	13%		
Physical Effort:		Less	Identical	More		
		63%	13%	25%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		25%	38%	38%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		0%	88%	13%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		38%	25%	38%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	994X2	<b># of Respondents:</b>	23
<b>Survey Code Descriptor:</b>	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:		

<b>Top Ref Code:</b>	99487	<b># of Respondents:</b>	9	<b>% of Respondents:</b>	39%
<b>Top Ref Code Descriptor:</b>	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	22%	44%	33%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 33%	Identical 56%	More 11%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 33%	Identical 67%	More 0%		
	Urgency of medical decision making	Less 44%	Identical 33%	More 22%		
<b>Technical Skill:</b>		Less 56%	Identical 33%	More 11%		
<b>Physical Effort:</b>		Less 56%	Identical 33%	More 11%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 0%	Identical 56%	More 44%		
	Outcome depends on the skill and judgment of physician	Less 33%	Identical 33%	More 33%		
	Estimated risk of malpractice suite with poor outcome	Less 44%	Identical 44%	More 11%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	994X3	<b># of Respondents:</b>	22
<b>Survey Code Descriptor:</b>	<b>Initial or subsequent psychiatric collaborative care management</b> , each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) (Use 994X3 in conjunction with 994X1, 994X2)		

<b>Top Ref Code:</b>	99213	<b># of Respondents:</b>	7	<b>% of Respondents:</b>	32%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	14%	86%	0%	0%
<b>Overall Intensity and Complexity:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		14%	86%	0%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		14%	86%	0%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	100%	0%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		57%	43%	0%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		43%	29%	29%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	100%	0%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		29%	71%	0%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		29%	21%	0%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	G0507	<b># of Respondents:</b>	76
<b>Survey Code Descriptor:</b>	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month,		

<b>Top Ref Code:</b>	99213	<b># of Respondents:</b>	20	<b>% of Respondents:</b>	26%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	10%	35%	45%	10%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		15%	35%	50%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		15%	40%	45%		
	Urgency of medical decision making	Less	Identical	More		
		20%	45%	35%		
Technical Skill:		Less	Identical	More		
		40%	35%	25%		
Physical Effort:		Less	Identical	More		
		55%	30%	15%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		5%	50%	45%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		0%	35%	65%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		20%	35%	45%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	994X1	<b># of Respondents:</b>	59
<b>Survey Code Descriptor:</b>	<b>Initial psychiatric collaborative care management</b> , first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:		

<b>Top Ref Code:</b>	90792	<b># of Respondents:</b>	26	<b>% of Respondents:</b>	44%
<b>Top Ref Code Descriptor:</b>	Psychiatric diagnostic evaluation with medical services				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		4%	8%	35%	35%	19%
<b>Overall Intensity and Complexity:</b>						
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 4%	<b>Identical</b> 65%	<b>More</b> 31%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 4%	<b>Identical</b> 46%	<b>More</b> 50%		
	Urgency of medical decision making	<b>Less</b> 15%	<b>Identical</b> 62%	<b>More</b> 23%		
<b>Technical Skill:</b>		<b>Less</b> 4%	<b>Identical</b> 46%	<b>More</b> 50%		
<b>Physical Effort:</b>		<b>Less</b> 35%	<b>Identical</b> 46%	<b>More</b> 19%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 8%	<b>Identical</b> 35%	<b>More</b> 58%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 4%	<b>Identical</b> 50%	<b>More</b> 46%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b> 46%	<b>Identical</b> 23%	<b>More</b> 31%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	994X2	<b># of Respondents:</b>	57
<b>Survey Code Descriptor:</b>	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:		

<b>Top Ref Code:</b>	99213	<b># of Respondents:</b>	10	<b>% of Respondents:</b>	18%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	18%	41%	37%	4%
<b>Overall Intensity and Complexity:</b>						
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 12%	Identical 55%	More 33%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 12%	Identical 53%	More 35%		
	Urgency of medical decision making	Less 24%	Identical 65%	More 12%		
<b>Technical Skill:</b>		Less 8%	Identical 51%	More 41%		
<b>Physical Effort:</b>		Less 39%	Identical 51%	More 10%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 8%	Identical 55%	More 37%		
	Outcome depends on the skill and judgment of physician	Less 10%	Identical 55%	More 35%		
	Estimated risk of malpractice suite with poor outcome	Less 45%	Identical 25%	More 29%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	994X3	<b># of Respondents:</b>	57
<b>Survey Code Descriptor:</b>	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) (Use 994X3 in conjunction with 994X1, 994X2)		

<b>Top Ref Code:</b>	99213	<b># of Respondents:</b>	10	<b>% of Respondents:</b>	18%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	50%	30%	20%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 10%	Identical 60%	More 30%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 10%	Identical 60%	More 30%		
	Urgency of medical decision making	Less 10%	Identical 70%	More 20%		
<b>Technical Skill:</b>		Less 20%	Identical 40%	More 40%		
<b>Physical Effort:</b>		Less 40%	Identical 50%	More 10%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 0%	Identical 60%	More 40%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 50%	More 50%		
	Estimated risk of malpractice suite with poor outcome	Less 40%	Identical 30%	More 30%		



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	G0507	<b># of Respondents:</b>	85
<b>Survey Code Descriptor:</b>	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month,		

<b>Top Ref Code:</b>	99214	<b># of Respondents:</b>	15	<b>% of Respondents:</b>	18%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	27%	33%	40%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 27%	Identical 40%	More 33%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 20%	Identical 40%	More 40%		
	Urgency of medical decision making	Less 27%	Identical 53%	More 20%		
Technical Skill:		Less 33%	Identical 40%	More 27%		
Physical Effort:		Less 23%	Identical 62%	More 15%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 13%	Identical 60%	More 27%		
	Outcome depends on the skill and judgment of physician	Less 13%	Identical 53%	More 33%		
	Estimated risk of malpractice suite with poor outcome	Less 40%	Identical 20%	More 40%		



ISSUE: Psychiatric Collaborative Care Management Services & Behavioral Health Collaborative Care

TAB: 20

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typica						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
32%	PCP REF 1	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	8	0.059	3.17					67	7	45					15					
20%	PCP REF 2	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	5	0.070	2.43					45	5	30					10					
44%	Psych REF 1	90792	Psychiatric diagnostic evaluation with medical services	26	0.043	3.25					90	10	60					20					
22%	Psych REF 2	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	13	0.061	1.42					29	4	20					5					
	CMS	G0502	Initial psychiatric collaborative care management, first 70 minutes in the first		0.043	1.70					40		40										
96%	SVY Total PCP & Psych	99492	Initial psychiatric collaborative care management, first 70 minutes in the first ca	84	0.083	0.00	1.50	2.50	3.17	50.00	30		0	20	30	55	420		0	4	20	100	600
100%	PCP	99492	Initial psychiatric collaborative care management, first 70 minutes in the first ca	25	0.050	1.00	1.60	2.00	3.17	12.00	40		15	30	40	55	120		0	2	10	20	250
95%	Psych	99492	Initial psychiatric collaborative care management, first 70 minutes in the first ca	59	0.092	0.00	1.48	2.75	3.17	50.00	30		0	20	30	55	420		0	10	40	100	600
93%	BCHM	99492	Initial psychiatric collaborative care management, first 70 minutes in the first ca	29							90		30	70	90	100	420		0	9	60	145	840
	REC	99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:		0.043	1.70					40		40										

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typica						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
39%	PCP REF 1	99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least	9	0.038	1.00					26		26										
17%	PCP REF 2	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	4	0.070	2.43					45	5	30					10					
18%	Psych REF 1	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An	10	0.053	0.97					23	3	15					5					
16%	Psych REF 2	99213 +9083	E/M with 30 minutes psychotherapy	9	0.049	2.47					56	3	45					8					
	CMS	G0503	Subsequent psychiatric collaborative care management, first 60 minutes in a		0.043	1.53					36		36										
94%	SVY Total PCP & Psych	99493	Subsequent psychiatric collaborative care management, first 60 minutes in a s	80	0.075	0.00	1.00	1.50	2.45	15.00	20		0	15	20	36	360		0	2	20	75	1000
100%	PCP	99493	Subsequent psychiatric collaborative care management, first 60 minutes in a s	23	0.038	0.99	1.00	1.50	2.25	12.00	40		10	20	40	60	90		0	1	10	20	250
91%	Psych	99493	Subsequent psychiatric collaborative care management, first 60 minutes in a s	57	0.075	0.00	1.00	1.50	2.43	15.00	20		0	10	20	30	360		0	4	30	125	1000
93%	BCHM	99493	Subsequent psychiatric collaborative care management, first 60 minutes in a s	29							60		0	45	60	90	5220		0	23	96	300	780
	REC	99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements		0.043	1.53					36		36										

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typica						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
32%	PCP REF 1	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An	7	0.053	0.97					23	3	15					5					
14%	PCP REF 2	99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least	3	0.038	1.00					26		26										
18%	Psych REF 1	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An	10	0.053	0.97					23	3	15					5					
16%	Psych REF 2	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A	9	0.047	1.5					40	5	25					10					
	CMS	G0504	Initial or subsequent psychiatric collaborative care management, each		0.046	0.82					18		18										
92%	SVY Total PCP & Psych	99494	Initial or subsequent psychiatric collaborative care management, each addition	79	0.067	0.00	0.73	1.00	1.50	75.00	15		0	10	15	30	240		0	0	10	50	450
95%	PCP	99494	Initial or subsequent psychiatric collaborative care management, each addition	22	0.100	0.50	0.98	1.50	2.00	12.00	15		0	11	15	30	60		0	0	4	41	250
91%	Psych	99494	Initial or subsequent psychiatric collaborative care management, each addition	57	0.067	0.00	0.65	1.00	1.50	75.00	15		0	10	15	30	240		0	0	15	50	450
89%	BCHM	99494	Initial or subsequent psychiatric collaborative care management, each addition	27							30		0	30	30	70	240		0	5	12	58	660
	REC	99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)		0.046	0.82					18		18										

RUC Summary

Percent	Source	CPT	DESC	Resp	IWP/UT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
26%	PCP REF 1	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An	20	0.053	0.97					23	3	15					5					
12%	PCP REF 2	99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least	9	0.038	1.00					26		26										
18%	Psych REF 1	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An	15	0.047	1.5					40	5	25					10					
13%	Psych REF 2	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An	11	0.053	0.97					23	3	15					5					
	CMS	99484	Care management services for behavioral health conditions, at least 20		0.041	0.61					15		15										
87%	SVY T & R	99484	Care management services for behavioral health conditions, at least 20 minute	161	0.040	0.00	0.80	1.20	1.98	20.00	30		0	15	30	45	240		0	0	12	40	1800
82%	PCP R	99484	Care management services for behavioral health conditions, at least 20 minute	53	0.047	0.30	1.00	1.40	2.20	4.80	30		10	25	30	45	240		0	4	15	30	500
79%	Psych R	99484	Care management services for behavioral health conditions, at least 20 minute	34	0.023	0.25	1.00	1.36	2.00	3.50	60		10	30	60	64	240		0	0	15	64	1800
80%	SVY Random PCP & Psych	99484	Care management services for behavioral health conditions, at least 20 minute	87	0.035	0.25	1.00	1.40	2.13	4.80	40		10	28	40	60	240		0	1	15	31	1800
96%	SVY Targeted PCP & Psych	99484	Care management services for behavioral health conditions, at least 20 minute	74	0.050	0.00	0.50	1.00	1.50	20.00	20		0	10	20	30	120		0	0	10	58	1200
100%	PCP T	99484	Care management services for behavioral health conditions, at least 20 minute	23	0.051	0.40	0.99	1.01	1.81	20.00	20		5	20	20	30	60		0	0	5	80	1200
94%	Psych T	99484	Care management services for behavioral health conditions, at least 20 minute	51	0.065	0.00	0.48	0.97	1.50	2.47	15		0	9	15	30	120		0	0	10	40	500
	REC	99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month, with the following required elements:		0.041	0.61					15		15										

20  
Tab Number

Psychiatric Collaborative Care Management Services  
Issue

994X1-994X3, G0507 (formerly GPPPX)  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

**John Agans**

\_\_\_\_\_  
Printed Signature

**American Geriatrics Society**

\_\_\_\_\_  
Specialty Society

**11/30/16**

\_\_\_\_\_  
Date

20

Tab Number

Psychiatric Collaborative Care Management Services

Issue

994X1-994X3, G0507 (formerly GPPPX)

Code Range

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Jennifer R. Aloff, MD, FAAFP

Printed Signature

American Academy of Family Physicians (AAFP)

Specialty Society

11-23-16

Date

20  
Tab Number

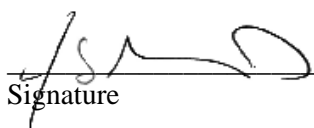
Psychiatric Collaborative Care Management Services  
Issue

994X1-994X3, G0507 (formerly GPPPX)  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
Signature

Jeremy Musher, MD  
Printed Signature

American Psychiatric Association  
Specialty Society

December 9, 2016  
Date

20  
Tab Number

Psychiatric Collaborative Care Management Services  
Issue

994X1-994X3, G0507 (formerly GPPPX)  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

M. Newman  
Signature

MARILYN NEWMAN  
Printed Signature

ACP  
Specialty Society

12-12-16  
Date

20  
Tab Number

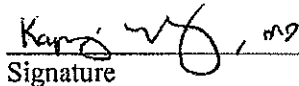
Psychiatric Collaborative Care Management Services  
Issue

994X1-994X3, G0507 (formerly GPPPX)  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
Signature

**Kai-ping Wang, M.D.**

\_\_\_\_\_  
Printed Signature

**American Academy of Child & Adolescent Psychiatry**

\_\_\_\_\_  
Specialty Society

**2016 December 12**

\_\_\_\_\_  
Date

20  
Tab Number

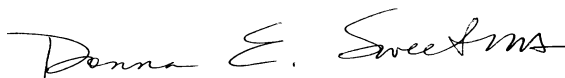
Psychiatric Collaborative Care Management Services  
Issue

994X1-994X3, G0507 (formerly GPPPX)  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Donna E. Sweet, MD

\_\_\_\_\_  
Printed Signature

American College of Physicians

\_\_\_\_\_  
Specialty Society

12/12/2016

\_\_\_\_\_  
Date



**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

**Initial psychiatric collaborative care management**, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional;
- initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan;
- review by the psychiatric consultant with modifications of the plan if recommended;
- entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Global Period: XXX Meeting Date: January 2017 Revised 1/12/17

NOTE: Services are per patient, per calendar month

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties believe the values finalized by the Centers for Medicare and Medicaid Services (CMS) for code 99492 should be used as a starting point. The specialties note that the Centers for Medicare & Medicaid Services (CMS) also used a crosswalk to 99487 in their valuation. Like CMS, the specialties agree that the typical staff type for 99492 is L057B, which is the labor type for behavioral health care manager.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **The specialties recommend increasing the CMS clinical staff time input from 70 minutes to 85 minutes. The survey of BHCM's (which primarily asked about time) indicate that the median time for this service is 90 minutes. The 90 minutes was reduced by the expert panel to 85 minutes, taking into account the ability to bill the add-on code when time is greater than 85 minutes (86 minutes or more) per the CPT time rule. A detailed table of the codes and the time rule are available in the CPT book.**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: NA

Intra-Service Clinical Labor Activities:

As described in the code descriptor care management activities include: Outreach to and engagement in treatment of a patient, typically weekly, face-to-face or by telephone, ; Conducts an initial assessment of the patient, including administration and scoring of validated rating scales, with the development of an individualized care plan; Provides education related to the diagnoses and information about the collaborative care model; Participates in weekly caseload consultation and ad hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data ; Reviews patient information with the psychiatric consultant; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Enters patient data in a registry and tracks patient follow-up and progress using the registry; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Documents services in the patient's medical record.

Post-Service Clinical Labor Activities: NA

#### Supplies and Equipment

Patient education booklet (2 items): Patient's receive two separate booklets. One booklet (typically 5 pages) describing psychiatric collaborative care management services which includes information such as an overview of the model, including information on the role of each team member, the services provided, and impact on the patient's course of illness. One patient education booklet (typically 25 pages) specific to the patient's diagnosis which includes information on the diagnosis, symptoms, course of the disease, typical treatments, possible side effects/impacts.

Assessment and monitoring instruments (4 items): Administration of standardized screening instruments is a required element. These tools are used weekly and can be done in person or over the phone with responses recorded on the tool. These are used to track patient progress and help to identify those requiring further follow-up.

Tissues (0.05 items): Patients are seen face to face over the course of the month to assess progress, provide brief interventions. Patients typically require tissues due to current mental health status and/or nature of the discussion. This input is equivalent to the psychotherapy codes (90832, 90833, 90834, 90836, 90837, 90838).

One couch/two chairs (1 item): Patient's are typically seen face to face by behavioral health care managers 45% of the time over the course of the month. Patient's are typically seen in a therapy office within the practice due to the confidential nature of the discussion. The minutes of equipment usage are based on the time of the behavioral health care manger. For this code it is 38 minutes.

**CPT Code: 99492**  
**Specialty Society('s) APA, AACAP, AAFP, ACP, AGS**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor:

**Initial psychiatric collaborative care management**, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional;
- initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan;
- review by the psychiatric consultant with modifications of the plan if recommended;
- entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Global Period: XXX Meeting Date: January 2017 Revised 1/12/17

NOTE: Services are per patient, per calendar month

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties believe the values finalized by the Centers for Medicare and Medicaid Services (CMS) for code 99492 should be used as a starting point. The specialties note that the Centers for Medicare & Medicaid Services (CMS) also used a crosswalk to 99487 in their valuation. Like CMS, the specialties agree that the typical staff type for 99492 is L057B, which is the labor type for behavioral health care manager.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **The specialties recommend increasing the CMS clinical staff time input from 70 minutes to 85 minutes. The survey of BHCM's (which primarily asked about time) indicate that the median time for this service is 90 minutes. The 90 minutes was reduced by the expert panel to 85 minutes, taking into account the ability to bill the add-on code when time is greater than 85 minutes (86 minutes or more) per the CPT time rule. A detailed table of the codes and the time rule are available in the CPT book.**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: NA

Intra-Service Clinical Labor Activities:

As described in the code descriptor care management activities include: Outreach to and engagement in treatment of a patient, typically weekly, face-to-face or by telephone, ; Conducts an initial assessment of the patient, including administration and scoring of validated rating scales, with the development of an individualized care plan; Provides education related to the diagnoses and information about the collaborative care model; Participates in weekly caseload consultation and ad hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data ; Reviews patient information with the psychiatric consultant; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Enters patient data in a registry and tracks patient follow-up and progress using the registry; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Documents services in the patient's medical record.

Post-Service Clinical Labor Activities: NA

#### Supplies and Equipment

Patient education booklet (2 items): Patient's receive two separate booklets. One booklet (typically 5 pages) describing psychiatric collaborative care management services which includes information such as an overview of the model, including information on the role of each team member, the services provided, and impact on the patient's course of illness. One patient education booklet (typically 25 pages) specific to the patient's diagnosis which includes information on the diagnosis, symptoms, course of the disease, typical treatments, possible side effects/impacts.

Assessment and monitoring instruments (4 items): Administration of standardized screening instruments is a required element. These tools are used weekly and can be done in person or over the phone with responses recorded on the tool. These are used to track patient progress and help to identify those requiring further follow-up.

Tissues (0.05 items): Patients are seen face to face over the course of the month to assess progress, provide brief interventions. Patients typically require tissues due to current mental health status and/or nature of the discussion. This input is equivalent to the psychotherapy codes (90832, 90833, 90834, 90836, 90837, 90838).

One couch/two chairs (1 item): Patient's are typically seen face to face by behavioral health care managers 45% of the time over the course of the month. Patient's are typically seen in a therapy office within the practice due to the confidential nature of the discussion. The minutes of equipment usage are based on the time of the behavioral health care manger. For this code it is 38 minutes.

**CPT Code: 99492**  
**Specialty Society('s) APA, AACAP, AAFP, ACP, AGS**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor:

**Subsequent psychiatric collaborative care management**, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- tracking patient follow-up and progress using the registry, with appropriate documentation;
- participation in weekly caseload consultation with the psychiatric consultant;
- ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers;
- additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant;
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies;
- monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

Global Period: XXX Meeting Date: January 2017 Revised 1/12/17

NOTE: Services are per patient, per calendar month

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties believe the values finalized by the Centers for Medicare and Medicaid Services (CMS) for code 99493 should be used as a starting point. The specialties note that the Centers for Medicare & Medicaid Services (CMS) also used a crosswalk to 99487 in their valuation. Like CMS, the specialties agree that the typical staff type for 994X1 is L057B, which is the labor type for behavioral health care manager.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: NA

Intra-Service Clinical Labor Activities:

As described in the CPT descriptor the care management activities include: Ongoing outreach to and engagement of the patient, typically weekly, face-to-face or by telephone; Administers and scores validated rating scales and standardized assessments, typically weekly, as a way to monitor patient progress, tracking patient follow-up and progress using the registry; Participates in weekly caseload consultation and ad hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data; Provides ongoing collaboration with and coordination of the patient's mental health care with other treating mental health providers and/or other agencies; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Provides relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment; Documents services in the patient's medical record.

Post-Service Clinical Labor Activities: NA

#### Supplies and Equipment

Assessment and monitoring instruments (4 items): Administration of standardized screening instruments is a required element. These tools are used weekly and can be done in person or over the phone with responses recorded on the tool. These are used to track patient progress and help to identify those requiring further follow-up.

Tissues (0.05 items): Patients are seen face to face over the course of the month to assess progress, provide brief interventions. Patients typically require tissues due to current mental health status and/or nature of the discussion. This input is equivalent to the psychotherapy codes (90832, 90833, 90834, 90836, 90837, 90838).

One couch/two chairs (1 item): Patient's are typically seen face to face by behavioral health care managers 45% of the time over the course of the month. Patient's are typically seen in a therapy office within the practice due to the confidential nature of the discussion. The minutes of equipment usage are based on the time of the behavioral health care manger. For this code it is 27 minutes.



**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

**Subsequent psychiatric collaborative care management**, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- tracking patient follow-up and progress using the registry, with appropriate documentation;
- participation in weekly caseload consultation with the psychiatric consultant;
- ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers;
- additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant;
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies;
- monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

Global Period: XXX Meeting Date: January 2017 Revised 1/12/17

NOTE: Services are per patient, per calendar month

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties believe the values finalized by the Centers for Medicare and Medicaid Services (CMS) for code 99493 should be used as a starting point. The specialties note that the Centers for Medicare & Medicaid Services (CMS) also used a crosswalk to 99487 in their valuation. Like CMS, the specialties agree that the typical staff type for 994X1 is L057B, which is the labor type for behavioral health care manager.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: NA

Intra-Service Clinical Labor Activities:

As described in the CPT descriptor the care management activities include: Ongoing outreach to and engagement of the patient, typically weekly, face-to-face or by telephone; Administers and scores validated rating scales and standardized assessments, typically weekly, as a way to monitor patient progress, tracking patient follow-up and progress using the registry; Participates in weekly caseload consultation and ad hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data; Provides ongoing collaboration with and coordination of the patient's mental health care with other treating mental health providers and/or other agencies; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Provides relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment; Documents services in the patient's medical record.

Post-Service Clinical Labor Activities: NA

#### Supplies and Equipment

Assessment and monitoring instruments (4 items): Administration of standardized screening instruments is a required element. These tools are used weekly and can be done in person or over the phone with responses recorded on the tool. These are used to track patient progress and help to identify those requiring further follow-up.

Tissues (0.05 items): Patients are seen face to face over the course of the month to assess progress, provide brief interventions. Patients typically require tissues due to current mental health status and/or nature of the discussion. This input is equivalent to the psychotherapy codes (90832, 90833, 90834, 90836, 90837, 90838).

One couch/two chairs (1 item): Patient's are typically seen face to face by behavioral health care managers 45% of the time over the course of the month. Patient's are typically seen in a therapy office within the practice due to the confidential nature of the discussion. The minutes of equipment usage are based on the time of the behavioral health care manger. For this code it is 27 minutes.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

99494      **Initial or subsequent psychiatric collaborative care management**, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)  
(Use 994X3 in conjunction with 994X1, 994X2)

Global Period: ZZZ   Meeting Date: January 2017 Revised 1/12/17

NOTE: Services are per patient, per calendar month

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties believe the values finalized by the Centers for Medicare and Medicaid Services (CMS) for code 99494 should be used as a starting point. The specialties note that the Centers for Medicare & Medicaid Services (CMS) also used a crosswalk to 99489 in their valuation. Like CMS, the specialties agree that the typical staff type for 99494 is L057B, which is the labor type for behavioral health care manager.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:    NA

Intra-Service Clinical Labor Activities:

As described in the CPT descriptor the care management activities include: Outreach to and engagement in treatment of a patient, typically weekly, face-to-face or by telephone for new or established patients; Conducts an initial assessment of the patient, including administration and scoring of validated rating scales, with the development of an individualized care plan; Provides education related to the diagnoses and information about the collaborative care model; Participates in weekly caseload consultation and ad

**CPT Code: 99494**

**Specialty Society('s) APA, AACAP, AAFP, ACP, AGS**

hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data ; Reviews patient information with the psychiatric consultant; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Enters patient data in a registry and tracks patient follow-up and progress using the registry; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Documents services in the patient's medical record.

Post-Service Clinical Labor Activities: NA

Supplies and Equipment

One couch/two chairs (1 item): Patient's are typically seen face to face by behavioral health care managers 45% of the time over the course of the month. Patient's are typically seen in a therapy office within the practice due to the confidential nature of the discussion. The minutes of equipment usage are based on the time of the behavioral health care manger. For this code it is 14 minutes. [note there was a calculation error in the minutes; should have been 14 minutes and not 15 as originally submitted]

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor:

99494      **Initial or subsequent psychiatric collaborative care management**, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)  
(Use 994X3 in conjunction with 994X1, 994X2)

Global Period: ZZZ Meeting Date: January 2017 Revised 1/12/17

NOTE: Services are per patient, per calendar month

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

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3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: NA

Intra-Service Clinical Labor Activities:

As described in the CPT descriptor the care management activities include: Outreach to and engagement in treatment of a patient, typically weekly, face-to-face or by telephone for new or established patients; Conducts an initial assessment of the patient, including administration and scoring of validated rating scales, with the development of an individualized care plan; Provides education related to the diagnoses and information about the collaborative care model; Participates in weekly caseload consultation and ad

**CPT Code: 99494**

**Specialty Society('s) APA, AACAP, AAFP, ACP, AGS**

hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data ; Reviews patient information with the psychiatric consultant; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Enters patient data in a registry and tracks patient follow-up and progress using the registry; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Documents services in the patient's medical record.

Post-Service Clinical Labor Activities: NA

Supplies and Equipment

One couch/two chairs (1 item): Patient's are typically seen face to face by behavioral health care managers 45% of the time over the course of the month. Patient's are typically seen in a therapy office within the practice due to the confidential nature of the discussion. The minutes of equipment usage are based on the time of the behavioral health care manger. For this code it is 14 minutes. [note there was a calculation error in the minutes; should have been 14 minutes and not 15 as originally submitted]

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month.

Global Period: XXX Meeting Date: January 2017 Revised 1/12/17

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

RUC advisors for all of the participating specialty societies acted as an expert panel and met by conference call to arrive at the recommendations for direct practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties believe the values finalized by the Centers for Medicare and Medicaid Services (CMS) for code 99484 are a good starting point. The specialties note that the Centers for Medicare & Medicaid Services (CMS) also used a crosswalk to 99490 in their valuation of code G0507. Like CMS, the specialties agree that the typical staff type for G0507 is L057B, which is the labor type for behavioral health care manager.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

(Not applicable)

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

(Not applicable)

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

- Initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
- Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- Continuity of care with a designated member of the care team.

Post-Service Clinical Labor Activities:

None

Supplies and Equipment

Assessment and monitoring instruments (1 item): Administration of standardized screening instruments is a required element. These tools are used weekly and can be done in person or over the phone with responses recorded on the tool. These are used to track patient progress and help to identify those requiring further follow-up.

Tissues (0.05 items): Patients are seen face to face over the course of the month to assess progress, provide brief interventions. Patients typically require tissues due to current mental health status and/or nature of the discussion. This input is equivalent to the psychotherapy codes (90832, 90833, 90834, 90836, 90837, 90838).



**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month.

Global Period: XXX Meeting Date: January 2017 Revised 1/12/17

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

RUC advisors for all of the participating specialty societies acted as an expert panel and met by conference call to arrive at the recommendations for direct practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties believe the values finalized by the Centers for Medicare and Medicaid Services (CMS) for code 99484 are a good starting point. The specialties note that the Centers for Medicare & Medicaid Services (CMS) also used a crosswalk to 99490 in their valuation of code 99484. Like CMS, the specialties agree that the typical staff type for 99484 is L057B, which is the labor type for behavioral health care manager.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

(Not applicable)

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

(Not applicable)

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

- Initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
- Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- Continuity of care with a designated member of the care team.

Post-Service Clinical Labor Activities:

None

Supplies and Equipment

Assessment and monitoring instruments (1 items): Administration of standardized screening instruments is a required element. These tools are used weekly and can be done in person or over the phone with responses recorded on the tool. These are used to track patient progress and help to identify those requiring further follow-up.

Tissues (0.05 items): Patients are seen face to face over the course of the month to assess progress, provide brief interventions. Patients typically require tissues due to current mental health status and/or nature of the discussion. This input is equivalent to the psychotherapy codes (90832, 90833, 90834, 90836, 90837, 90838).

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			G0502 (CMS HCPCS Code and value per final rule 2017)		99492		G0503 (CMS HCPCS Code and value per final rule 2017)		99493		G0504 (CMS HCPCS Code and value per final rule 2017)		994
3	Meeting Date: January 2017 Tab: 20 CoCM and G0507 Revised 1/12/17 Specialty: AGS (Geriatrics), AACAP, APA (Psychiatry), AAFP, ACP	CMS Code	Staff Type	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of		Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of		Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of		Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of		Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of		Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ	ZZZ
6	TOTAL CLINICAL LABOR TIME			70.0	0.0	85.0	85.0	60.0	0.0	60.0	60.0	30.0	0.0	30.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L057B	BHCM	70.0	0.0	85.0	85.0	60.0	0.0	60.0	60.0	30.0	0.0	30.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE													
11	Start: Following visit when decision for surgery or procedure made													
17	Other Clinical Activity - specify:													
18	End: When patient enters office/facility for surgery/procedure													
19	SERVICE PERIOD													
20	Start: When patient enters office/facility for surgery/procedure:													
21	Greet patient, provide gowning, ensure appropriate medical records are available													
29	Intra-service													
30	Assist physician in performing procedure													
31	Post-Service													
34	Clean room/equipment by physician staff													
36	Clean Surgical Instrument Package													
37	Complete diagnostic forms, lab & X-ray requisitions													
38	Review/read X-ray, lab, and pathology reports													
40	Other Clinical Activity - specify: <b>994X1 and 994X3</b> Care management activities include: Outreach to and engagement in treatment of a patient, typically weekly, face-to-face or by telephone, ; Conducts an initial assessment of the patient, including administration and scoring of validated rating scales, with the development of an individualized care plan; Provides education related to the diagnoses and information about the collaborative care model; Participates in weekly caseload consultation and ad hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data ; Reviews patient information with the psychiatric consultant; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Enters patient data in a registry and tracks patient follow-up and progress using the registry; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Documents services in the patient's medical record.	L057B	BHCM	70	0	85	85					30	0	30

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			G0502 (CMS HCPCS Code and value per final rule 2017)		99492		G0503 (CMS HCPCS Code and value per final rule 2017)		99493		G0504 (CMS HCPCS Code and value per final rule 2017)		994
3	Meeting Date: January 2017 Tab: 20 CoCM and G0507 Revised 1/12/17 Specialty: AGS (Geriatrics), AACAP, APA (Psychiatry), AAFP, ACP	CMS Code	Staff Type	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of		Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of		Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of		Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of		Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of		Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ	ZZZ
41	Other Clinical Activity - specify: <b>994X2</b> Care management activities include: Ongoing outreach to and engagement of the patient, typically weekly, face-to-face or by telephone; Administers and scores validated rating scales and standardized assessments, typically weekly, as a way to monitor patient progress, tracking patient follow-up and progress using the registry; Participates in weekly caseload consultation and ad hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data; Provides ongoing collaboration with and coordination of the patient's mental health care with other treating mental health providers and/or other agencies; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Provides relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment; Documents services in the patient's medical record.	L057B	BHCM					60	0	60	60			
42	Other Clinical Activity - specify: <b>G0507</b> Care management activities include: Initial assessment or follow-up monitoring, including the use of applicable validated rating scales; Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and Continuity of care with a designated member of the care team.	L057B	BHCM											
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					n/a				n/a				n/a
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)					n/a				n/a				n/a
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)					n/a				n/a				n/a
46	End: Patient leaves office													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			G0502 (CMS HCPCS Code and value per final rule 2017)		99492		G0503 (CMS HCPCS Code and value per final rule 2017)		99493		G0504 (CMS HCPCS Code and value per final rule 2017)		994
3	Meeting Date: January 2017 Tab: 20 CoCM and G0507 Revised 1/12/17 Specialty: AGS (Geriatrics), AACAP, APA (Psychiatry), AAFP, ACP	CMS Code	Staff Type	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of		Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of		Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of		Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of		Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of		Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ	ZZZ
47	POST-SERVICE Period													
48	Start: Patient leaves office/facility													
49	Conduct phone calls/call in prescriptions													
56	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
57	Other Clinical Activity - specify:													
58	End: with last office visit before end of global period													
59	MEDICAL SUPPLIES*	CODE	UNIT											
60	patient education booklet	SK062	item			2								
61	assessment monitoring instruments	SK005	item			4				4				
62	tissue (Kleenex)	SK114	item			0.05				0.05				
63	EQUIPMENT	CODE												
64	One Couch and Two Chairs	EF042				38	38			27	27			14

	A	B	C	O	P	Q	R	S
1					REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			194	G0507 (CMS HCPCS Code and value per final rule 2017)		99484	
3	Meeting Date: January 2017 Tab: 20 CoCM and G0507 Revised 1/12/17 Specialty: AGS (Geriatrics), AACAP, APA (Psychiatry), AAFP, ACP	CMS Code	Staff Type	30 minutes	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time,		Care management services for behavioral health conditions, at least 20 minutes of clinical staff time,	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			ZZZ	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME			30.0	20.0	0.0	20.0	20.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L057B	BHCM	30.0	20.0	0.0	20.0	20.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE							
11	Start: Following visit when decision for surgery or procedure made							
17	Other Clinical Activity - specify:							
18	End: When patient enters office/facility for surgery/procedure							
19	SERVICE PERIOD							
20	Start: When patient enters office/facility for surgery/procedure:							
21	Greet patient, provide gowning, ensure appropriate medical records are available							
29	Intra-service							
30	Assist physician in performing procedure							
31	Post-Service							
34	Clean room/equipment by physician staff							
36	Clean Surgical Instrument Package							
37	Complete diagnostic forms, lab & X-ray requisitions							
38	Review/read X-ray, lab, and pathology reports							
40	Other Clinical Activity - specify: <b>994X1 and 994X3</b> Care management activities include: Outreach to and engagement in treatment of a patient, typically weekly, face-to-face or by telephone, ; Conducts an initial assessment of the patient, including administration and scoring of validated rating scales, with the development of an individualized care plan; Provides education related to the diagnoses and information about the collaborative care model; Participates in weekly caseload consultation and ad hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data ; Reviews patient information with the psychiatric consultant; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Enters patient data in a registry and tracks patient follow-up and progress using the registry; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Documents services in the patient's medical record.	L057B	BHCM	30				



	A	B	C	O	P	Q	R	S
1					REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			194	G0507 (CMS HCPCS Code and value per final rule 2017)		99484	
3	Meeting Date: January 2017 Tab: 20 CoCM and G0507 Revised 1/12/17 Specialty: AGS (Geriatrics), AACAP, APA (Psychiatry), AAFP, ACP	CMS Code	Staff Type	30 minutes	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time,		Care management services for behavioral health conditions, at least 20 minutes of clinical staff time,	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			ZZZ	XXX	XXX	XXX	XXX
41	Other Clinical Activity - specify: <b>994X2</b> Care management activities include: Ongoing outreach to and engagement of the patient, typically weekly, face-to-face or by telephone; Administers and scores validated rating scales and standardized assessments, typically weekly, as a way to monitor patient progress, tracking patient follow-up and progress using the registry; Participates in weekly caseload consultation and ad hoc consultations as needed with the psychiatric consultant providing information on patient progress and other relevant data; Provides ongoing collaboration with and coordination of the patient's mental health care with other treating mental health providers and/or other agencies; Reviews progress and recommendations for changes in treatment, as indicated, with the PCP/Treating physician based on recommendations provided by the psychiatric consultant; Conducts brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies to engage patient in care; Provides relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment; Documents services in the patient's medical record.	L057B	BHCM					
42	Other Clinical Activity - specify: <b>G0507</b> Care management activities include: Initial assessment or follow-up monitoring, including the use of applicable validated rating scales; Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and Continuity of care with a designated member of the care team.	L057B	BHCM		20	0	20	20
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)						n/a	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)						n/a	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)						n/a	
46	End: Patient leaves office							

	A	B	C	O	P	Q	R	S
1					REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			194	G0507 (CMS HCPCS Code and value per final rule 2017)		99484	
3	Meeting Date: January 2017 Tab: 20 CoCM and G0507 Revised 1/12/17 Specialty: AGS (Geriatrics), AACAP, APA (Psychiatry), AAFP, ACP	CMS Code	Staff Type	Subsequent care visit, each 30 minutes	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time,		Care management services for behavioral health conditions, at least 20 minutes of clinical staff time,	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			ZZZ	XXX	XXX	XXX	XXX
47	POST-SERVICE Period							
48	Start: Patient leaves office/facility							
49	Conduct phone calls/call in prescriptions							
56	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0
57	Other Clinical Activity - specify:							
58	End: with last office visit before end of global period							
59	MEDICAL SUPPLIES*		CODE	UNIT				
60	patient education booklet	SK062	item					
61	assessment monitoring instruments	SK005	item				1	
62	tissue (Kleenex)	SK114	item				0.05	
63	EQUIPMENT		CODE					
64	One Couch and Two Chairs	EF042		14				



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
\*CMS High Expenditure Procedures\*

January 2017

**CT Soft Tissue Neck**

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 70491 was identified on the CMS high expenditure screen of potentially misvalued codes. CPT codes 70490 and 70492 were added as part of the family of services for CT of the neck.

**Compelling Evidence**

The specialty societies presented compelling evidence for CPT code 70492 *Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further section*, that the original valuation was based on flawed methodology and there has been a change in technique and the patient population. The specialty societies stated that a flawed methodology was used in the previous valuation for this service as the code has a CMS/Other designation. As the RUC has noted previously during review of other services, codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; the physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown methodology. Thus, CPT code 70492 does not have RUC validated survey times, or rationale available to validate the currently assigned work RVU.

Two different factors have worked concomitantly regarding a change in the typical patient for CPT code 70492 resulting in an overall increase in patient complexity. Firstly, the increased awareness of radiation dose and inefficient imaging has led to an increased scrutiny of indications for performing a single setting double CT such as CT neck with and without contrast. This is reflected in the Medicare claims data which shows a 24% reduction in the numbers of such CT scans being performed since 2009. This contraction in numbers has left a more complex patient population often having complex masses, prior surgeries, or infection. Additionally, in 2006, the 4D parathyroid CT scan, a multiphase CT scan, was first described for localization of parathyroid adenomas. It has become widely used, and is one of the most common protocols for this service. The former most common use for CPT code 70492 was to characterize a palpable mass simply by performing CT neck without contrast followed by contrast to determine whether the lesion was cystic or solid. CT parathyroid imaging requires a pre-contrast CT of the neck followed by CT neck with contrast performed in at least 2 different phases (often late arterial and delayed venous), essentially increasing the imaging volume by 33%. Surgeons have increasingly ordered this exam to assist in preoperative planning. Therefore, the patient population for CPT code 70492 has dramatically changed over the past decade following the development of this new technique. Interrogation of the acquired images for parathyroid adenoma also requires more skill than evaluating a palpable mass as the location of the adenoma is unknown.

The RUC accepted that there is compelling evidence that both patient complexity and technique have changed and, therefore, the amount of physician work involved in performing CPT code 70492 has increased. Further, that a flawed methodology was utilized when 70492 was originally valued.

**70490 *Computed tomography, soft tissue neck; without contrast material***

The RUC reviewed the survey results from 52 radiologists and neuroradiologists and determined that it was appropriate to maintain the current work RVU of 1.28, which is supported by the survey and is less than the 25th percentile of 1.30. The RUC recommends 5 minutes pre-service time, 15 minutes intra-service time, and 5 minutes post-service time. The specialty societies clarified that the description of pre-service work correctly includes a determination of the appropriate CT protocol for the examination and that this protocol is performed by the physician.

The RUC compared the surveyed code to the top key reference service CPT code 70540 *Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)* (work RVU = 1.35, intra-service time of 19 minutes) and determined that CPT code 70540 requires more physician work, intra-service time and is slightly more intense and complex than the surveyed code. The surveyed code CT of the neck has a higher spatial resolution and thinner slices compared to MR of the neck. However, the top key reference code 70540, MRI has higher contrast resolution and requires more skill to interpret, therefore making it more intense. For additional support the RUC compared the surveyed code to the multi-specialty point of comparison CPT code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27, intra-service time of 15 minutes) and noted that both services have similar physician work and identical intra-service times and should be valued similarly. The RUC concluded that the key reference code and comparable MPC code support maintaining the current value for the surveyed code. **The RUC recommends a work RVU of 1.28 for CPT code 70490.**

**70491 *Computed tomography, soft tissue neck; with contrast material(s)***

The RUC reviewed the survey results from 52 radiologists and neuroradiologists and determined that it was appropriate to maintain the current work RVU of 1.38, which is supported by the survey and is below the 25th percentile of 1.46. The RUC recommends 5 minutes pre-service time, 17 minutes intra-service time, and 5 minutes post-service time.

The RUC compared the surveyed code to the top key reference service CPT code 70542 *Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)* (work RVU = 1.62, intra-service time of 20 minutes) and determined that the surveyed code requires slightly less physician time, less physician work and was indicated by the survey respondents as less intense and complex.. For additional support the RUC compared the surveyed code to the multi-specialty point of comparison CPT code 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40, intra-service time of 18 minutes) and noted that both services have similar physician work and intra-service times and should be valued similarly. The RUC concluded that the key reference code and comparable MPC code support maintaining the current value for the surveyed code. **The RUC recommends a work RVU of 1.38 for CPT code 70491.**

**70492 Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

The RUC reviewed the survey results from 52 radiologists and neuroradiologists and recommends the survey 25<sup>th</sup> percentile work RVU of 1.62. The RUC recommends 5 minutes pre-service time, 20 minutes intra-service time, and 5 minutes post-service time.

The RUC compared the surveyed code to the top key reference service CPT code 70543 *Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences* (work RVU = 2.15, intra-service time of 25 minutes). The RUC noted that the key reference service involves a lengthier intra-service time and is more intense and complex, therefore appropriately valued higher than the surveyed code. The slightly lower intensity and complexity for 70492 is supported by the survey respondents reporting slightly less technical skill for 70492 compared to 70543, but reporting otherwise similar intensity and complexity measures. The RUC also reviewed the multi-specialty point of comparison CPT code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU= 1.74, intra-service time of 22 minutes) and agreed that this comparison code supports a work RVU of 1.62 for the surveyed code. The recommendation is compared to the MPC code which demonstrates 2 minutes more of intra-service time and similar intensity and complexity to perform. Finally, for additional support, the RUC compared the surveyed code to CPT code 78072 *Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization* (work RVU = 1.60, intra-service time of 20 minutes), which requires similar physician work and time and thus valued the similarly.

As stated in the aforementioned rationale for compelling evidence, the RUC examined the survey 25<sup>th</sup> percentile work RVU of 1.62 and agreed that this value appropriately accounts for the physician work required to perform CPT code 70492. The RUC confirmed that the relativity for these three CT of the neck codes and across the larger family of CT codes is appropriate. **The RUC recommends a work RVU of 1.62 for CPT code 70492.**

**Practice Expense**

The RUC recommends the direct practice expense inputs as approved by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70490	Computed tomography, soft tissue neck; without contrast material	XXX	1.28 (No Change)

70491	with contrast material(s)	XXX	1.38 (No Change)
70492	without contrast material followed by contrast material(s) and further sections	XXX	1.62

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 70490	Tracking Number	Original Specialty Recommended RVU: <b>1.28</b>
		Presented Recommended RVU: <b>1.28</b>
Global Period: XXX		RUC Recommended RVU: <b>1.28</b>
CPT Descriptor: Computed tomography, soft tissue neck; without contrast material		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: An elderly person with chronic renal failure presents with a palpable left neck mass and a CT neck without IV contrast is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 2%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior imaging studies. Determine the appropriate CT protocol for the examination, confirm that noncontrast-only images are indicated. Communicate protocol to the CT technologists.

Description of Intra-Service Work: Review initial and subsequent series of CT image data to assure adequacy of anatomic coverage and assess need for repeat sections. Interpret triplanar images of the neck. Interpret the images and evaluate the parotid glands, submandibular glands, thyroid gland, paranasal sinuses, orbits (globes, orbital fat, extraocular muscles, lacrimal glands, optic nerves), nasal cavity, nasopharynx, oropharynx, oral cavity, hypopharynx and larynx. Evaluate parapharyngeal, retropharyngeal and carotid spaces, neck muscles, and lymph nodes. Evaluate the vasculature for stenosis, occlusion or thrombosis. Evaluate cervical spine, facial bones, skull base, and visualized brain. Evaluate for etiologies of patient's symptoms such as swelling, mass, pain, difficulty swallowing, painful swallowing, cranial nerve palsies and visual abnormalities. Count and measure masses and/or enlarged lymph nodes. Compare the current imaging to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work: Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Kurt A. Schoppe, MD, Daniel Wessell, MD, Gregory N. Nicola, MD				
<b>Specialty(s):</b>	ACR, ASNR				
<b>CPT Code:</b>	70490				
<b>Sample Size:</b>	3021	<b>Resp N:</b>	52	<b>Response:</b> 1.7 %	
<b>Description of Sample:</b>	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform CT imaging). The ASNR surveyed a random sample of 2,271 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	10.00	29.00	<b>53.00</b>	100.00	500.00
<b>Survey RVW:</b>	1.00	1.30	<b>1.35</b>	1.71	2.40
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	10.00	<b>15.00</b>	15.00	35.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	70490	<b>Recommended Physician Work RVU: 1.28</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>15.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
70540	XXX	1.35	RUC Time

CPT Descriptor Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74176	XXX	1.74	RUC Time

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
70470	XXX	1.27	RUC Time	126,955

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26      % of respondents: 50.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 15.3 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>70490</u>	Top Key Reference CPT Code: <u>70540</u>	2nd Key Reference CPT Code: <u>74176</u>
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	15.00	19.00	22.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>25.00</b>	<b>29.00</b>	<b>32.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.00	0.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.13
Urgency of medical decision making	0.23	0.13
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	-0.50	0.63
Physical effort required	-0.12	0.25



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.04	0.50
Outcome depends on the skill and judgment of physician	-0.12	0.63
Estimated risk of malpractice suit with poor outcome	0.19	0.63

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.23	0.75
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT code 70491 (*Computed tomography, soft tissue neck; with contrast material(s)*) was identified on the CMS high expenditure screen of potentially misvalued codes. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70491, as well as the two other codes in the family, 70490 (*Computed tomography, soft tissue neck; without contrast material*) and 70492 (*Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections*) and convened an expert panel of physicians familiar with the services to review the survey data.

**Work RVU Recommendations**

The expert panel recommends maintaining value for 70490 and 70491, which are less than the survey 25<sup>th</sup> percentile, and increasing value for 70492 to the 25<sup>th</sup> percentile survey value.

**Pre, Intra, and Post Service Times**

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUR
70490	CT neck w/o contrast	1.28	25	5	15	5	0.070
70491	CT neck w/contrast	1.38	27	5	17	5	0.068
70492	CT neck w/o and w/contrast	1.62	30	5	20	5	0.070

**Compelling Evidence**

The panel recommends an increase in value in only one code in the family, 70492 based on change in patient population as compelling evidence.

### *Flawed Methodology*

70492 currently has no RUC validated survey times, and is listed as a CMS/other code in the RUC Physician Time database. No RUC rationale is available to validate the currently assigned wRVU.

### *Change in Patient Population*

Two different factors have worked concomitantly on changing the typical patient for 70492 resulting in an overall increase in patient complexity. Firstly, the increased awareness of radiation dose and inefficient imaging has led to an increased scrutiny of indications for performing a single setting double CT such as CT neck with and without contrast. This is reflected in the CMS claims data which shows a 24% reduction in the numbers of such CT scans being performed since 2009. This contraction in numbers has left a more complex patient population often having complex masses, prior surgeries, or infection. Additionally, in 2006, the 4D parathyroid CT scan, a multiphase CT scan, was first described by Rodgers, et al, for localization of parathyroid adenomas. It has become widely used, and is one of the most common protocols for CPT code 70492 (*Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections*). The scan is considered to be an important tool in the preoperative planning for parathyroidectomies to reduce morbidity and length of surgery because it allows for acquisition of high resolution images of the parathyroid adenoma, which leads to a more precise localization compared to the other imaging modalities such as ultrasound of the neck and parathyroid scintigraphy. The acquired images require careful scrutiny for potentially small (including less than 5 mm) lesions that are only differentiated from normal tissues, such as lymph nodes, by the non-contrast appearance and enhancement characteristically seen in an early and late contrast phase. The evaluation for these lesions can be technically challenging because of their location at the same level of the shoulders and contrast bolus, which can lead to artifacts on CT. The former most common use for CPT code 70492 was to characterize a palpable mass simply by performing CT neck without contrast followed by contrast to determine whether the lesion was cystic or solid. CT parathyroid imaging requires a pre-contrast CT of the neck followed by CT neck with contrast performed in at least 2 different phases (often late arterial and delayed venous), essentially increasing the imaging volume by 33%. Interrogation of the acquired images for parathyroid adenoma also requires more skill than evaluating a palpable mass as the location of the adenoma is unknown. Parathyroid adenomas can assume ectopic locations buried in the pyriform sinus, lateral esophageal wall, or mediastinum in addition to the standard locations making interpretation of these studies challenging. Finally, parathyroid adenomas and parathyroid hypertrophy can have similar appearances, therefore searching for multiple enlarged parathyroid glands is imperative. This study has become widespread as surgeons have increasingly ordered this exam to assist in preoperative planning. Therefore, the patient population for 70492 has dramatically changed over the past decade following the development of this new technique.

Rodgers SE, Hunter GJ, Hamberg LM, et al. Improved preoperative planning for directed parathyroidectomy with 4-dimensional computed tomography. *Surgery* 2006;140(6):932–940; discussion 940–941

Lundstroem AK1, Trolle W2, Soerensen CH2, Myschetzky PS3. Preoperative localization of hyperfunctioning parathyroid glands with 4D-CT. *Eur Arch Otorhinolaryngol*. 2016 May;273(5):1253-9. doi: 10.1007/s00405-015-3509-9.

Beland MD1, Mayo-Smith WW, Grand DJ, Machan JT, Monchik JM. Dynamic MDCT for localization of occult parathyroid adenomas in 26 patients with primary *AJR Am J Roentgenol*. 2011 Jan;196(1):61-5.

### **Comparison to other RUC-reviewed codes**

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

<b>CPT Code</b>	<b>Descriptor</b>	<b>2016 Work RVUs</b>	<b>Global Period</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>TOTAL Time</b>	<b>IWPUT</b>	<b>Source</b>	<b>RUC Mtg Date</b>
<b>72192</b>	Computed tomography, pelvis; without contrast material	1.09	XXX	3	10	5	18	0.091	RUC	Aug-05
<b>70460</b>	Computed tomography, head or brain; with contrast material(s)	1.13	XXX	5	12	5	22	0.076	RUC	Oct-12
<b>74150</b>	Computed tomography, abdomen; without contrast material	1.19	XXX	3	12	5	20	0.084	RUC	Aug-05
<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	XXX	5	15	5	25	0.070	RUC	Apr-11
<b>70490</b>	Computed tomography, soft tissue neck; without contrast material	1.28	XXX	5	15	5	25	0.070	CMS/ Other	Jan-17
<b>70540</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	1.35	XXX	5	19	5	29	0.059	RUC	Jan-16
<b>70491</b>	Computed tomography, soft tissue neck; with contrast material(s)	1.38	XXX	5	17	5	27	0.068	CMS/ Other	Jan-17
<b>74170</b>	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	XXX	5	18	5	28	0.065	RUC	Apr-12
<b>70551</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	XXX	5	18	5	28	0.070	RUC	Jan-13
<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1.48	XXX	5	20	5	30	0.063	RUC	Apr-13
<b>70492</b>	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1.62	XXX	5	20	5	30	0.070	CMS/ Other	Jan-17
<b>70542</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	1.62	XXX	5	20	5	30	0.070	RUC	Jan-16
<b>74176</b>	Computed tomography, abdomen and pelvis; without contrast material	1.74	XXX	5	22	5	32	0.070	RUC	Feb-10
<b>70498</b>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	XXX	5	20	5	30	0.076	RUC	Apr-14

<b>70552</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	XXX	5	20	7	32	0.076	RUC	Jan-13
<b>72142</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	1.78	XXX	5	23	5	33	0.068	RUC	Apr-13
<b>74177</b>	Computed tomography, abdomen and pelvis; with contrast material(s)	1.82	XXX	5	25	5	35	0.064	RUC	Feb-10
<b>74178</b>	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	XXX	5	30	5	40	0.060	RUC	Feb-10
<b>70553</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.29	XXX	5	25	7	37	0.081	RUC	Jan-13

Our expert panel recommends maintaining the current value of 70490 at 1.28 RVU, which is less than the survey 25<sup>th</sup> percentile, with median service period times of 5, 15, and 5 minutes.

CPT code 70490 (*Computed tomography, soft tissue neck without contrast material*) is an invaluable tool in investigating a diverse set of pathologies, which range from minor to life threatening. It is an important tool in investigating neck pain, swelling, masses, dysphagia/odynophagia, orbital pathologies as well as the location/type/extent of a known infectious/inflammatory/neoplastic process involving the neck. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to ordering physicians. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

#### *Comparison to Key Reference Services for 70490*

Our recommended work RVU of 1.28 is compared to the most commonly chosen key reference service of 70540 (*Magnetic resonance (eg proton) imaging, orbit, face, and/or neck; without contrast material(s)*). 70540 has a higher work RVU of 1.35, more intra-service time, and a lower IWPUT. CT of the neck has a higher spatial resolution and thinner slices compared to MR of the neck; however, MRI has higher contrast resolution and requires more skill to interpret. In the Intensity/Complexity survey results, 70490 scored similar on all categories except for technical skill. Both these studies are typically outpatient procedures; however, CT neck without contrast does have greater utilization in the inpatient and emergency room setting. One would expect these codes to be valued proportionally. The IWPUT differences are not proportional; however, IWPUT of 0.059 for 70540 is a rank order anomaly in the MRI neuro family without contrast, which typically have IWPUTs on the order of 0.063 to 0.070 (when excluding 70540), suggesting 70540 is undervalued, and not an ideal IWPUT comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>70490</b>	<b>CT neck w/o contrast</b>	<b>1.28</b>	<b>25</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>0.070</b>
70540	MRI orbit, face, and/or neck w/o contrast	1.35	29	5	19	5	0.059
70551	MRI brain (including brain stem) w/o contrast	1.48	28	5	18	5	0.070
72141	MRI spine cervical w/o contrast	1.48	30	5	20	5	0.063

Typical neuro CT codes without contrast have IWPUT ranging from 0.065 to 0.072. Therefore, the specialties feel the existing value for 70490 is adequate.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
70450	CT head w/o contrast	0.85	19	4	10	5	0.065
70486	CT maxillofacial w/o contrast	0.85	16	3	10	3	0.072
<b>70490</b>	<b>CT neck w/o contrast</b>	<b>1.28</b>	<b>25</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>0.070</b>

The comparison to the second most chosen KRS, 74176 (*Computed tomography, abdomen and pelvis without contrast material*), reveals a proportional decrease in RVU for survey code 70490 based upon the total and intra-service time differences of 7 minutes, and leading to a nearly identical IWPUT, supporting the proper evaluation of the survey code at the existing value.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>70490</b>	<b>CT neck w/o contrast</b>	<b>1.28</b>	<b>25</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>0.070</b>
74176	CT abdomen & pelvis w/o contrast	1.74	32	5	22	5	0.069

*MPC Code for 70490*

Our recommendation is compared to MPC code 70470, which has identical service times, place of service, and IWPUT. Therefore, the nearly identical RVUs is appropriate.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
70470	CT head w/contrast	1.27	25	5	15	5	0.070
<b>70490</b>	<b>CT neck w/o contrast</b>	<b>1.28</b>	<b>25</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>0.070</b>

## Summary:

In summary, our expert panel recommends maintaining the current value of 70490 at 1.28 RVUs, with median service period times of 5, 15, and 5 minutes. We believe this compares favorably with the second most commonly chosen key reference service, 74176, as well as MPC code 70470. Relativity is also appropriate across the 3 codes for CT of the neck and across the larger family of codes.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70490

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 204051

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 70490 provided nationally in a one-year period is estimated to be 204,051.

Specialty Diagnostic Radiology	Frequency 192238	Percentage 94.21 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 68,017 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 70490 is billed approximately 68,017 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 64079	Percentage 94.21 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Advanced imaging

BETOS Sub-classification Level II:

CAT/CT/CTA: Brain/Head/Neck

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70490

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 70491	Tracking Number	Original Specialty Recommended RVU: <b>1.38</b>
		Presented Recommended RVU: <b>1.38</b>
Global Period: XXX		RUC Recommended RVU: <b>1.38</b>
CPT Descriptor: Computed tomography, soft tissue neck; with contrast material(s)		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A middle-aged person presents with dysphagia and a right neck mass. A CT neck with IV contrast is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

**Description of Pre-Service Work:** Review the reason for the exam and any pertinent clinical history including history of contrast allergy, renal insufficiency, or other contraindication to IV contrast. Adjust the contrast product and amount to be injected. Discuss the nature and risks of contrast reaction to the patient and obtains informed consent where applicable. Review any prior imaging studies. Determine the appropriate CT protocol for the examination and communicate that protocol to the CT technologists. Supervise the IV placement

**Description of Intra-Service Work:** Interpret scout views of area to be imaged. Supervise administration of intravenous contrast. Review initial and subsequent series of CT image data to assure adequacy of anatomic coverage and assess need for repeat sections. Interpret triplanar post contrast images of the neck. Interpret the images and evaluate the parotid glands, submandibular glands, thyroid gland, paranasal sinuses, orbits (globes, orbital fat, extraocular muscles, lacrimal glands, optic nerves), nasal cavity, nasopharynx, oropharynx, oral cavity, hypopharynx and larynx. Evaluate parapharyngeal, retropharyngeal and carotid spaces, neck muscles, and lymph nodes. Evaluate the vasculature for stenosis, occlusion or thrombosis. Evaluate cervical spine, facial bones, skull base, and visualized brain. Evaluate for etiologies of patient's symptoms such as swelling, mass, pain, difficulty swallowing, painful swallowing, cranial nerve palsies and visual abnormalities. Count and measure masses and/or enlarged lymph nodes. Compare the current imaging to all pertinent available prior studies. Dictate a report.

**Description of Post-Service Work:** Confirm lack of complication from contrast agent such as allergic reaction or extravasation of contrast. Review, edit, and sign final report for the medical record. Communicate the findings with the referring physician and/or patient.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Kurt A. Schoppe, MD, Daniel Wessell, MD, Gregory N. Nicola, MD				
<b>Specialty(s):</b>	ACR, ASNR				
<b>CPT Code:</b>	70491				
<b>Sample Size:</b>	3021	<b>Resp N:</b>	52	<b>Response:</b> 1.7 %	
<b>Description of Sample:</b>	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform CT imaging). The ASNR surveyed a random sample of 2,271 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	10.00	50.00	<b>100.00</b>	250.00	2500.00
<b>Survey RVW:</b>	1.20	1.46	<b>1.61</b>	1.82	2.50
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	8.00	12.00	<b>17.00</b>	20.00	40.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	70491	<b>Recommended Physician Work RVU: 1.38</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>17.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
70542	XXX	1.62	RUC Time

CPT Descriptor Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74177	XXX	1.82	RUC Time

CPT Descriptor Computed tomography, abdomen and pelvis; with contrast material(s)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74170	XXX	1.40	RUC Time	105,898

CPT Descriptor 1 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23      % of respondents: 44.2 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 19.2 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>70491</u>	Top Key Reference CPT Code: <u>70542</u>	2nd Key Reference CPT Code: <u>74177</u>
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	17.00	20.00	25.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>27.00</b>	<b>30.00</b>	<b>35.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.09	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.04	0.20
Urgency of medical decision making	0.22	0.40
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	-0.57	0.30
Physical effort required	-0.13	0.10

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.13	0.40
Outcome depends on the skill and judgment of physician	-0.17	0.50
Estimated risk of malpractice suit with poor outcome	0.04	0.40

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.22	0.70
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT code 70491 (*Computed tomography, soft tissue neck; with contrast material(s)*) was identified on the CMS high expenditure screen of potentially misvalued codes. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70491, as well as the two other codes in the family, 70490 (*Computed tomography, soft tissue neck; without contrast material*) and 70492 (*Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections*) and convened an expert panel of physicians familiar with the services to review the survey data.

**Work RVU Recommendations**

The expert panel recommends maintaining value for 70490 and 70491, which are less than the survey 25<sup>th</sup> percentile, and increasing value for 70492 to the 25<sup>th</sup> percentile survey value.

**Pre, Intra, and Post Service Times**

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUR
70490	CT neck w/o contrast	1.28	25	5	15	5	0.070
70491	CT neck w/contrast	1.38	27	5	17	5	0.068
70492	CT neck w/o and w/contrast	1.62	30	5	20	5	0.070

**Compelling Evidence**

The panel recommends an increase in value in only one code in the family, 70492 based on change in patient population as compelling evidence.

#### *Flawed Methodology*

70492 currently has no RUC validated survey times, and is listed as a CMS/other code in the RUC Physician Time database. No RUC rationale is available to validate the currently assigned wRVU.

#### *Change in Patient Population*

Two different factors have worked concomitantly on changing the typical patient for 70492 resulting in an overall increase in patient complexity. Firstly, the increased awareness of radiation dose and inefficient imaging has led to an increased scrutiny of indications for performing a single setting double CT such as CT neck with and without contrast. This is reflected in the CMS claims data which shows a 24% reduction in the numbers of such CT scans being performed since 2009. This contraction in numbers has left a more complex patient population often having complex masses, prior surgeries, or infection. Additionally, in 2006, the 4D parathyroid CT scan, a multiphase CT scan, was first described by Rodgers, et al, for localization of parathyroid adenomas. It has become widely used, and is one of the most common protocols for CPT code 70492 (*Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections*). The scan is considered to be an important tool in the preoperative planning for parathyroidectomies to reduce morbidity and length of surgery because it allows for acquisition of high resolution images of the parathyroid adenoma, which leads to a more precise localization compared to the other imaging modalities such as ultrasound of the neck and parathyroid scintigraphy. The acquired images require careful scrutiny for potentially small (including less than 5 mm) lesions that are only differentiated from normal tissues, such as lymph nodes, by the non-contrast appearance and enhancement characteristically seen in an early and late contrast phase. The evaluation for these lesions can be technically challenging because of their location at the same level of the shoulders and contrast bolus, which can lead to artifacts on CT. The former most common use for CPT code 70492 was to characterize a palpable mass simply by performing CT neck without contrast followed by contrast to determine whether the lesion was cystic or solid. CT parathyroid imaging requires a pre-contrast CT of the neck followed by CT neck with contrast performed in at least 2 different phases (often late arterial and delayed venous), essentially increasing the imaging volume by 33%. Interrogation of the acquired images for parathyroid adenoma also requires more skill than evaluating a palpable mass as the location of the adenoma is unknown. Parathyroid adenomas can assume ectopic locations buried in the pyriform sinus, lateral esophageal wall, or mediastinum in addition to the standard locations making interpretation of these studies challenging. Finally, parathyroid adenomas and parathyroid hypertrophy can have similar appearances, therefore searching for multiple enlarged parathyroid glands is imperative. This study has become widespread as surgeons have increasingly ordered this exam to assist in preoperative planning. Therefore, the patient population for 70492 has dramatically changed over the past decade following the development of this new technique.

Rodgers SE, Hunter GJ, Hamberg LM, et al. Improved preoperative planning for directed parathyroidectomy with 4-dimensional computed tomography. *Surgery* 2006;140(6):932–940; discussion 940–941

Lundstroem AK1, Trolle W2, Soerensen CH2, Myschetzky PS3. Preoperative localization of hyperfunctioning parathyroid glands with 4D-CT. *Eur Arch Otorhinolaryngol*. 2016 May;273(5):1253-9. doi: 10.1007/s00405-015-3509-9.

Beland MD1, Mayo-Smith WW, Grand DJ, Machan JT, Monchik JM. Dynamic MDCT for localization of occult parathyroid adenomas in 26 patients with primary *AJR Am J Roentgenol*. 2011 Jan;196(1):61-5.

#### **Comparison to other RUC-reviewed codes**

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

<b>CPT Code</b>	<b>Descriptor</b>	<b>2016 Work RVUs</b>	<b>Global Period</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>TOTAL Time</b>	<b>IWPUT</b>	<b>Source</b>	<b>RUC Mtg Date</b>
<b>72192</b>	Computed tomography, pelvis; without contrast material	1.09	XXX	3	10	5	18	0.091	RUC	Aug-05
<b>70460</b>	Computed tomography, head or brain; with contrast material(s)	1.13	XXX	5	12	5	22	0.076	RUC	Oct-12
<b>74150</b>	Computed tomography, abdomen; without contrast material	1.19	XXX	3	12	5	20	0.084	RUC	Aug-05
<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	XXX	5	15	5	25	0.070	RUC	Apr-11
<b>70490</b>	Computed tomography, soft tissue neck; without contrast material	1.28	XXX	5	15	5	25	0.070	CMS/ Other	Jan-17
<b>70540</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	1.35	XXX	5	19	5	29	0.059	RUC	Jan-16
<b>70491</b>	Computed tomography, soft tissue neck; with contrast material(s)	1.38	XXX	5	17	5	27	0.068	CMS/ Other	Jan-17
<b>74170</b>	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	XXX	5	18	5	28	0.065	RUC	Apr-12
<b>70551</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	XXX	5	18	5	28	0.070	RUC	Jan-13
<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1.48	XXX	5	20	5	30	0.063	RUC	Apr-13
<b>70492</b>	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1.62	XXX	5	20	5	30	0.070	CMS/ Other	Jan-17
<b>70542</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	1.62	XXX	5	20	5	30	0.070	RUC	Jan-16
<b>74176</b>	Computed tomography, abdomen and pelvis; without contrast material	1.74	XXX	5	22	5	32	0.070	RUC	Feb-10
<b>70498</b>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	XXX	5	20	5	30	0.076	RUC	Apr-14

<b>70552</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	XXX	5	20	7	32	0.076	RUC	Jan-13
<b>72142</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	1.78	XXX	5	23	5	33	0.068	RUC	Apr-13
<b>74177</b>	Computed tomography, abdomen and pelvis; with contrast material(s)	1.82	XXX	5	25	5	35	0.064	RUC	Feb-10
<b>74178</b>	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	XXX	5	30	5	40	0.060	RUC	Feb-10
<b>70553</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.29	XXX	5	25	7	37	0.081	RUC	Jan-13

**Summary of Recommendation for CPT Code 70491** (*Computed tomography, soft tissue neck; with contrast materials(s)*)

Our expert panel recommends maintaining the current value of 70491 at 1.38 RVU, which is less than the survey 25<sup>th</sup> percentile, with median service period times of 5, 17, and 5 minutes.

CPT code 70491 (*Computed tomography, soft tissue neck; with contrast material(s)*) is an invaluable tool in investigating a diverse set of pathologies, which range from minor to life threatening. It is an important tool in investigating neck pain, swelling, masses, dysphagia/odynophagia, orbital pathologies as well as the location/type/extent of a known infectious/inflammatory/neoplastic process involving the neck. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to ordering physicians. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

*Comparison to Key Reference Services for 70491*

Our recommended work RVU of 1.38 compares favorably to the most commonly chosen key reference service of 70542 (*Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)*). 70542 has more intra-service time and similar IWPUT, with the RVU difference depicted as proportional. In the Intensity/Complexity survey results, 70491 scored similar on all categories except survey respondents reported slightly less technical skill, which is reflected in the slightly reduced IWPUT for the surveyed code.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>70491</b>	<b>CT neck w/contrast</b>	<b>1.38</b>	<b>27</b>	<b>5</b>	<b>17</b>	<b>5</b>	<b>0.068</b>
70542	MRI orbit, face, neck w/contrast	1.62	30	5	20	5	0.070

Our recommendation is compared to the MPC code, 74170 (*Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections*), which has a similar service time and IWPUT, supporting the similar RVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>70491</b>	<b>CT neck w/contrast</b>	<b>1.38</b>	<b>27</b>	<b>5</b>	<b>17</b>	<b>5</b>	<b>0.068</b>
74170	CT abdomen w/o contrast and w/contrast	1.40	28	5	18	5	0.065

#### Summary:

In summary, our expert panel recommends maintaining the value of 70491 at 1.38 RVU, with median service period times of 5, 17, and 5 minutes. We believe this compares favorably with the most commonly chosen key reference service, 70542, as well as MPC code 74170. Relativity is also appropriate across the 3 codes for CT of the neck and across the larger family of CT codes.

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70491

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 715065



If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 70491 provided nationally in a one-year period is estimated to be 715,065.

Specialty Diagnostic Radiology	Frequency 675695	Percentage 94.49 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
238,355 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 70491 is billed approximately 238,355 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 225232	Percentage 94.49 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Advanced imaging

BETOS Sub-classification Level II:

CAT/CT/CTA: Brain/Head/Neck

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70491

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 70492      Tracking Number

Original Specialty Recommended RVU: **1.62**Presented Recommended RVU: **1.62**

Global Period: XXX

RUC Recommended RVU: **1.62**

CPT Descriptor: Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A middle-aged person presents with hyperparathyroidism. A CT neck without and with IV contrast is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 4%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history including history of contrast allergy, renal insufficiency, or other contraindication to IV contrast. Adjust the contrast product and amount to be injected. Discuss the nature and risks of contrast reaction to the patient and obtains informed consent where applicable. Review any prior imaging studies. Determine the appropriate CT protocol for the examination and communicate that protocol to the CT technologists. Supervise the IV placement.

Description of Intra-Service Work: Interpret scout views of area to be imaged. Review non-contrast CT images to ensure proper anatomic coverage prior to contrast administration. Supervise administration of intravenous contrast. Review initial and subsequent series of CT image data to assure adequacy of anatomic coverage and assess need for repeat sections. Supervise reconstructions in coronal and/or sagittal plane images. Interpret triplanar pre contrast and multiphase post-contrast images of the neck. Interpret the images and evaluate the parotid glands, submandibular glands, thyroid gland, paranasal sinuses, orbits (globes, orbital fat, extraocular muscles, lacrimal glands, optic nerves), nasal cavity, nasopharynx, oropharynx, oral cavity, hypopharynx and larynx. Evaluate parapharyngeal, retropharyngeal and carotid spaces, neck muscles, and lymph nodes. Evaluate the vasculature for stenosis, occlusion or thrombosis. Evaluate cervical spine, facial bones, skull base, and visualized brain Evaluate for etiologies of patient's symptoms such as swelling, mass, pain, difficulty swallowing, painful swallowing, cranial nerve palsies and visual abnormalities. Count and measure masses and/or enlarged lymph nodes. Compare the current imaging to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work: Confirm lack of complication from contrast agent such as allergic reaction or extravasation of contrast. Review, edit, and sign final report for the medical record. Communicate the findings with the referring physician and/or patient.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Kurt A. Schoppe, MD, Daniel Wessell, MD, Gregory N. Nicola, MD				
<b>Specialty(s):</b>	ACR, ASNR				
<b>CPT Code:</b>	70492				
<b>Sample Size:</b>	3021	<b>Resp N:</b>	52	<b>Response:</b> 1.7 %	
<b>Description of Sample:</b>	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform CT imaging). The ASNR surveyed a random sample of 2,271 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	30.00	62.00	800.00
<b>Survey RVW:</b>	1.40	1.62	2.00	2.14	3.50
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	15.00	20.00	25.00	50.00
<b>Immediate Post Service-Time:</b>	<u>5.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	70492	<b>Recommended Physician Work RVU: 1.62</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	20.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
70543	XXX	2.15	RUC Time

CPT Descriptor Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74178	XXX	2.01	RUC Time

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74176	XXX	1.74	RUC Time	2,196,319

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 22      % of respondents: 42.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 17.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>70492</u></b>	<b>Top Key Reference CPT Code: <u>70543</u></b>	<b>2nd Key Reference CPT Code: <u>74178</u></b>
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	20.00	25.00	30.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>30.00</b>	<b>35.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.00	0.11
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.05	0.56
Urgency of medical decision making	0.27	0.33

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.41	0.33
Physical effort required	0.05	0.11

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.23	0.44
Outcome depends on the skill and judgment of physician	-0.05	0.56
Estimated risk of malpractice suit with poor outcome	0.09	0.33

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.23	0.78
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT code 70491 (*Computed tomography, soft tissue neck; with contrast material(s)*) was identified on the CMS high expenditure screen of potentially misvalued codes. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70491, as well as the two other codes in the family, 70490 (*Computed tomography, soft tissue neck; without contrast material*) and 70492 (*Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections*) and convened an expert panel of physicians familiar with the services to review the survey data.

**Work RVU Recommendations**

The expert panel recommends maintaining value for 70490 and 70491, which are less than the survey 25<sup>th</sup> percentile, and increasing value for 70492 to the 25<sup>th</sup> percentile survey value.

**Pre, Intra, and Post Service Times**

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUR
70490	CT neck w/o contrast	1.28	25	5	15	5	0.070
70491	CT neck w/contrast	1.38	27	5	17	5	0.068
70492	CT neck w/o and w/contrast	1.62	30	5	20	5	0.070

**Compelling Evidence**

The panel recommends an increase in value in only one code in the family, 70492 based on change in patient population as compelling evidence.

### *Flawed Methodology*

70492 currently has no RUC validated survey times, and is listed as a CMS/other code in the RUC Physician Time database. No RUC rationale is available to validate the currently assigned wRVU.

### *Change in Patient Population*

Two different factors have worked concomitantly on changing the typical patient for 70492 resulting in an overall increase in patient complexity. Firstly, the increased awareness of radiation dose and inefficient imaging has led to an increased scrutiny of indications for performing a single setting double CT such as CT neck with and without contrast. This is reflected in the CMS claims data which shows a 24% reduction in the numbers of such CT scans being performed since 2009. This contraction in numbers has left a more complex patient population often having complex masses, prior surgeries, or infection. Additionally, in 2006, the 4D parathyroid CT scan, a multiphase CT scan, was first described by Rodgers, et al, for localization of parathyroid adenomas. It has become widely used, and is one of the most common protocols for CPT code 70492 (*Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections*). The scan is considered to be an important tool in the preoperative planning for parathyroidectomies to reduce morbidity and length of surgery because it allows for acquisition of high resolution images of the parathyroid adenoma, which leads to a more precise localization compared to the other imaging modalities such as ultrasound of the neck and parathyroid scintigraphy. The acquired images require careful scrutiny for potentially small (including less than 5 mm) lesions that are only differentiated from normal tissues, such as lymph nodes, by the non-contrast appearance and enhancement characteristically seen in an early and late contrast phase. The evaluation for these lesions can be technically challenging because of their location at the same level of the shoulders and contrast bolus, which can lead to artifacts on CT. The former most common use for CPT code 70492 was to characterize a palpable mass simply by performing CT neck without contrast followed by contrast to determine whether the lesion was cystic or solid. CT parathyroid imaging requires a pre-contrast CT of the neck followed by CT neck with contrast performed in at least 2 different phases (often late arterial and delayed venous), essentially increasing the imaging volume by 33%. Interrogation of the acquired images for parathyroid adenoma also requires more skill than evaluating a palpable mass as the location of the adenoma is unknown. Parathyroid adenomas can assume ectopic locations buried in the pyriform sinus, lateral esophageal wall, or mediastinum in addition to the standard locations making interpretation of these studies challenging. Finally, parathyroid adenomas and parathyroid hypertrophy can have similar appearances, therefore searching for multiple enlarged parathyroid glands is imperative. This study has become widespread as surgeons have increasingly ordered this exam to assist in preoperative planning. Therefore, the patient population for 70492 has dramatically changed over the past decade following the development of this new technique.

Rodgers SE, Hunter GJ, Hamberg LM, et al. Improved preoperative planning for directed parathyroidectomy with 4-dimensional computed tomography. *Surgery* 2006;140(6):932–940; discussion 940–941

Lundstroem AK1, Trolle W2, Soerensen CH2, Myschetzky PS3. Preoperative localization of hyperfunctioning parathyroid glands with 4D-CT. *Eur Arch Otorhinolaryngol.* 2016 May;273(5):1253-9. doi: 10.1007/s00405-015-3509-9.

Beland MD1, Mayo-Smith WW, Grand DJ, Machan JT, Monchik JM. Dynamic MDCT for localization of occult parathyroid adenomas in 26 patients with primary *AJR Am J Roentgenol.* 2011 Jan;196(1):61-5.

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

<b>CPT Code</b>	<b>Descriptor</b>	<b>2016 Work RVUs</b>	<b>Global Period</b>	<b>Pre Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>TOTAL Time</b>	<b>IWPUT</b>	<b>Source</b>	<b>RUC Mtg Date</b>
<b>72192</b>	Computed tomography, pelvis; without contrast material	1.09	XXX	3	10	5	18	0.091	RUC	Aug-05
<b>70460</b>	Computed tomography, head or brain; with contrast material(s)	1.13	XXX	5	12	5	22	0.076	RUC	Oct-12
<b>74150</b>	Computed tomography, abdomen; without contrast material	1.19	XXX	3	12	5	20	0.084	RUC	Aug-05
<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	XXX	5	15	5	25	0.070	RUC	Apr-11
<b>70490</b>	Computed tomography, soft tissue neck; without contrast material	1.28	XXX	5	15	5	25	0.070	CMS/ Other	Jan-17
<b>70540</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	1.35	XXX	5	19	5	29	0.059	RUC	Jan-16
<b>70491</b>	Computed tomography, soft tissue neck; with contrast material(s)	1.38	XXX	5	17	5	27	0.068	CMS/ Other	Jan-17
<b>74170</b>	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	XXX	5	18	5	28	0.065	RUC	Apr-12
<b>70551</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	XXX	5	18	5	28	0.070	RUC	Jan-13
<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1.48	XXX	5	20	5	30	0.063	RUC	Apr-13
<b>70492</b>	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1.62	XXX	5	20	5	30	0.070	CMS/ Other	Jan-17
<b>70542</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	1.62	XXX	5	20	5	30	0.070	RUC	Jan-16
<b>74176</b>	Computed tomography, abdomen and pelvis; without contrast material	1.74	XXX	5	22	5	32	0.070	RUC	Feb-10
<b>70498</b>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	XXX	5	20	5	30	0.076	RUC	Apr-14



<b>70552</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	XXX	5	20	7	32	0.076	RUC	Jan-13
<b>72142</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	1.78	XXX	5	23	5	33	0.068	RUC	Apr-13
<b>74177</b>	Computed tomography, abdomen and pelvis; with contrast material(s)	1.82	XXX	5	25	5	35	0.064	RUC	Feb-10
<b>74178</b>	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	XXX	5	30	5	40	0.060	RUC	Feb-10
<b>70553</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.29	XXX	5	25	7	37	0.081	RUC	Jan-13

**Summary of Recommendation for CPT Code 70492 (*Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections*)**

Our expert panel recommends increasing the current value of 70492 to 1.62 RVU, the survey 25<sup>th</sup> percentile, with median service period times of 5, 20, and 5 minutes.

CPT code 70492 (*Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections*) is primarily used as a tool in the preoperative evaluation of parathyroid adenomas or carcinomas. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

*Comparison to Key Reference Services for 70492*

Our recommended work RVU of 1.62 is less than the most commonly chosen key reference service of 70543 (*Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences*). 70492 has 5 minutes less intra-service time, with a slightly lower IWPUT. The slightly lower IWPUT is supported by the survey respondents reporting slightly less technical skill for 70492 compared to 70543, but reporting otherwise similar intensity and complexity measures. The RVU differences between 70492 and 70543 appear reasonable given these differences in time and IWPUT.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>70492</b>	<b>CT neck w/o and w/ contrast</b>	<b>1.62</b>	<b>30</b>	<b>5</b>	<b>20</b>	<b>5</b>	<b>0.070</b>
70543	MRI orbit, face, neck w/o and w/contrast	2.15	35	5	25	5	0.077

Our recommendation is compared to the MPC code, 74176 (*Computed tomography, abdomen and pelvis; without contrast material*), which demonstrates 2 minutes more of intra-service time and near identical IWP/UT to the surveyed code. The RVU difference appears proportional.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWP/UT
<b>70492</b>	<b>CT neck w/o and w/ contrast</b>	<b>1.62</b>	<b>30</b>	<b>5</b>	<b>20</b>	<b>5</b>	<b>0.070</b>
74176	CT abdomen & pelvis w/o contrast	1.74	32	5	22	5	0.069

Summary:

In summary, our expert panel recommends increasing the current value of 70492 to 1.62 RVU, with median service period times of 5, 20, and 5 minutes. We believe this compares favorably with the most commonly chosen key reference service, 70543, as well as MPC code 74176. Relativity is also appropriate across the 3 codes for CT of the neck and across the larger family of CT codes.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70492

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology

How often? Commonly

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 74337

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 70492 provided nationally in a one-year period is estimated to be 74,337.

Specialty Diagnostic Radiology	Frequency 68166	Percentage 91.69 %
--------------------------------	-----------------	--------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,779 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 70492 is billed approximately 24,779 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 22722	Percentage 91.69 %
--------------------------------	-----------------	--------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Advanced imaging

BETOS Sub-classification Level II:

CAT/CT/CTA: Brain/Head/Neck

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70492

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	70490	<b># of Respondents:</b>	52
<b>Survey Code Descriptor:</b>	Computed tomography, soft tissue neck; without contrast material		

<b>Top Ref Code:</b>	70540	<b># of Respondents:</b>	26	<b>% of Respondents:</b>	50%
<b>Top Ref Code Descriptor:</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)				

Overall Intensity and Complexity:		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	35%	54%	11%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 7%	Identical 85%	More 8%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 4%	Identical 92%	More 4%		
	Urgency of medical decision making	Less 0%	Identical 77%	More 23%		
<b>Technical Skill:</b>		Less 57%	Identical 35%	More 8%		
<b>Physical Effort:</b>		Less 19%	Identical 73%	More 8%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 11%	Identical 77%	More 12%		
	Outcome depends on the skill and judgment of physician	Less 19%	Identical 73%	More 8%		
	Estimated risk of malpractice suite with poor outcome	Less 0%	Identical 80%	More 20%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	70491	<b># of Respondents:</b>	52
<b>Survey Code Descriptor:</b>	Computed tomography, soft tissue neck; with contrast material(s)		

<b>Top Ref Code:</b>	70542	<b># of Respondents:</b>	23	<b>% of Respondents:</b>	44.2%
<b>Top Ref Code Descriptor:</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	30%	61%	9%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		13%	83%	4%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	96%	0%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	78%	22%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		61%	35%	4%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		13%	87%	0%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	78%	18%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		17%	83%	0%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	87%	9%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	70492	<b># of Respondents:</b>	52
<b>Survey Code Descriptor:</b>	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections		

<b>Top Ref Code:</b>	70543	<b># of Respondents:</b>	22	<b>% of Respondents:</b>	42.3%
<b>Top Ref Code Descriptor:</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences				

		Survey Code <b>Compared to</b> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	32%	59%	9%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	91%	5%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		5%	86%	9%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	77%	23%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		55%	36%	9%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	91%	5%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	77%	23%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		14%	82%	4%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	91%	9%		

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
13	ISSUE: CT Soft Tissue of Neck																			
14	TAB: 21																			
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	26	0.059			1.35			29	5					19			5
18	2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	8	0.069			1.74			32	5					22			5
19	CMS/Other	70490	Computed tomography, soft tissue neck; without contrast material		#DIV/0!			1.28			25									
20	SVY	70490	Computed tomography, soft tissue neck; without contrast material	52	0.075	1.00	1.30	1.35	1.71	2.40	25	5			5	10	15	15	35	5
21	REC	70490	Computed tomography, soft tissue neck; without contrast material		0.070	1.28					25	5					15			5
22																				
23						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
24	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
25	1st REF	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	23	0.070			1.62			30	5					20			5
26	2nd REF	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	10	0.064			1.82			35	5					25			5
27	CMS/Other	70491	Computed tomography, soft tissue neck; with contrast material(s)		#DIV/0!			1.38			26									
28	SVY	70491	Computed tomography, soft tissue neck; with contrast material(s)	52	0.082	1.20	1.46	1.61	1.82	2.50	27	5			8	12	17	20	40	5
29	REC	70491	Computed tomography, soft tissue neck; with contrast material(s)		0.068	1.38					27	5					17			5
30																				
31						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
32	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
33	1st REF	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	22	0.077			2.15			35	5					25			5
34	2nd REF	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	9	0.060			2.01			40	5					30			5
35	CMS/Other	70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections		#DIV/0!			1.45			27									
36	SVY	70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	52	0.089	1.40	1.62	2.00	2.14	3.50	30	5			10	15	20	25	50	5
37	REC	70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections		0.070	1.62					30	5					20			5

Cryoablation of Pulmonary Tumors  
CT Soft Tissue of Neck  
Ultrasound of Extremity  
Issue

32X99, 32998  
70490, 70491, 70492  
76881, 76882  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD  
Printed Signature

American College of Radiology  
Specialty Society

December 13, 2016  
Date



21  
Tab Number

CT Soft Tissue of Neck  
Issue

70490-70492  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



---

Signature

Gregory N. Nicola, MD  
Printed Signature

American Society of Neuroradiology (ASNR)  
Specialty Society

12/9/16  
Date

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

<b>70490</b>	Computed tomography, soft tissue neck; without contrast material
<b>70491</b>	Computed tomography, soft tissue neck; with contrast material(s)
<b>70492</b>	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) convened a consensus panel to finalize the practice expense data for the CT soft tissue of neck code family, CPT codes 70490, 70491, and 70492.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The societies included the existing PE inputs for codes 70490, 70491, and 70492 on the spreadsheet to serve as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- **Prepare room, equipment, supplies** – 2 minutes is the standard for most exams; however, we are requesting 4 minutes for 70491 and 70492 to allow additional time for the technologist to set up the contrast injector and prepare the contrast materials for injection.
- **Prepare and position patient/ monitor patient/ set up IV-** 2 minutes is standard for non-contrast codes and consistent with prior CT exams. We recommended 5 minutes for the codes involving contrast (70491 and 70492) to allow for time for positioning the patient with the IV, connecting the patient to the contrast injector, and ensuring there are no impediments to table motion during the exam.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Availability of prior images confirmed** - CMS finalized a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2017 MPFS Final Rule.
- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist** - CMS finalized a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2017 MPFS Final Rule.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** – CMS finalized a standard of 3 minutes for services involving CTs which are considered “intermediate” in the CY 2017 MPFS Final Rule.
- **Review examination with interpreting MD** - CMS finalized a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2017 MPFS Final Rule.
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue** - CMS finalized a standard of 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2017 MPFS Final Rule.
- **PACS Professional Workstation (ED053)** - CMS finalized an equipment time for the PACS Professional Workstation which is equal to the sum of half of the physician work pre-service time and all of the physician intra-service time in the CY 2017 MPFS Final Rule.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies/ Enter patient demographic information into scanner
- Prepare and position patient/ monitor patient/ set up IV
- Acquire Images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	code.			70490		70490		70491		70491		70492		70492	
3	Meeting Date: January 2017 Tab 21: CT Soft Tissue of Neck Specialty: ACR, ASNR	CMS Code	Staff Type	Computed tomography, soft tissue neck; without contrast material  (August 2003)		Computed tomography, soft tissue neck; without contrast material  (January 2017)		Computed tomography, soft tissue neck; with contrast material(s)  (August 2003)		Computed tomography, soft tissue neck; with contrast material(s)  (January 2017)		Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections  (August 2003)		Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections  (January 2017)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L046A	CT Tech	40.0	0.0	37.0	0.0	49.0	0.0	45.0	0.0	61.0	0.0	54.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L046A	CT Tech	6.0	0.0	4.0	0.0	7.0	0.0	4.0	0.0	7.0	0.0	4.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L046A	CT Tech	34.0	0.0	33.0	0.0	42.0	0.0	41.0	0.0	54.0	0.0	50.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L046A	CT Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE														
11	Start: Following visit when decision for surgery or procedure made														
12	Complete pre-service diagnostic & referral forms														
13	Coordinate pre-surgery services														
14	Schedule space and equipment in facility														
15	Provide pre-service education/obtain consent														
16	Follow-up phone calls & prescriptions														
17	Availability of prior images confirmed	L046A	CT Tech			2				2				2	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L046A	CT Tech			2				2				2	
19	Other Clinical Activity - specify:														
20	- Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information	L046A	CT Tech	6				7				7			
21	End: When patient enters office/facility for surgery/procedure														
22	SERVICE PERIOD														
23	Start: When patient enters office/facility for surgery/procedure:														
24	Greet patient, provide gowning, ensure appropriate medical records are available	L046A	CT Tech	3		3		3		3		3		3	
25	Obtain vital signs														
26	Provide pre-service education/obtain consent	L046A	CT Tech	2		2		3		3		3		3	
27	Prepare room, equipment, supplies	L046A	CT Tech	2		2		4		4		4		4	
28	Setup scope (non facility setting only)														
29	Prepare and position patient/ monitor patient/ set up IV	L046A	CT Tech	2		2		5		5		5		5	
30	Other Clinical Activity - specify:														
31	Intra-service														
32	Assist physician in performing procedure	L046A	CT Tech												
33	- Acquire Images	L046A	CT Tech	15		15		17		17		26		26	
34	Post-Service														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	code.			70490		70490		70491		70491		70492		70492	
3	Meeting Date: January 2017 Tab 21: CT Soft Tissue of Neck Specialty: ACR, ASNR	CMS Code	Staff Type	Computed tomography, soft tissue neck; without contrast material  (August 2003)		Computed tomography, soft tissue neck; without contrast material  (January 2017)		Computed tomography, soft tissue neck; with contrast material(s)  (August 2003)		Computed tomography, soft tissue neck; with contrast material(s)  (January 2017)		Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections  (August 2003)		Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections  (January 2017)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4														
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1														
37	Clean room/equipment by physician staff	L046A	CT Tech	3		3		3		3		3		3	
38	Clean Scope														
39	Clean Surgical Instrument Package														
40	Complete diagnostic forms, lab & X-ray requisitions														
41	Review/read X-ray, lab, and pathology reports														
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Tech			3				3				3	
44	Review examination with interpreting MD	L046A	CT Tech			2				2				2	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L046A	CT Tech			1				1				1	
46	Other Clinical Activity - specify: follow up phone call														
47	- Process films, hang films and review study with interpreting MD prior to patient discharge	L046A	CT Tech	7				7				10			
51	End: Patient leaves office														
52	POST-SERVICE Period														
53	Start: Patient leaves office/facility														
54	Conduct phone calls/call in prescriptions														
64	MEDICAL SUPPLIES*	CODE	UNIT												
65	kit, iv starter	SA019	kit					1		1		1		1	
66	bandage, strip 0.75in x 3in (Bandaid)	SG021	item					1				1			
67	swab-pad, alcohol	SJ053	item					1				1			
68	gauze, sterile 2in x 2in	SG053	item					1				1			
69	tape, surgical paper 1in (Micropore)	SG079	inch					6				6			
70	gloves, non-sterile	SB022	pair					1				1			
71	drape, non-sterile, sheet 40in x 60in	SB006	item					1		1		1		1	
72	gown, patient	SB026	item	1		1		1		1		1		1	
73	paper, exam table	SB036	foot	7		7		7		7		7		7	
74	angiocatheter 14g-24g	SC001	item					1		1		1		1	
75	heparin lock	SC012	item					1		1		1		1	
76	iv tubing (extension)	SC019	foot					1		1		1		1	
77	needle, 18-27g	SC029	item					1		1		1		1	
78	syringe 20ml	SC053	item					1		1		1		1	
79	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item					1		1		1		1	
80	povidone swabsticks (3 pack uou)	SJ043	item					1		1		1		1	
81	EQUIPMENT	CODE													
82	room, CT	EL007		34		25		42		32		54		41	
83	PACS Workstation Proxy	ED050		34		33		42		41		54		50	
84	PACS Professional Workstation	ED053				18				20				23	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*New Technology*

January 2017

**Ultrasound of Extremity**

In February 2010, the CPT Editorial Panel created CPT codes 76881 *Ultrasound, extremity, nonvascular, real-time with image documentation; complete* and 76882 *Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific*. In April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. This service was flagged as New Technology/New Services and reviewed by the Relativity Assessment Workgroup (RAW) in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study and that the Workgroup should review in October 2016 after two years of additional Medicare utilization data are available. This coding clarification was published in the September 2016 CPT Assistant.

In October 2016, the specialty society noted and the Workgroup agreed that there are two different dominant specialties providing the complete and the limited ultrasound of extremity services, causing variation in the typical practice expense inputs for each code. The RUC recommended to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs for January 2017; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019) at the Relativity Assessment Workgroup.

At the 2017 January RUC meeting the Practice Expense Subcommittee reviewed the direct practice inputs for CPT codes 76881 and 76882 and reduced the time for the *Technologist QC's images in PACS, checking for all images, reformats, and dose page* and *Review examination with interpreting MD* clinical activity input from 2 to 0 for 76881 only. Additionally, the supply input *pillow case; SB037* was reduced from 1 to 0 for both services.

Following the meeting the specialty societies submitted a letter to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound.

**The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

**New Technology**

These services will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	XXX	PE Review Only
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	XXX	PE Review Only

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

<b>76881</b>	Ultrasound, extremity, nonvascular, real-time with image documentation; complete
<b>76882</b>	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR), American Academy of Orthopaedic Surgeons (AAOS), American College of Rheumatology (ACRh), and American Podiatric Medical Association (APMA) convened a consensus panel to finalize the practice expense data for the ultrasound extremity code family, CPT codes 76881 and 76882.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The societies included the existing PE inputs for codes 76881 and 76882 on the spreadsheet to serve as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist** - CMS finalized a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2017 MPFS Final Rule.
- **Provide pre-service education/obtain consent** – The patient needs to be informed of the nature of this procedure and consent must be given to the physician staff; this is the standard of care.
- **Acquire Images (76882)** - Change in provider.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** – CMS finalized 2 minutes as the standard for the typical procedure involving imaging in the CY 2017 MPFS Final Rule. Subcommittee finalized 2 minutes for 76882 only
- **Review examination with interpreting MD** - CMS finalized a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2017 MPFS Final Rule. Subcommittee finalized 2 minutes for 76882 only



- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue** - CMS finalized a standard of 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2017 MPFS Final Rule.
- **PACS Workstation Proxy (ED050)** – Change in provider. The current formula for the PACS Workstation Proxy is equivalent to the total service period clinical labor time which is reflected for 76882.
- **Professional PACS Workstation (ED053)** – Change in provider. Equal to the physician work intra-service time and half of the physician work pre-service time for 76881.
- **Table, power (EF031)** – Change in provider. The specialties marked this equipment time as equivalent to the total service period clinical labor time.
- **Room, ultrasound, general (EL015)** - Change in provider.
- **Ultrasound unit, portable (EQ250)** - Change in provider. The specialties marked this equipment time as equivalent to the total service period clinical labor time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C AMA Specialty Society Recommendation	D REFERENCE CODE	E REFERENCE CODE	F	G	H	I	J	K
1											
2	REVISED AT RUC 1/12/17			76881	76881	76881	76881	76882	76882	76882	76882
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L051B	RN/Diag Med Sonographer	35.0	0.0					36.0	0.0
7		L026A	MTA			12.0	0.0	19.0	0.0		
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L051B	RN/Diag Med Sonographer	3.0	0.0					4.0	0.0
9		L026A	MTA			4.0	0.0	3.0	0.0		
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L051B	RN/Diag Med Sonographer	32.0	0.0					32.0	0.0
11		L026A	MTA			8.0	0.0	16.0	0.0		
12	TOTAL POST-SERV CLINICAL LABOR TIME	L051B	RN/Diag Med Sonographer	0.0	0.0					0.0	0.0
13		L026A	MTA			0.0	0.0	0.0	0.0		
14	PRE-SERVICE										
15	Start: Following visit when decision for surgery or procedure made										
16	Complete pre-service diagnostic & referral forms										
17	Coordinate pre-surgery services										
18	Schedule space and equipment in facility										
19	Provide pre-service education/obtain consent										
20	Follow-up phone calls & prescriptions										
21	Availability of prior images confirmed	L051B	RN/Diag Med Sonographer	3						2	
22		L026A	MTA			2		3			
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L051B	RN/Diag Med Sonographer							2	
24		L026A	MTA			2					
25	Other Clinical Activity - specify:										
26	End: When patient enters office/facility for surgery/procedure										
27	SERVICE PERIOD										
28	Start: When patient enters office/facility for surgery/procedure:										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L051B	RN/Diag Med Sonographer	3						3	
30		L026A	MTA					3			
31	Obtain vital signs										
32	Provide pre-service education/obtain consent	L051B	RN/Diag Med Sonographer							2	
33		L026A	MTA								
34	Prepare room, equipment, supplies	L051B	RN/Diag Med Sonographer	3						2	
35		L026A	MTA			2		3			
36	Setup scope (non facility setting only)										
37	Prepare and position patient/ monitor patient/ set up IV	L051B	RN/Diag Med Sonographer	3						2	
38		L026A	MTA			2		3			
39	Other Clinical Activity - specify:										
40	Intra-service										
41	Acquire Images	L051B	RN/Diag Med Sonographer	15						15	

	A	B	C	D	E	F	G	H	I	J	K
1			AMA Specialty Society Recommendation	REFERENCE CODE				REFERENCE CODE			
2	REVISED AT RUC 1/12/17			76881		76881		76882		76882	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42	Post-Service										
43	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4										
44	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1										
45	Clean room/equipment by physician staff	L051B	RN/Diag Med Sonographer	3						3	
46		L026A	MTA			3		3			
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions										
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/Diag Med Sonographer							2	
53		L026A	MTA			0					
54	Review examination with interpreting MD	L051B	RN/Diag Med Sonographer							2	
55		L026A	MTA			0					
56	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L051B	RN/Diag Med Sonographer							1	
57		L026A	MTA			1					
58	Other Clinical Activity - <i>specify:</i>										
59	Process images, complete data sheet, present images and data to the interpreting physician	L051B	RN/Diag Med Sonographer	5							
60		L026A	MTA					4			
61	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
62	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
63	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
64	End: Patient leaves office										
65	POST-SERVICE Period										
66	Start: Patient leaves office/facility										
67	Conduct phone calls/call in prescriptions										
77	MEDICAL SUPPLIES*	CODE	UNIT								
78	gloves, non-sterile	SB022	pair	1		1		1		1	
79	pillow case	SB037	item	1		0		1		0	
80	ultrasound transmission gel	SJ062	ml	60		60		40		40	
81	disinfectant spray (Transeptic)	SM012	ml	10		10		10		10	
82	sanitizing cloth-wipe (patient)	SM021	item	2		2		2		2	
83	EQUIPMENT	CODE									
84	room, ultrasound, general	EL015		32						24	
85	PACS Workstation Proxy	ED050		32						32	
86	Professional PACS Workstation	ED053								14	
87	table, power	EF031				8		16			
88	ultrasound unit, portable	EQ250				8		16			

Cryoablation of Pulmonary Tumors  
CT Soft Tissue of Neck  
Ultrasound of Extremity  
Issue

32X99, 32998  
70490, 70491, 70492  
76881, 76882  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD  
Printed Signature

American College of Radiology  
Specialty Society

December 13, 2016  
Date

\_\_\_\_\_  
22  
Tab Number

\_\_\_\_\_  
Ultrasound of Extremity (PE only)  
Issue

\_\_\_\_\_  
76881, 76882  
Code Range

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
William Creevy, MD  
Printed Signature

\_\_\_\_\_  
AAOS  
Specialty Society

\_\_\_\_\_  
12-13-16  
Date

22  
Tab Number

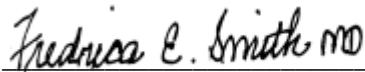
Ultrasound Extremity  
Issue

76881/76882  
Code Range

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

**Fredrica Smith, MD**

Printed Signature

**American College of Rheumatology**

Specialty Society

November 28, 2016

Date

22  
Tab Number

US Extremity \_\_\_\_\_  
Issue

76881/76882  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Timothy H. Tillo

\_\_\_\_\_  
Printed Signature

APMA

\_\_\_\_\_  
Specialty Society

12-13-16  
Date





AMA/Specialty Society RVS Update Committee Summary of Recommendations  
**\*CMS High Expenditure Procedures\***

January 2017

**Cardiac Electrophysiology Device Monitoring Services**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. The specialty societies surveyed 93278-93292 at the October 2016 meeting. The specialty societies indicated that the survey respondents may have been unclear and responded per transmission instead of per 30-90 days for all transmissions. The RUC requested that the remote cardiac device monitoring codes 93293-93298 be resurveyed for January 2017 with specific direction that the service includes all transmissions for 30 or 90 days.

The specialty societies surveyed these remote cardiac monitoring services twice and the intra-service times were similar with each survey. The specialties noted and the RUC confirmed that the current intra-service times for these services were not survey times but were extrapolated from other codes in the family and should not be used to compare the time required to perform these services. Comparing the incorrect existing times demonstrate an artificial decrease in time.

***93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days***

The RUC reviewed the survey responses from 55 cardiologists and determined that the survey 25<sup>th</sup> percentile work RVU of 0.31 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes pre-service, 5 minutes intra-service and 5 minutes immediate post-service time. The RUC had previously derived at an appropriate work RVU and time by taking the frequency of reporting this service multiplied by the work RVU for 93010, therefore the previous work and time should not be used as a comparison.

The RUC compared the surveyed code to the top key reference code 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is slightly more intense and complex to perform, however code 93224 requires 10 more minutes intra-service time and thus is appropriately valued higher. The RUC also compared the surveyed code to the second top key reference service 93018 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only* (work RVU = 0.30 and 5 minutes intra-service time) and noted that these services require similar intensity and complexity, physician time

and work to perform and are valued similarly. For additional support the RUC referenced MPC codes 72114 *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (work RVU = 0.32 and 5 minutes intra-service time) and 92081 *Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)* (work RVU = 0.30 and 7 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. **The RUC recommends a work RVU of 0.31 for CPT code 93293.**

***93294 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional***

The RUC reviewed the survey responses from 64 cardiologists and determined that the survey 25<sup>th</sup> percentile work RVU of 0.60, below the current value, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service, 10 minutes intra-service and 5 minutes immediate post-service time. The RUC had previously derived at an appropriate work RVU and time by taking the frequency of reporting this service multiplied by the work RVU for 93288, therefore the previous work and time should not be used as a comparison.

The RUC compared the surveyed code to the top key reference code 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is slightly more intense and complex to perform, thus is appropriately valued higher. For additional support the RUC referenced similar MPC codes 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (work RVU = 0.65 and 5.5 minutes intra-service time) and 69210 *Removal impacted cerumen requiring instrumentation, unilateral* (work RVU = 0.61 and 10 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. **The RUC recommends a work RVU of 0.60 for CPT code 93294.**

***93295 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional***

The RUC reviewed the survey responses from 64 cardiologists and determined that the survey 25<sup>th</sup> percentile work RVU of 0.69 and median work RVU of 0.95 did not appropriately account for the work required to perform this service. Based on the RUC pre-facilitation comments, the specialty society and the RUC recommends a direct crosswalk to CPT code 76770 *Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete* (work RVU = 0.74 and 10 minutes intra-service time). The RUC recommends 5 minutes pre-service, 10 minutes intra-service and 5 minutes immediate post-service time. The RUC noted that although 93294 and 93295 require the same physician time, there is an increased intensity and amount of information considered when reading ICD interrogations (93295) versus pacemaker interrogations (93294) and thus are valued differently. The RUC noted that the current intra-time of 22.5 minutes is an extrapolated calculation from that of the times of 93289, additionally the April 2008 survey times are incorrect in the RUC database. The April 2008 survey times were 5 minutes pre/15 minutes intra/5 minutes immediate post-service time and the 25<sup>th</sup> percentile work RVU of 0.78. The RUC confirmed that the previous times and work RVU calculations could not be used as comparison as they reflect an artificial decrease in physician time.

The RUC compared the surveyed code to the top key reference code 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is more intense and complex to perform, thus is appropriately valued higher. For additional support the RUC referenced similar MPC codes 99213 *Office or other outpatient visit for the evaluation and management of an established patient*, (work RVU = 0.97 and 15 minutes intra-service time) and 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86 and 8 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. **The RUC recommends a work RVU of 0.74 for CPT code 93295.**

**93297 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

The RUC reviewed the survey responses from 56 cardiologists and determined that the current work RVU of 0.52, below the survey 25<sup>th</sup> percentile, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service, 6 minutes intra-service and 5 minutes immediate post-service time. The RUC noted that the current intra-time of 24 minutes is an extrapolated calculation from that of the times of 93290, additionally the April 2008 survey times are incorrect in the RUC database. The April 2008 survey times were 5 minutes pre/12 minutes intra/8 minutes immediate post-service time. The RUC confirmed that the previous times and work RVU calculations could not be used as comparison as they reflect an artificial decrease in physician time.

The RUC compared the surveyed code to the top key reference code 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is more intense and complex to perform and requires less physician time. For additional support the RUC referenced similar MPC codes 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56 and 10 minutes intra-service time) and 76857 *Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)* (work RVU = 0.50 and 7 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. For additional support the RUC reference 92136 *Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation* (work RVU = 0.54 and 5 minutes intra-service time). **The RUC recommends a work RVU of 0.52 for CPT code 93297.**

**93298 Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

The RUC reviewed the survey responses from 64 cardiologists and determined that the current work RVU of 0.52, which is also the survey 25<sup>th</sup> percentile, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service, 7 minutes intra-service and 5 minutes immediate post-service time. The RUC noted that the current intra-time of 24 minutes is an extrapolated calculation from

that of the times of 93290, additionally the April 2008 survey times are incorrect in the RUC database. The April 2008 survey times were 5 minutes pre/10 minutes intra/5 minutes immediate post-service time. The RUC confirmed that the previous times and work RVU calculations could not be used as comparison as they reflect an artificial decrease in physician time.

The RUC compared the surveyed code to the top key reference code 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU = 0.52 and 15 minutes intra-service time) and agreed with the survey respondents that the surveyed code is more intense and complex to perform and requires less physician time. For additional support the RUC referenced similar MPC codes 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56 and 10 minutes intra-service time) and 76857 *Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)* (work RVU = 0.50 and 7 minutes intra-service time), which provide a good comparison relative to services in the Medicare physician payment schedule. For additional support the RUC reference 92136 *Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation* (work RVU = 0.54 and 5 minutes intra-service time). **The RUC recommends a work RVU of 0.52 for CPT code 93298.**

#### **Affirmation of RUC Recommendations**

The RUC affirmed the recent RUC recommendations for CPT codes 93279-93292, previously submitted for the same *CPT 2018* cycle. The relativity within the family remains correct.

#### **Practice Expense**

The RUC reviewed the direct practice expense inputs for this entire family at the October 2016 RUC meeting and are attached to this recommendation.

#### **Work Neutrality**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
93279 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or	XXX	0.65 (No Change)

	other qualified health care professional; single lead pacemaker system		(Affirmed Oct 2016 RUC Recommendation)
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	XXX	0.77 (No Change)  (Affirmed Oct 2016 RUC Recommendation)
93281 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	XXX	0.85  (Affirmed Oct 2016 RUC Recommendation)
93282 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	XXX	0.85 (No Change)  (Affirmed Oct 2016 RUC Recommendation)
93283 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	XXX	1.15 (No Change)  (Affirmed Oct 2016 RUC)

			Recommendation)
93284 (f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	XXX	1.25 (No Change)  (Affirmed Oct 2016 RUC Recommendation)
93285(f)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	XXX	0.52 (No Change)  (Affirmed Oct 2016 RUC Recommendation)
93286 (f)	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	XXX	0.30 (No Change)  (Affirmed Oct 2016 RUC Recommendation)
93287 (f)	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	XXX	0.45 (No Change)  (Affirmed Oct 2016 RUC)

			Recommendation)
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	XXX	0.43 (No Change)  (Affirmed Oct 2016 RUC Recommendation)
93289 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	XXX	0.75  (Affirmed Oct 2016 RUC Recommendation)
93290 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	XXX	0.43 (No Change)  (Affirmed Oct 2016 RUC Recommendation)
93291 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	XXX	0.37  (Affirmed Oct 2016 RUC Recommendation)

93292 (f)	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	XXX	0.43 (No Change)  (Affirmed Oct 2016 RUC Recommendation)
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	XXX	0.31
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	0.60
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	0.74
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	XXX	PE Only
93297 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded	XXX	0.52 (No Change)



	physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional		
93298 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	XXX	0.52 (No Change)
93299 (f)	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	XXX	PE Only

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 93293      Tracking Number

Original Specialty Recommended RVU: **0.32**Presented Recommended RVU: **0.31**

Global Period: XXX

RUC Recommended RVU: **0.31**

CPT Descriptor: Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 69-year-old patient with complete heart block has a six-year old DC-PM that is being monitored for battery depletion with transtelephonic rhythm strip pacemaker evaluations. (Note: this service includes all evaluations received within a 90-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 93%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review patient records to identify the indication for pacemaker therapy, manufacturer and model of the implanted pacemaker and leads, history of pacemaker dependency, and atrial and ventricular arrhythmias. Review prior records of pacing parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Record rhythm strip for 30 seconds and evaluate for heart rate, capture and sensing of each of the leads, and atrial or ventricular arrhythmias. Record a second rhythm strip with a magnet located over the pacemaker and evaluate for capture and sensing of each of the leads, for atrial or ventricular arrhythmias, and for the magnet response including paced rate. Physician review of above data produces an assessment of the adequacy of each lead's sensing and capture and battery function.

Description of Post-Service Work: Inform patient of the test results. Prepare a final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93293				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	55	<b>Response:</b> 5.5 %	
<b>Description of Sample:</b> random					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	50.00	200.00	3000.00
<b>Survey RVW:</b>	0.15	0.31	0.50	0.80	5.00
<b>Pre-Service Evaluation Time:</b>			3.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	4.00	5.00	10.00	30.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93293	<b>Recommended Physician Work RVU: 0.31</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	0.00	3.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	5.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93018	XXX	0.30	RUC Time

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	RUC Time	94,995

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92081	XXX	0.30	RUC Time	102,308

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

Other Reference CPT Code	Global	Work RVU	Time Source
11720	000	0.32	RUC Time

CPT Descriptor Debridement of nail(s) by any method(s); 1 to 5

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 16      % of respondents: 29.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 13      % of respondents: 23.6 %**

#### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93293</u></b>	<b>Top Key Reference CPT Code: <u>93224</u></b>	<b>2nd Key Reference CPT Code: <u>93018</u></b>
Median Pre-Service Time	3.00	2.00	2.00
Median Intra-Service Time	5.00	15.00	5.00
Median Immediate Post-service Time	5.00	7.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>13.00</b>	<b>24.00</b>	<b>11.00</b>
<b>Other time if appropriate</b>			

#### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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#### **Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.31	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.25	0.31
Urgency of medical decision making	0.25	-0.08

#### **Technical Skill/Physical Effort (Mean)**

Technical skill required	0.38	0.54
Physical effort required	0.13	-0.38

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.06	-0.08
Outcome depends on the skill and judgment of physician	0.38	0.15
Estimated risk of malpractice suit with poor outcome	0.38	0.15

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.38	0.31
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CMS identified several cardiac device monitoring services in CY 2016 PFS rulemaking—93280, 93288, 93293, 93294, 93295, and 93296—as potentially misvalued on its high-expenditure screen. Consistent with RUC policy, the societies expanded the review to include the entire family of cardiac device monitoring codes—19 codes with work and PE and 2 PE-only codes. The RUC finalized recommendations on most of those codes at the October 2016 meeting. The times for five codes that we are grouping as “remote EP device monitoring services” did not align with the rest of the code family. It was not clear if the survey participants accounted for the global period associated with the remote services. After consultation with a prefacilitation committee, we proposed, and RUC agreed, that it may make more sense to resurvey those five codes for the January 2017 meeting. That is the sub-family before the RUC in Tab 23.

We worked with the Research Subcommittee to revise vignettes and to add survey language in an attempt to prompt survey respondents to consider the entirety of the 30- or 90-day billing period when performing these services. As you can see in the summary spreadsheet, these steps did not significantly change the survey results. Times continue to be less than we anticipated. These services describe remotes version of services that are also provided with the patient in the office, but data is collected and interpreted on average more than once per billing period. Regardless, values are fairly consistent for four of the five codes. After surveying twice, we’ve built work RVU recommendations around the survey times. We highlight to the RUC that that the current times were extrapolated from other codes in the family. We are not making a compelling evidence argument for these codes, but note that after surveying these codes twice it seems correct to accept these times as more accurate than the current, calculated times.

92393 describes the work of reading transtelephonic rhythm strip pacemaker evaluation(s) during a period of as much as 90 days. Transtelephonic technology transmits fewer data elements than more modern remote interrogation. Utilization is declining and will continue to do so, as implanted pacemakers no longer rely on the technology. A random survey of 1000 ACC and HRS members was executed with 55 completed surveys.

The key reference service was selected by 16 respondents. Respondents who selected 48-hour EKG (93224) as the key reference service found 93293 to be identical or somewhat more intense, as shown in the table and intensity-complexity addendum. With shorter times from the survey, the IWP/UT for 93293 is in fact slightly higher, so this comparison seems reasonable. The second key reference service was selected by 13 respondents. Respondents who selected stress-test interpretation and report only (93018) as the key reference service found 93293 to be slightly more intense in most

measures. While IWPUs don't demonstrate that increased intensity, the two services have similar times and values, and the comparison is reasonable in that regard.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.32 with times of 3 minutes preservice, 5 minutes intraservice, and 5 minutes postservice.** This value is less than the October survey 25<sup>th</sup>-percentile value and one one-hundredth higher than the January survey 25<sup>th</sup>-percentile value. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93293

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 512000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 280000                      Percentage 54.68 %

Specialty cardiac electrophysiology                      Frequency 12000                      Percentage 2.34 %

Specialty other                      Frequency 112000                      Percentage 21.87 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
256,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 140000                      Percentage 54.68 %

Specialty cardiac electrophysiology                      Frequency 60000                      Percentage 23.43 %

Specialty other                      Frequency 56000                      Percentage 21.87 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93293

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 93294

Tracking Number

Original Specialty Recommended RVU: **0.65**Presented Recommended RVU: **0.60**

Global Period: XXX

RUC Recommended RVU: **0.60**

CPT Descriptor: Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 74-year-old patient underwent pacemaker implant 3 months ago for symptomatic sinus node dysfunction. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias, and sends alerts for any issues, which are then reviewed. (Note: this service includes all evaluations received within a 90-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records to identify the indication for pacemaker therapy, manufacturer and model of the implanted pacemaker and leads, history of pacemaker dependency, and atrial and ventricular arrhythmias. Review prior records of pacing parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Interrogate information from the pacemaker by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform critical review of interrogated data with assessment of the pacemaker's function, safety of current programmed parameters, and determination of whether device function is normal. Data review includes the following items. (1) Presenting EGMs for appropriateness or presence of arrhythmia and appropriate sensing and capture. (2) Review stored episodes of data for appropriate sensing, capture, and appropriate magnet reversion and noise reversions. (3) Alerts generated from the pacemaker device. (4) Battery voltage and impedance, pacing lead impedance, and sensed electrogram voltage amplitude for each lead. (5) Counters of paced and sensed events from each chamber for which there are leads located. (6) Stored episodes of sensed events including arrhythmias, ectopic beats, nonsustained and sustained atrial and ventricular arrhythmias, and, when appropriate, mode switch episodes. Note the frequency, rate, and duration. (7) Heart rate response during activities, rate histograms, and indicators of patient activity level.

Description of Post-Service Work: Prepare final report that is reviewed by attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93294				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	64	<b>Response:</b> 6.4 %	
<b>Description of Sample:</b> random					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	94.00	250.00	500.00	3000.00
<b>Survey RVW:</b>	0.25	0.60	0.70	1.00	55.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	5.00	10.00	15.00	60.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93294	<b>Recommended Physician Work RVU: 0.60</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	RUC Time

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	RUC Time	16,683

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
69210	000	0.61	RUC Time	1,538,900

CPT Descriptor 2 Removal impacted cerumen requiring instrumentation, unilateral

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 25      % of respondents: 39.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 12.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93294</u></b>	<b>Top Key Reference CPT Code: <u>93224</u></b>	<b>2nd Key Reference CPT Code: <u>93750</u></b>
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	10.00	15.00	30.00
Median Immediate Post-service Time	5.00	7.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>24.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.88	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	-0.13
Urgency of medical decision making	0.76	-0.25
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.80	0.25
Physical effort required	0.24	0.25

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.68	-0.25
Outcome depends on the skill and judgment of physician	0.80	0.00
Estimated risk of malpractice suit with poor outcome	0.88	0.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.84	0.13
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

92394 describes the work of reading pacemaker device interrogation(s) during a period of as much as 90 days. A random survey of 1000 ACC and HRS members was executed with 64 completed surveys.

The key reference service was selected by 25 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93294 to be somewhat more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 8 respondents. Respondents who selected VAD interrogation (93750) as the key reference service found 93294 to be of similar intensity in most measures.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.65 with times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** This value is between the survey 25<sup>th</sup>-percentile and median values from both the October survey the January survey 25<sup>th</sup>-percentile value. As shown in the summary spreadsheet, we identified MPC codes with similar intraservice times, total times, and RVUs to support the recommendation.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93294

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1260000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 680000                      Percentage 53.96 %

Specialty cardiac electrophysiology                      Frequency 470000                      Percentage 37.30 %

Specialty other                      Frequency 110000                      Percentage 8.73 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 630,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 340000                      Percentage 53.96 %

Specialty cardiac electrophysiology                      Frequency 235000                      Percentage 37.30 %

Specialty other                      Frequency 55000                      Percentage 8.73 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:  
Other

---

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93294

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 93295

Tracking Number

Original Specialty Recommended RVU: **0.95**Presented Recommended RVU: **0.74**

Global Period: XXX

RUC Recommended RVU: **0.74**

CPT Descriptor: Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 66-year old patient with coronary artery disease and severely reduced left ventricular function underwent ICD implant 3 months ago for primary prevention of sudden cardiac death. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias, and sends alerts for any issues, which are then reviewed. (Note: this service includes all evaluations received within a 90-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review history to identify the indication for ICD therapy. Review records to identify the manufacturer and model of the ICD generator and lead(s). Review prior records of the implanted ICD generator and lead hardware and the programmed parameters as well as the presence or absence of pacemaker dependence. Review prior assessments of capture thresholds, sensing thresholds, and arrhythmia therapies (if any) from prior remote and in-person interrogations. Review patient's arrhythmia history including any recent clinical events. Query changes in antiarrhythmic medications since the last device evaluation.

Description of Intra-Service Work: Interrogate information from the ICD by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform a critical review of the interrogated data with assessment of the appropriateness of the function of ICD, safety of the current programmed pacing and antitachycardia parameters, and assessment of device function. Data reviewed include the following items: (1) Presenting EGMs for appropriateness of pacing and sensing. (2) Review stored episodes of data. (3) Alerts generated from the device. (4) Battery voltage and impedance, pacing and shocking lead impedance, and sensed electrogram voltage amplitude for each lead. (5) Histogram and/or counters of paced and sensed events from each chamber. (6) Note stored episodes of sensed arrhythmia events including the type, frequency, rate and duration. (7) Evaluate adequacy of heart rate response.

Description of Post-Service Work: After physician review of above data, make a decision as to the adequacy of the programmed parameters including the appropriate data collection set-up and the interval for the next scheduled programming or interrogation evaluation. Inform of test results. Prepare final summary report of the interrogation evaluations performed every 90 days. Prepare final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93295				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	64	<b>Response:</b> 6.4 %	
<b>Description of Sample:</b> random					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	5.00	87.00	238.00	500.00	3000.00
<b>Survey RVW:</b>	0.25	0.69	0.95	1.40	5.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	5.00	10.00	15.00	90.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93295	<b>Recommended Physician Work RVU: 0.74</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	RUC Time

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	RUC Time	99,675,084

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	RUC Time	293,063

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
78472	XXX	0.98	RUC Time

CPT Descriptor Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 15      % of respondents: 0.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 0.0 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93295</u></b>	<b>Top Key Reference CPT Code: <u>93224</u></b>	<b>2nd Key Reference CPT Code: <u>93750</u></b>
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	10.00	15.00	30.00
Median Immediate Post-service Time	5.00	7.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>24.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	1.06	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.12	0.00
Urgency of medical decision making	0.82	0.13

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.88	0.25
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Physical effort required	0.24	0.25
--------------------------	------	------

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.82	0.13
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Outcome depends on the skill and judgment of physician	1.00	0.13
--	------	------

Estimated risk of malpractice suit with poor outcome	0.88	0.13
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.18	0.25
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

92395 describes the work of reading implanted defibrillator device interrogation(s) during a period of as much as 90 days. A random survey of 1000 ACC and HRS members was executed with 64 completed surveys.

The key reference service was selected by 17 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93295 to be much more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 8 respondents. Respondents who selected VAD interrogation (93750) as the key reference service found 93295 to be of slightly higher intensity in most measures.

Reflecting the January and October surveys, **we recommend the survey median work RVU of 0.95 with times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** While survey times for this code are identical to 93294, we do not believe a value at the 25<sup>th</sup>-percentile appropriately captures the increased intensity and amount of information considered when reading ICD interrogations versus pacemaker interrogations. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93295

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 884000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 400000                      Percentage 45.24 %

Specialty cardiac electrophysiology                      Frequency 410000                      Percentage 46.38 %

Specialty other                      Frequency 74000                      Percentage 8.37 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 442,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 200000                      Percentage 45.24 %

Specialty cardiac electrophysiology                      Frequency 205000                      Percentage 46.38 %

Specialty other                      Frequency 37000                      Percentage 8.37 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

Other

---

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93295

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 93297

Tracking Number

Original Specialty Recommended RVU: **0.52**Presented Recommended RVU: **0.52**

Global Period: XXX

RUC Recommended RVU: **0.52**

CPT Descriptor: Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 71-year-old man with ischemic cardiomyopathy and symptomatic systolic congestive heart failure has undergone implantation of a physiologic monitor to aide in the titration of heart failure therapies. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias. (Note: this includes all such services within a 30-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 0%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records to identify the indication for ICM monitoring and therapy, manufacturer and model of the ICM, and leads and sensors (both internal and external) as appropriate. Review prior records of ICM parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Interrogate information from the ICM by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform a critical review of the interrogated data with assessment of the appropriateness of the ICM's function and appropriateness of the current programmed parameters. Data reviewed may include, but are not limited to: (1) weight; (2) systemic blood pressure; (3) right atrial, right ventricular, left atrial, left ventricular, and pulmonary arterial pressures; (4) intrathoracic impedance measurements; and (5) other measures of physiologic parameters.

In addition, review stored episodes of data to assess the history and trends identified by any of the collected data. Also review alerts generated from the ICM along with battery voltage and sensor information to validate the integrity of the ICM system.

Description of Post-Service Work: After physician review of above data, make a decision as to the adequacy of the programmed parameters including the appropriate data collection set-up and the interval for the next scheduled interrogation evaluation. Modify patient's medical regimen as appropriate. Inform patient of test results. Prepare a final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93297				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	56	<b>Response:</b> 5.6 %	
<b>Description of Sample:</b> random					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	<b>50.00</b>	263.00	2000.00
<b>Survey RVW:</b>	0.30	0.57	<b>0.70</b>	0.95	4.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	2.00	5.00	<b>6.00</b>	15.00	60.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service** time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93297	<b>Recommended Physician Work RVU: 0.52</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>6.00</b>			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93750	XXX	0.92	RUC Time

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76536	XXX	0.56	RUC Time	798,297

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76857	XXX	0.50	RUC Time	223,865

CPT Descriptor 2 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92136	XXX	0.54	RUC Time

CPT Descriptor Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 15      % of respondents: 26.7 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 12.5 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>93297</u>	Top Key Reference CPT Code: <u>93224</u>	2nd Key Reference CPT Code: <u>93750</u>
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	6.00	15.00	30.00
Median Immediate Post-service Time	5.00	7.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>16.00</b>	<b>24.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.73	0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.87	0.00
Urgency of medical decision making	0.60	0.14
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.73	0.14

Physical effort required	0.20	0.00
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.47	-0.43
Outcome depends on the skill and judgment of physician	0.80	0.14
Estimated risk of malpractice suit with poor outcome	0.60	0.14

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.80	0.14
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

93297 describes the work of reading implanted loop recorder device interrogation(s) during a period of as much as 30 days. A random survey of 1000 ACC and HRS members was executed with 56 completed surveys.

The key reference service was selected by 15 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93297 to be somewhat more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 7 respondents. Respondents who selected VAD interrogation (93750) as the key reference service found 93297 to be of slightly higher or slightly lower intensity, and overall rather similar.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.52 with times of 5 minutes preservice, 6 minutes intraservice, and 5 minutes postservice.** This value is below the 25<sup>th</sup>-percentile of both the October and January surveys. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.

- ☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93297

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 464000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 250000                      Percentage 53.87 %

Specialty cardiac electrophysiology                      Frequency 164000                      Percentage 35.34 %

Specialty other                      Frequency 50000                      Percentage 10.77 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 232,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 125000                      Percentage 53.87 %

Specialty cardiac electrophysiology                      Frequency 82000                      Percentage 35.34 %

Specialty other                      Frequency 25000                      Percentage 10.77 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93297

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 93298      Tracking Number

Original Specialty Recommended RVU: **0.52**Presented Recommended RVU: **0.52**

Global Period: XXX

RUC Recommended RVU: **0.52**

CPT Descriptor: Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 41-year-old patient with unexplained recurrent traumatic syncope underwent implantable loop recorder placement 1 month ago. The device is sensing the intrinsic rhythm. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias, and sends alerts for any issues, which are then reviewed. (Note: this service includes all evaluations received within a 30-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review history for cardiac rhythm monitoring indications and for changes in, or the development of, new symptoms. Review programmed parameters and results of prior ILR interrogations and remote monitoring.

Description of Intra-Service Work: The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred and if electrograms have been stored.
2. Current interrogation results are compared to historical values and previous trends.
  - a. Battery status
  - b. Appropriate sensing
3. Alert conditions are then reviewed in detail
  - a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ILR.
  - b. Compare arrhythmia to historical events to determine if it is clinically significant and requires further investigation and/or treatment.

Description of Post-Service Work: Prepare a final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to the patient's record, the referring and primary physicians, and the attending physician. Prepare communication to patient (letter) informing them of the status of their ILR (e.g. normal battery function, no arrhythmias detected). If abnormality is detected on remote interrogation, contact patient to discuss management strategy and document discussion.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93298				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	64	<b>Response:</b> 6.4 %	
<b>Description of Sample:</b> random					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	5.00	29.00	100.00	200.00	2000.00
<b>Survey RVW:</b>	0.30	0.52	0.60	0.90	52.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	5.00	7.00	15.00	45.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service** time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93298	<b>Recommended Physician Work RVU: 0.52</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	7.00			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93018	XXX	0.30	RUC Time

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	RUC Time	798,297

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76857	XXX	0.50	RUC Time	223,865

CPT Descriptor 2 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

Other Reference CPT Code	Global	Work RVU	Time Source
92136	XXX	0.54	RUC Time

CPT Descriptor Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 35      % of respondents: 54.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 9.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93298</u></b>	<b>Top Key Reference CPT Code: <u>93224</u></b>	<b>2nd Key Reference CPT Code: <u>93018</u></b>
Median Pre-Service Time	5.00	2.00	2.00
Median Intra-Service Time	7.00	15.00	5.00
Median Immediate Post-service Time	5.00	7.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>17.00</b>	<b>24.00</b>	<b>11.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.29	-0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.40	-0.17
Urgency of medical decision making	0.31	0.17

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.49	0.33
Physical effort required	0.11	-0.67

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.17	0.17
Outcome depends on the skill and judgment of physician	0.40	0.17
Estimated risk of malpractice suit with poor outcome	0.40	-0.33

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.46	-0.17
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

92398 describes the work of reading implanted cardiac device monitor interrogation(s) during a period of as much as 30 days. A random survey of 1000 ACC and HRS members was executed with 64 completed surveys.

The key reference service was selected by 35 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93298 to be identical or somewhat more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 6 respondents. Respondents who selected stress test interpretation and report (93018) as the key reference service found 93298 to be of slightly higher or slightly lower intensity, and overall very rather similar.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.52 with times of 5 minutes preservice, 7 minutes intraservice, and 5 minutes postservice.** This value is also the 25<sup>th</sup>-percentile of both the October and January surveys. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93298

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 300000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 150000                      Percentage 50.00 %

Specialty cardiac electrophysiology                      Frequency 120000                      Percentage 40.00 %

Specialty other                      Frequency 30000                      Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 75000                      Percentage 50.00 %

Specialty cardiac electrophysiology                      Frequency 60000                      Percentage 40.00 %

Specialty other                      Frequency 15000                      Percentage 10.00 %

Do many physicians perform this service across the United States?

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:  
Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93298

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93293	<b># of Respondents:</b>	55
<b>Survey Code Descriptor:</b>	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	16	<b>% of Respondents:</b>	29%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	69%	25%	6%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 12%	<b>Identical</b> 50%	<b>More</b> 38%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 19%	<b>Identical</b> 44%	<b>More</b> 37%		
	Urgency of medical decision making	<b>Less</b> 6%	<b>Identical</b> 69%	<b>More</b> 25%		
<b>Technical Skill:</b>		<b>Less</b> 0%	<b>Identical</b> 69%	<b>More</b> 31%		
<b>Physical Effort:</b>		<b>Less</b> 6%	<b>Identical</b> 81%	<b>More</b> 13%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 6%	<b>Identical</b> 56%	<b>More</b> 38%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 0%	<b>Identical</b> 69%	<b>More</b> 31%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b> 12%	<b>Identical</b> 44%	<b>More</b> 44%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93294	<b># of Respondents:</b>	64
<b>Survey Code Descriptor:</b>	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	25	<b>% of Respondents:</b>	39%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		4%	0%	16%	68%	12%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 0%	Identical 24%	More 76%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 0%	Identical 8%	More 92%		
	Urgency of medical decision making	Less 0%	Identical 36%	More 64%		
<b>Technical Skill:</b>		Less 0%	Identical 40%	More 60%		
<b>Physical Effort:</b>		Less 4%	Identical 72%	More 24%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 4%	Identical 40%	More 56%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 32%	More 68%		
	Estimated risk of malpractice suite with poor outcome	Less 0%	Identical 36%	More 64%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93295	<b># of Respondents:</b>	64
<b>Survey Code Descriptor:</b>	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	17	<b>% of Respondents:</b>	27%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		6%	0%	12%	35%	47%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 0%	<b>Identical</b> 24%	<b>More</b> 76%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 0%	<b>Identical</b> 12%	<b>More</b> 88%		
	Urgency of medical decision making	<b>Less</b> 0%	<b>Identical</b> 29%	<b>More</b> 71%		
<b>Technical Skill:</b>		<b>Less</b> 0%	<b>Identical</b> 41%	<b>More</b> 59%		
<b>Physical Effort:</b>		<b>Less</b> 0%	<b>Identical</b> 82%	<b>More</b> 18%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 6%	<b>Identical</b> 29%	<b>More</b> 65%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 0%	<b>Identical</b> 24%	<b>More</b> 76%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b> 0%	<b>Identical</b> 47%	<b>More</b> 53%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93297	<b># of Respondents:</b>	56
<b>Survey Code Descriptor:</b>	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	15	<b>% of Respondents:</b>	27%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
<b>Overall Intensity and Complexity:</b>		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	33%	54%	13%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	33%	67%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	20%	80%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	47%	53%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	40%	60%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	87%	13%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		6%	47%	47%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	33%	67%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	40%	53%		



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93298	<b># of Respondents:</b>	64
<b>Survey Code Descriptor:</b>	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	35	<b>% of Respondents:</b>	55%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	2%	49%	49%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 6%	Identical 60%	More 34%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 6%	Identical 51%	More 43%		
	Urgency of medical decision making	Less 0%	Identical 69%	More 31%		
<b>Technical Skill:</b>		Less 0%	Identical 57%	More 43%		
<b>Physical Effort:</b>		Less 3%	Identical 83%	More 14%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 9%	Identical 66%	More 26%		
	Outcome depends on the skill and judgment of physician	Less 3%	Identical 57%	More 40%		
	Estimated risk of malpractice suite with poor outcome	Less 3%	Identical 57%	More 40%		

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
13	ISSUE: EP Device Monitoring																			
14	TAB: 23																			
15																				
16						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
17	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
18	1st REF	93224	External electrocardiographic re	16	0.021			0.52			24	2					15			7
19	2nd REF	93018	Cardiovascular stress test using	13	0.033			0.30			11	2					5			4
20	CURRENT	93293	Transtelephonic rhythm strip pa		0.010			0.32			20	5					10			5
21	SVY	93293		55	0.064	0.15	0.31	0.50	0.80	5.00	13	3			0	4	5	10	30	5
22	REC	93293	25th		0.026	0.31					13	3					5			5
23	MPC	72114	Radiologic examination, spine, l		0.051	0.32					8	1					5			2
24	MPC	92081	Visual field examination, unilate		0.033	0.30					10	3					7			0
25	COMP	11720	Debridement of nail(s) by any m		0.024	0.32					14	5	2				5			2
26																				
27						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
28	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
29	1st REF	93224	External electrocardiographic re	25	0.021			0.52			24	2					15			7
30	2nd REF	93750	Interrogation of ventricular assis	8	0.031			0.92			30						30			
31	CURRENT	93294	Interrogation device evaluation(s		0.021			0.65			30	7.5					15			7.5
32	SVY	93294		64	0.048	0.25	0.60	0.70	1.00	55.00	20	5			2	5	10	15	60	5
33	REC	93294	25th		0.038	0.60					20	5					10			5
34	MPC	76815	Ultrasound, pregnant uterus, rea		0.077	0.65					15.5	5					5.5			5
35	MPC	69210	Removal impacted cerumen req		0.045	0.61					17	3	2				10			2
36																				
37						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
38	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
39	1st REF	93224	External electrocardiographic re	17	0.021			0.52			24	2					15			7
40	2nd REF	93750	Interrogation of ventricular assis	8	0.031			0.92			30						30			
41	CURRENT	93295	Interrogation device evaluation(s		0.042			1.29			37.5	7.5					22.5			7.5
42	SVY	93295		64	0.073	0.25	0.69	0.95	1.40	5.00	20	5			2	5	10	15	90	5
43	REC	93295	76770 crosswalk		0.052	0.74					20	5					10			5
44	MPC	99213	Office or other outpatient visit fo		0.053	0.97					23	3					15.0			5
45	MPC	78306	Bone and/or joint imaging; who		0.080	0.86					18	5					8			5
46	COMP	78472	Cardiac blood pool imaging, gat		0.076	0.98					20	5					10			5
47																				
48						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
49	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
50	1st REF	93224	External electrocardiographic re	15	0.021			0.52			24	2					15			7
51	2nd REF	93750	Interrogation of ventricular assis	7	0.031			0.92			30						30			
52	CURRENT	93297	Interrogation device evaluation(s		-0.003			0.52			50	10					24			16

23  
Tab Number

EP Remote Device Monitoring  
Issue

93293-93298  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_Mark Schoenfeld, MD, FHRS  
Printed Signature

\_\_\_\_\_  
\_Heart Rhythm Society  
Specialty Society

\_\_\_\_\_  
\_12/13/2016  
Date

11, 19, 23, 24  
Tab Number

Incompetent Vein, INR Monitoring, EP Device Monitoring, 3D Mapping  
Issue

36470-71, 36475, 364X3-X6; 993X1-X2; 93293-95, 93297-98; 93613  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

\_\_\_\_\_  
Signature

Richard Wright, MD  
Printed Signature

ACC  
Specialty Society

12/12/16  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: **The ACC/HRS reviewer panel has provided the PE inputs approved for these codes at the October meeting in our submission materials. We have no additional materials or recommendations.**
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech receives and reviews remote transmissions, prepares report and distribution of results.

RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification

Post-Service Clinical Labor Activities:

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

93296 Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable cardioverter defibrillator, remote data acquisitions), receipt of transmissions and technician review, technical support and distribution of results

93299 Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor or implantable loop recorder, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Code 93299 is carrier priced. We propose to crosswalk inputs from 93296 to 93299.
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

| Electrodiagnostic tech enrolls patient, educates patient on use of device/service, receives and reviews remote transmissions, prepares report and distribution of results.

| ~~RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification~~

Post-Service Clinical Labor Activities:

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			93288		93288		93279		93279	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS			CMS Code	Staff Type	Interrogation device evaluation (in person) with physician analysis, review and report, includes		Interrogation device evaluation (in person) with physician analysis, review and report, includes		Programming device evaluation with iterative adjustment of the implantable device to test the function of	
LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX									
TOTAL CLINICAL LABOR TIME			30.0	0.0	33.0	0.0	33.0	0.0	33.0	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	20.0	0.0	20.0	0.0	23.0	0.0	20.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	18.0	0.0	18.0	0.0	21.0	0.0	18.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE										
Start: Following visit when decision for surgery or procedure made										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	2		2		2		2	
Coordinate pre-surgery services										
Schedule space and equipment in facility										
Provide pre-service education/obtain consent										
Follow-up phone calls & prescriptions										
Other Clinical Activity - specify:										
End: When patient enters office/facility for surgery/procedure										
SERVICE PERIOD										
Start: When patient enters office/facility for surgery/procedure:										
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	3		3		3		3	
Obtain vital signs	L026A	Med Tech/Asst			3				3	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3		3		3		3	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	2		2		2		2	
Setup scope (non facility setting only)										
Prepare and position patient/ monitor patient/ set up IV										
Sedate/apply anesthesia										
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	2		2		2		2	



[illegible]

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

			e Codes													
			REFERENCE CODE		REFERENCE CODE						REFERENCE CODE					
			93280		93280		93281		93281		93289		93289			
*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.																
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS			CMS Code	Staff Type	Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Interrogation device evaluation (in person) with physician analysis, review and report, includes		Interrogation device evaluation (in person) with physician analysis, review and report, includes	
LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD			XXX													
TOTAL CLINICAL LABOR TIME					37.0	0.0	38.0	0.0	43.0	0.0	39.0	0.0	38.0	0.0	33.0	0.0
TOTAL CLINICAL LABOR TIME			L037D	RN/LPN/MTA	27.0	0.0	25.0	0.0	33.0	0.0	26.0	0.0	28.0	0.0	20.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME			L037D	RN/LPN/MTA	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L037D	RN/LPN/MTA	25.0	0.0	23.0	0.0	31.0	0.0	24.0	0.0	26.0	0.0	18.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME			L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME			L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME			L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME			L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE																
Start: Following visit when decision for surgery or procedure made																
Complete pre-service diagnostic & referral forms			L037D	RN/LPN/MTA	2		2		2		2		2		2	
Coordinate pre-surgery services																
Schedule space and equipment in facility																
Provide pre-service education/obtain consent																
Follow-up phone calls & prescriptions																
Other Clinical Activity - specify:																
End: When patient enters office/facility for surgery/procedure																
SERVICE PERIOD																
Start: When patient enters office/facility for surgery/procedure:																
Greet patient, provide gowning, ensure appropriate medical records are available			L026A	Med Tech/Asst	3		3		3		3		3		3	
Obtain vital signs			L026A	Med Tech/Asst			3				3				3	
Provide pre-service education/obtain consent			L037D	RN/LPN/MTA	3		3		3		3		3		3	
Prepare room, equipment, supplies			L026A	Med Tech/Asst	2		2		2		2		2		2	
Setup scope (non facility setting only)																
Prepare and position patient/ monitor patient/ set up IV																
Sedate/apply anesthesia																
Other Clinical Activity - specify: Review charts			L037D	RN/LPN/MTA	2		2		2		2		2		2	

[illegible]

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

ICD Office Codes														
			REFERENCE CODE		REFERENCE CODE				REFERENCE CODE					
			93282		93282		93283		93283		93284		93284	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS			Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to	
LOCATION	CMS Code	Staff Type	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX													
TOTAL CLINICAL LABOR TIME			38.0	0.0	35.0	0.0	44.0	0.0	38.0	0.0	50.0	0.0	40.5	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	28.0	0.0	22.0	0.0	34.0	0.0	25.0	0.0	40.0	0.0	27.5	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	26.0	0.0	20.0	0.0	32.0	0.0	23.0	0.0	38.0	0.0	25.5	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	2		2		2		2		2		2	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - specify:														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	3		3		3		3		3		3	
Obtain vital signs	L026A	Med Tech/Asst			3				3				3	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3		3		3		3		3		3	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	2		2		2		2		2		2	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	2		2		2		2		2		2	

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX													
Intra-service														
Assist physician in performing procedure	L037D	RN/LPN/MTA	18		12		24		15		30		17.5	
Assist physician/moderate sedation (% of physician time)														
Post-Service														
Monitor pt. following moderate sedation														
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)														
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
Clean room/equipment by physician staff	L026A	Med Tech/Asst	3		3		3		3		3		3	
Clean Scope														
Clean Surgical Instrument Package														
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3		3		3		3	
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	2		2		2		2		2		2	
Review/read X-ray, lab, and pathology reports														
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
Other Clinical Activity - specify:														
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
End: Patient leaves office														
POST-SERVICE Period														
Start: Patient leaves office/facility														
Conduct phone calls/call in prescriptions														
Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
99211 16 minutes	16													
99212 27 minutes	27													
99213 36 minutes	36													
99214 53 minutes	53													
99215 63 minutes	63													
Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Clinical Activity - specify:														
End: with last office visit before end of global period														
MEDICAL SUPPLIES*	CODE	UNIT												
pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1	
swab-pad, alcohol	SJ053	item	4		4		4		4		4		4	
electrode adhesive disk	SJ019	item	4		5		4		5		4		5	
paper, laser printing (each sheet)	SK057	item	15		15		20		20		20		20	
electrode, ECG (single)	SD053	item	4		5		4		5		4		5	
EQUIPMENT	CODE													
table, exam	EF023	minutes	26		33		32		36		38		38.5	
pacemaker follow-up system (incl software and hardware)	EQ198	minutes	26		33		32		36		38		38.5	



\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

			ILR Office Codes								ICM/WCD C			
			REFERENCE CODE		REFERENCE CODE				REFERENCE CODE					
			93291		93291		93285		93285		93290		93290	
			Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other	
LOCATION	CMS Code	Staff Type	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX													
TOTAL CLINICAL LABOR TIME			26.0	0.0	26.0	0.0	28.0	0.0	29.0	0.0	17.0	0.0	27.0	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	19.0	0.0	16.0	0.0	21.0	0.0	19.0	0.0	9.0	0.0	15.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	18.0	0.0	15.0	0.0	20.0	0.0	18.0	0.0	8.0	0.0	14.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	7.0	0.0	10.0	0.0	7.0	0.0	10.0	0.0	8.0	0.0	12.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	7.0	0.0	10.0	0.0	7.0	0.0	10.0	0.0	8.0	0.0	12.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	1		1		1		1		1		1	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - specify:														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	3		3		3		3		3		3	
Obtain vital signs	L026A	Med Tech/Asst			3				3				3	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	2		2		2		2		1		1	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	1		2		1		2		1		2	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	2		2		2		2		2		2	

[illegible]

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

			Office Codes		PM/ICD Periprocedural Codes									
			REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
			93292		93292		93286		93286		93287		93287	
			Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a	
			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
LOCATION														
GLOBAL PERIOD			XXX											
TOTAL CLINICAL LABOR TIME			20.0	0.0	29.0	0.0	19.0	0.0	28.0	0.0	21.0	0.0	28.0	0.0
TOTAL CLINICAL LABOR TIME			L037D	RN/LPN/MTA	12.0	0.0	17.0	0.0	14.0	0.0	18.0	0.0	16.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME			L037D	RN/LPN/MTA	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L037D	RN/LPN/MTA	11.0	0.0	16.0	0.0	13.0	0.0	17.0	0.0	15.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME			L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME			L026A	Med Tech/Asst	8.0	0.0	12.0	0.0	5.0	0.0	10.0	0.0	5.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME			L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L026A	Med Tech/Asst	8.0	0.0	12.0	0.0	5.0	0.0	10.0	0.0	5.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME			L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms			L037D	RN/LPN/MTA	1		1		1		1		1	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - specify:														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available			L026A	Med Tech/Asst	3		3		3		3		3	
Obtain vital signs			L026A	Med Tech/Asst		3	1	0	1	0	2	2	0	
Provide pre-service education/obtain consent			L037D	RN/LPN/MTA	2		2		2		2		2	
Prepare room, equipment, supplies			L026A	Med Tech/Asst	1	2			2				2	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts			L037D	RN/LPN/MTA	2		2		2		2		2	



[illegible]

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

						Transtelephonic							
REFERENCE CODE						REFERENCE CODE							
						93293		93293		93296		93296	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	CMS Code	Staff Type	Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	CMS Code	Staff Type	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable	
LOCATION			LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX		GLOBAL PERIOD	XXX									
TOTAL CLINICAL LABOR TIME			TOTAL CLINICAL LABOR TIME			48.0	0.0	48.0	0.0	28.0	0.0	28.0	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	0.0	9.0	0.0	1.0	0.0	0.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	0.0	9.0	0.0	1.0	0.0	0.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	TOTAL CLINICAL LABOR TIME	L037A	EDX Tech	39.0	0.0	39.0	0.0	27.0	0.0	28.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	TOTAL PRE-SERV CLINICAL LABOR TIME	L037A	EDX Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037A	EDX Tech	39.0	0.0	39.0	0.0	27.0	0.0	28.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	TOTAL POST-SERV CLINICAL LABOR TIME	L037A	EDX Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE			PRE-SERVICE										
Start: Following visit when decision for surgery or procedure made			Start: Following visit when decision for surgery or procedure made										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA								
Coordinate pre-surgery services			Coordinate pre-surgery services										
Schedule space and equipment in facility			Schedule space and equipment in facility										
Provide pre-service education/obtain consent			Provide pre-service education/obtain consent										
Follow-up phone calls & prescriptions			Follow-up phone calls & prescriptions										
Other Clinical Activity - specify:			Other Clinical Activity - specify:										
End: When patient enters office/facility for surgery/procedure			End: When patient enters office/facility for surgery/procedure										
SERVICE PERIOD			SERVICE PERIOD										
Start: When patient enters office/facility for surgery/procedure:			Start: When patient enters office/facility for surgery/procedure:										
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst								
Obtain vital signs	L026A	Med Tech/Asst	Obtain vital signs	L037D	RN/LPN/MTA								
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA								
Prepare room, equipment, supplies	L026A	Med Tech/Asst	Prepare room, equipment, supplies	L026A	Med Tech/Asst								
Setup scope (non facility setting only)			Setup scope (non facility setting only)										
Prepare and position patient/ monitor patient/ set up IV			Prepare and position patient/ monitor patient/ set up IV										
Sedate/apply anesthesia			Sedate/apply anesthesia										
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA								

LOCATION			LOCATION			Non Fac		Facility		Non Fac		Facility		Non Fac		Facility	
GLOBAL PERIOD			GLOBAL PERIOD			XXX											
Intra-service			Intra-service														
Assist physician in performing procedure			L037D	RN/LPN/MTA	Assist physician in performing procedure			L037A	EDX Tech	39		39		27		28	
Assist physician/moderate sedation (% of physician time)					Assist physician in performing procedure			L037D	RN/LPN/MTA	9		9		1		0	
Post-Service			Post-Service														
Monitor pt. following moderate sedation					Monitor pt. following moderate sedation												
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)					Monitor pt. following moderate sedation												
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)					Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)												
Clean room/equipment by physician staff			L026A	Med Tech/Asst	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)												
Clean Scope					Clean room/equipment by physician staff			L026A	Med Tech/Asst								
Clean Surgical Instrument Package					Clean Scope												
Complete diagnostic forms, lab & X-ray requisitions			L037D	RN/LPN/MTA	Clean Surgical Instrument Package												
Complete diagnostic forms, lab & X-ray requisitions			L026A	Med Tech/Asst	Complete diagnostic forms, lab & X-ray requisitions			L037D	RN/LPN/MTA								
Review/read X-ray, lab, and pathology reports					Complete diagnostic forms, lab & X-ray requisitions			L026A	Med Tech/Asst								
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions					Review/read X-ray, lab, and pathology reports												
Other Clinical Activity - specify:					Check dressings & wound/ home care instructions /coordinate office visits /prescriptions												
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					Other Clinical Activity - specify:												
Dischrg mgmt (1.0 x 99238) (enter 12 min)					Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)					Dischrg mgmt (1.0 x 99238) (enter 12 min)					n/a		n/a		n/a		n/a	
End: Patient leaves office					Dischrg mgmt (1.0 x 99239) (enter 15 min)					n/a		n/a		n/a		n/a	
POST-SERVICE Period					End: Patient leaves office												
Start: Patient leaves office/facility						POST-SERVICE Period											
Conduct phone calls/call in prescriptions					Start: Patient leaves office/facility												
Office visits: List Number and Level of Office Visits						Conduct phone calls/call in prescriptions											
99211	16 minutes	16	Office visits: List Number and Level of Office Visits						# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	
99212	27 minutes	27	99211 16 minutes			16											
99213	36 minutes	36	99212 27 minutes			27											
99214	53 minutes	53	99213 36 minutes			36											
99215	63 minutes	63	99214 53 minutes			53											
Total Office Visit Time					99215 63 minutes			63									
Other Clinical Activity - specify:					Total Office Visit Time					0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
End: with last office visit before end of global period					Other Clinical Activity - specify:												
MEDICAL SUPPLIES*			CODE	UNIT	End: with last office visit before end of global period					CODE	UNIT						
pack, minimum multi-specialty visit	SA048	pack	MEDICAL SUPPLIES*					CODE	UNIT								
swab-pad, alcohol	SJ053	item	pack, minimum multi-specialty visit					SA048	pack								
electrode adhesive disk	SJ019	item	swab-pad, alcohol					SJ053	item								
paper, laser printing (each sheet)	SK057	item	electrode adhesive disk					SJ019	item								
electrode, ECG (single)	SD053	item	paper, laser printing (each sheet)					SK057	item	10		10		10		10	
			electrode, ECG (single)					SD053	item								
EQUIPMENT			CODE		gloves, non-sterile					SB022	pair						
table, exam	EF023	minutes	EQUIPMENT			CODE											
pacemaker follow-up system (incl software and hardware)	EQ198	minutes	table, exam			EF023	minutes										
			pacemaker follow-up system (incl software and hardware)			EQ198	minutes			39						28	
			pacemaker interrogation, system			EQ320	minutes	39		0				27		0	

**\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.**

[illegible]





\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			93296		93299		93299	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	CMS Code	Staff Type	Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor	
LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX							
TOTAL CLINICAL LABOR TIME			28.0	0.0	0.0	0.0	28.0	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	1.0	0.0	0.0	0.0	0.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	1.0	0.0	0.0	0.0	0.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	27.0	0.0	0.0	0.0	28.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	27.0	0.0	0.0	0.0	28.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE								
Start: Following visit when decision for surgery or procedure made								
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA						
Coordinate pre-surgery services								
Schedule space and equipment in facility								
Provide pre-service education/obtain consent								
Follow-up phone calls & prescriptions								
Other Clinical Activity - specify:								
End: When patient enters office/facility for surgery/procedure								
SERVICE PERIOD								
Start: When patient enters office/facility for surgery/procedure:								
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst						
Obtain vital signs	L026A	Med Tech/Asst						
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						
Prepare room, equipment, supplies	L026A	Med Tech/Asst						
Setup scope (non facility setting only)								
Prepare and position patient/ monitor patient/ set up IV								
Sedate/apply anesthesia								
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA						

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX							
Intra-service								
Assist physician in performing procedure	L037D	RN/LPN/MTA	27				28	
Assist physician/moderate sedation (% of physician time)			1				0	
Post-Service								
Monitor pt. following moderate sedation								
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)								
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)								
Clean room/equipment by physician staff	L026A	Med Tech/Asst						
Clean Scope								
Clean Surgical Instrument Package								
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA						
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst						
Review/read X-ray, lab, and pathology reports								
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
Other Clinical Activity - specify:								
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)								
Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a	
End: Patient leaves office			n/a		n/a		n/a	
POST-SERVICE Period								
Start: Patient leaves office/facility								
Conduct phone calls/call in prescriptions								
Office visits: List Number and Level of Office Visits								
99211 16 minutes		16	# visits	# visits	# visits	# visits	# visits	# visits
99212 27 minutes		27						
99213 36 minutes		36						
99214 53 minutes		53						
99215 63 minutes		63						
Total Office Visit Time								
Other Clinical Activity - specify:			0.0	0.0	0.0	0.0	0.0	0.0
End: with last office visit before end of global period								
MEDICAL SUPPLIES* CODE UNIT								
pack, minimum multi-specialty visit	SA048	pack						
swab-pad, alcohol	SJ053	item						
electrode adhesive disk	SJ019	item						
paper, laser printing (each sheet)	SK057	item						
electrode, ECG (single)	SD053	item	10				10	
EQUIPMENT CODE								
table, exam	EF023	minutes						
pacemaker follow-up system (incl software and hardware)	EQ198	minutes						
							28	
			27				0	

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

			30-Day Remote Codes							
			REFERENCE CODE				REFERENCE CODE			
			93297		93297		93298		93298	
			Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor		Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor		Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,		Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,	
			Non Fac Facility		Non Fac Facility		Non Fac Facility		Non Fac Facility	
LOCATION										
GLOBAL PERIOD			XXX							
TOTAL CLINICAL LABOR TIME			0.0 0.0		0.0 0.0		0.0 0.0		0.0 0.0	
TOTAL CLINICAL LABOR TIME			L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0	
TOTAL PRE-SERV CLINICAL LABOR TIME			L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0	
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0	
TOTAL POST-SERV CLINICAL LABOR TIME			L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0		L037D RN/LPN/MTA 0.0 0.0	
TOTAL CLINICAL LABOR TIME			L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0	
TOTAL PRE-SERV CLINICAL LABOR TIME			L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0	
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0	
TOTAL POST-SERV CLINICAL LABOR TIME			L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0		L026A Med Tech/Asst 0.0 0.0	
PRE-SERVICE										
Start: Following visit when decision for surgery or procedure made										
Complete pre-service diagnostic & referral forms			L037D RN/LPN/MTA							
Coordinate pre-surgery services										
Schedule space and equipment in facility										
Provide pre-service education/obtain consent										
Follow-up phone calls & prescriptions										
Other Clinical Activity - specify:										
End: When patient enters office/facility for surgery/procedure										
SERVICE PERIOD										
Start: When patient enters office/facility for surgery/procedure:										
Greet patient, provide gowning, ensure appropriate medical records are available			L026A Med Tech/Asst							
Obtain vital signs			L026A Med Tech/Asst							
Provide pre-service education/obtain consent			L037D RN/LPN/MTA							
Prepare room, equipment, supplies			L026A Med Tech/Asst							
Setup scope (non facility setting only)										
Prepare and position patient/ monitor patient/ set up IV										
Sedate/apply anesthesia										
Other Clinical Activity - specify: Review charts			L037D RN/LPN/MTA							



[illegible]

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:93293

Tracking Number

Original Specialty Recommended RVU: **0.32**Presented Recommended RVU: **0.31**

Global Period: XXX

RUC Recommended RVU: **0.31**

CPT Descriptor: Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 69-year-old patient with complete heart block has a six-year old DC-PM that is being monitored for battery depletion with transtelephonic rhythm strip pacemaker evaluations. (Note: this service includes all evaluations received within a 90-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 93%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review patient records to identify the indication for pacemaker therapy, manufacturer and model of the implanted pacemaker and leads, history of pacemaker dependency, and atrial and ventricular arrhythmias. Review prior records of pacing parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Record rhythm strip for 30 seconds and evaluate for heart rate, capture and sensing of each of the leads, and atrial or ventricular arrhythmias. Record a second rhythm strip with a magnet located over the pacemaker and evaluate for capture and sensing of each of the leads, for atrial or ventricular arrhythmias, and for the magnet response including paced rate. Physician review of above data produces an assessment of the adequacy of each lead's sensing and capture and battery function.

Description of Post-Service Work: Inform patient of the test results. Prepare a final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93293				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	55	<b>Response:</b> 5.5 %	
<b>Description of Sample:</b>	random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	50.00	200.00	3000.00
<b>Survey RVW:</b>	0.15	0.31	0.50	0.80	5.00
<b>Pre-Service Evaluation Time:</b>			3.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	4.00	5.00	10.00	30.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93293	<b>Recommended Physician Work RVU: 0.31</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	0.00	3.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	5.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93018	XXX	0.30	RUC Time

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	RUC Time	94,995

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92081	XXX	0.30	RUC Time	102,308

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

Other Reference CPT Code	Global	Work RVU	Time Source
11720	000	0.32	RUC Time

CPT Descriptor Debridement of nail(s) by any method(s); 1 to 5

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 16      % of respondents: 29.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 13      % of respondents: 23.6 %**

#### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93293</u></b>	<b>Top Key Reference CPT Code: <u>93224</u></b>	<b>2nd Key Reference CPT Code: <u>93018</u></b>
Median Pre-Service Time	3.00	2.00	2.00
Median Intra-Service Time	5.00	15.00	5.00
Median Immediate Post-service Time	5.00	7.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>13.00</b>	<b>24.00</b>	<b>11.00</b>
<b>Other time if appropriate</b>			

#### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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#### **Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.31	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.25	0.31
Urgency of medical decision making	0.25	-0.08

#### **Technical Skill/Physical Effort (Mean)**

Technical skill required	0.38	0.54
Physical effort required	0.13	-0.38

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.06	-0.08
Outcome depends on the skill and judgment of physician	0.38	0.15
Estimated risk of malpractice suit with poor outcome	0.38	0.15

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.38	0.31
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CMS identified several cardiac device monitoring services in CY 2016 PFS rulemaking—93280, 93288, 93293, 93294, 93295, and 93296—as potentially misvalued on its high-expenditure screen. Consistent with RUC policy, the societies expanded the review to include the entire family of cardiac device monitoring codes—19 codes with work and PE and 2 PE-only codes. The RUC finalized recommendations on most of those codes at the October 2016 meeting. The times for five codes that we are grouping as “remote EP device monitoring services” did not align with the rest of the code family. It was not clear if the survey participants accounted for the global period associated with the remote services. After consultation with a prefacilitation committee, we proposed, and RUC agreed, that it may make more sense to resurvey those five codes for the January 2017 meeting. That is the sub-family before the RUC in Tab 23.

We worked with the Research Subcommittee to revise vignettes and to add survey language in an attempt to prompt survey respondents to consider the entirety of the 30- or 90-day billing period when performing these services. As you can see in the summary spreadsheet, these steps did not significantly change the survey results. Times continue to be less than we anticipated. These services describe remotes version of services that are also provided with the patient in the office, but data is collected and interpreted on average more than once per billing period. Regardless, values are fairly consistent for four of the five codes. After surveying twice, we’ve built work RVU recommendations around the survey times. We highlight to the RUC that that the current times were extrapolated from other codes in the family. We are not making a compelling evidence argument for these codes, but note that after surveying these codes twice it seems correct to accept these times as more accurate than the current, calculated times.

92393 describes the work of reading transtelephonic rhythm strip pacemaker evaluation(s) during a period of as much as 90 days. Transtelephonic technology transmits fewer data elements than more modern remote interrogation. Utilization is declining and will continue to do so, as implanted pacemakers no longer rely on the technology. A random survey of 1000 ACC and HRS members was executed with 55 completed surveys.

The key reference service was selected by 16 respondents. Respondents who selected 48-hour EKG (93224) as the key reference service found 93293 to be identical or somewhat more intense, as shown in the table and intensity-complexity addendum. With shorter times from the survey, the IWP/UT for 93293 is in fact slightly higher, so this comparison seems reasonable. The second key reference service was selected by 13 respondents. Respondents who selected stress-test interpretation and report only (93018) as the key reference service found 93293 to be slightly more intense in most

measures. While IWPUs don't demonstrate that increased intensity, the two services have similar times and values, and the comparison is reasonable in that regard.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.32 with times of 3 minutes preservice, 5 minutes intraservice, and 5 minutes postservice.** This value is less than the October survey 25<sup>th</sup>-percentile value and one one-hundredth higher than the January survey 25<sup>th</sup>-percentile value. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93293

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 512000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 280000                      Percentage 54.68 %

Specialty cardiac electrophysiology                      Frequency 12000                      Percentage 2.34 %

Specialty other                      Frequency 112000                      Percentage 21.87 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
256,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 140000                      Percentage 54.68 %

Specialty cardiac electrophysiology                      Frequency 60000                      Percentage 23.43 %

Specialty other                      Frequency 56000                      Percentage 21.87 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93293

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 93294

Tracking Number

Original Specialty Recommended RVU: **0.65**Presented Recommended RVU: **0.60**

Global Period: XXX

RUC Recommended RVU: **0.60**

CPT Descriptor: Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 74-year-old patient underwent pacemaker implant 3 months ago for symptomatic sinus node dysfunction. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias, and sends alerts for any issues, which are then reviewed. (Note: this service includes all evaluations received within a 90-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records to identify the indication for pacemaker therapy, manufacturer and model of the implanted pacemaker and leads, history of pacemaker dependency, and atrial and ventricular arrhythmias. Review prior records of pacing parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Interrogate information from the pacemaker by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform critical review of interrogated data with assessment of the pacemaker's function, safety of current programmed parameters, and determination of whether device function is normal. Data review includes the following items. (1) Presenting EGMs for appropriateness or presence of arrhythmia and appropriate sensing and capture. (2) Review stored episodes of data for appropriate sensing, capture, and appropriate magnet reversion and noise reversions. (3) Alerts generated from the pacemaker device. (4) Battery voltage and impedance, pacing lead impedance, and sensed electrogram voltage amplitude for each lead. (5) Counters of paced and sensed events from each chamber for which there are leads located. (6) Stored episodes of sensed events including arrhythmias, ectopic beats, nonsustained and sustained atrial and ventricular arrhythmias, and, when appropriate, mode switch episodes. Note the frequency, rate, and duration. (7) Heart rate response during activities, rate histograms, and indicators of patient activity level.

Description of Post-Service Work: Prepare final report that is reviewed by attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93294				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	64	<b>Response:</b>	6.4 %
<b>Description of Sample:</b>	random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	94.00	<b>250.00</b>	500.00	3000.00
<b>Survey RVW:</b>	0.25	0.60	<b>0.70</b>	1.00	55.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	2.00	5.00	<b>10.00</b>	15.00	60.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service** time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93294	<b>Recommended Physician Work RVU: 0.60</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>10.00</b>			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93750	XXX	0.92	RUC Time

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76815	XXX	0.65	RUC Time	16,683

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
69210	000	0.61	RUC Time	1,538,900

CPT Descriptor 2 Removal impacted cerumen requiring instrumentation, unilateral

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 25      % of respondents: 39.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 12.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93294</u></b>	<b>Top Key Reference CPT Code: <u>93224</u></b>	<b>2nd Key Reference CPT Code: <u>93750</u></b>
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	10.00	15.00	30.00
Median Immediate Post-service Time	5.00	7.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>24.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.88	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	-0.13
Urgency of medical decision making	0.76	-0.25
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.80	0.25
Physical effort required	0.24	0.25

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.68	-0.25
Outcome depends on the skill and judgment of physician	0.80	0.00
Estimated risk of malpractice suit with poor outcome	0.88	0.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.84	0.13
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

92394 describes the work of reading pacemaker device interrogation(s) during a period of as much as 90 days. A random survey of 1000 ACC and HRS members was executed with 64 completed surveys.

The key reference service was selected by 25 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93294 to be somewhat more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 8 respondents. Respondents who selected VAD interrogation (93750) as the key reference service found 93294 to be of similar intensity in most measures.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.65 with times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** This value is between the survey 25<sup>th</sup>-percentile and median values from both the October survey the January survey 25<sup>th</sup>-percentile value. As shown in the summary spreadsheet, we identified MPC codes with similar intraservice times, total times, and RVUs to support the recommendation.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93294

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1260000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 680000                      Percentage 53.96 %

Specialty cardiac electrophysiology                      Frequency 470000                      Percentage 37.30 %

Specialty other                      Frequency 110000                      Percentage 8.73 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 630,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 340000                      Percentage 53.96 %

Specialty cardiac electrophysiology                      Frequency 235000                      Percentage 37.30 %

Specialty other                      Frequency 55000                      Percentage 8.73 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:  
Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93294

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 93295

Tracking Number

Original Specialty Recommended RVU: **0.95**Presented Recommended RVU: **0.74**

Global Period: XXX

RUC Recommended RVU: **0.74**

CPT Descriptor: Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 66-year old patient with coronary artery disease and severely reduced left ventricular function underwent ICD implant 3 months ago for primary prevention of sudden cardiac death. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias, and sends alerts for any issues, which are then reviewed. (Note: this service includes all evaluations received within a 90-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history to identify the indication for ICD therapy. Review records to identify the manufacturer and model of the ICD generator and lead(s). Review prior records of the implanted ICD generator and lead hardware and the programmed parameters as well as the presence or absence of pacemaker dependence. Review prior assessments of capture thresholds, sensing thresholds, and arrhythmia therapies (if any) from prior remote and in-person interrogations. Review patient's arrhythmia history including any recent clinical events. Query changes in antiarrhythmic medications since the last device evaluation.

Description of Intra-Service Work: Interrogate information from the ICD by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform a critical review of the interrogated data with assessment of the appropriateness of the function of ICD, safety of the current programmed pacing and antitachycardia parameters, and assessment of device function. Data reviewed include the following items: (1) Presenting EGMs for appropriateness of pacing and sensing. (2) Review stored episodes of data. (3) Alerts generated from the device. (4) Battery voltage and impedance, pacing and shocking lead impedance, and sensed electrogram voltage amplitude for each lead. (5) Histogram and/or counters of paced and sensed events from each chamber. (6) Note stored episodes of sensed arrhythmia events including the type, frequency, rate and duration. (7) Evaluate adequacy of heart rate response.

Description of Post-Service Work: After physician review of above data, make a decision as to the adequacy of the programmed parameters including the appropriate data collection set-up and the interval for the next scheduled programming or interrogation evaluation. Inform of test results. Prepare final summary report of the interrogation evaluations performed every 90 days. Prepare final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93295				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	64	<b>Response:</b>	6.4 %
<b>Description of Sample:</b>	random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	5.00	87.00	238.00	500.00	3000.00
<b>Survey RVW:</b>	0.25	0.69	0.95	1.40	5.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	5.00	10.00	15.00	90.00
<b>Immediate Post Service-Time:</b>	<u>5.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93295	<b>Recommended Physician Work RVU: 0.74</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	RUC Time

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	RUC Time	99,675,084

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	RUC Time	293,063

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
78472	XXX	0.98	RUC Time

CPT Descriptor Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 15      % of respondents: 0.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 0.0 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93295</u></b>	<b>Top Key Reference CPT Code: <u>93224</u></b>	<b>2nd Key Reference CPT Code: <u>93750</u></b>
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	10.00	15.00	30.00
Median Immediate Post-service Time	5.00	7.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>24.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	1.06	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.12	0.00
Urgency of medical decision making	0.82	0.13

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.88	0.25
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Physical effort required	0.24	0.25
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.82	0.13
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Outcome depends on the skill and judgment of physician	1.00	0.13
--	------	------

Estimated risk of malpractice suit with poor outcome	0.88	0.13
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.18	0.25
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

92395 describes the work of reading implanted defibrillator device interrogation(s) during a period of as much as 90 days. A random survey of 1000 ACC and HRS members was executed with 64 completed surveys.

The key reference service was selected by 17 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93295 to be much more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 8 respondents. Respondents who selected VAD interrogation (93750) as the key reference service found 93295 to be of slightly higher intensity in most measures.

Reflecting the January and October surveys, **we recommend the survey median work RVU of 0.95 with times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** While survey times for this code are identical to 93294, we do not believe a value at the 25<sup>th</sup>-percentile appropriately captures the increased intensity and amount of information considered when reading ICD interrogations versus pacemaker interrogations. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93295

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 884000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 400000                      Percentage 45.24 %

Specialty cardiac electrophysiology                      Frequency 410000                      Percentage 46.38 %

Specialty other                      Frequency 74000                      Percentage 8.37 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 442,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 200000                      Percentage 45.24 %

Specialty cardiac electrophysiology                      Frequency 205000                      Percentage 46.38 %

Specialty other                      Frequency 37000                      Percentage 8.37 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93295

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 93297      Tracking Number

Original Specialty Recommended RVU: **0.52**Presented Recommended RVU: **0.52**

Global Period: XXX

RUC Recommended RVU: **0.52**

CPT Descriptor: Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 71-year-old man with ischemic cardiomyopathy and symptomatic systolic congestive heart failure has undergone implantation of a physiologic monitor to aide in the titration of heart failure therapies. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias. (Note: this includes all such services within a 30-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 0%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review patient records to identify the indication for ICM monitoring and therapy, manufacturer and model of the ICM, and leads and sensors (both internal and external) as appropriate. Review prior records of ICM parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Interrogate information from the ICM by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform a critical review of the interrogated data with assessment of the appropriateness of the ICM's function and appropriateness of the current programmed parameters. Data reviewed may include, but are not limited to: (1) weight; (2) systemic blood pressure; (3) right atrial, right ventricular, left atrial, left ventricular, and pulmonary arterial pressures; (4) intrathoracic impedance measurements; and (5) other measures of physiologic parameters.

In addition, review stored episodes of data to assess the history and trends identified by any of the collected data. Also review alerts generated from the ICM along with battery voltage and sensor information to validate the integrity of the ICM system.

Description of Post-Service Work: After physician review of above data, make a decision as to the adequacy of the programmed parameters including the appropriate data collection set-up and the interval for the next scheduled interrogation evaluation. Modify patient's medical regimen as appropriate. Inform patient of test results. Prepare a final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to patient's record, the referring and primary physicians, and the attending physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93297				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	56	<b>Response:</b> 5.6 %	
<b>Description of Sample:</b> random					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	<b>50.00</b>	263.00	2000.00
<b>Survey RVW:</b>	0.30	0.57	<b>0.70</b>	0.95	4.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	2.00	5.00	<b>6.00</b>	15.00	60.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service** time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93297	<b>Recommended Physician Work RVU: 0.52</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>6.00</b>			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93750	XXX	0.92	RUC Time

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76536	XXX	0.56	RUC Time	798,297

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76857	XXX	0.50	RUC Time	223,865

CPT Descriptor 2 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92136	XXX	0.54	RUC Time

CPT Descriptor Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 15      % of respondents: 26.7 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 12.5 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>93297</u>	Top Key Reference CPT Code: <u>93224</u>	2nd Key Reference CPT Code: <u>93750</u>
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	6.00	15.00	30.00
Median Immediate Post-service Time	5.00	7.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>16.00</b>	<b>24.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.73	0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.87	0.00
Urgency of medical decision making	0.60	0.14
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.73	0.14

Physical effort required	0.20	0.00
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.47	-0.43
Outcome depends on the skill and judgment of physician	0.80	0.14
Estimated risk of malpractice suit with poor outcome	0.60	0.14

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.80	0.14
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

93297 describes the work of reading implanted loop recorder device interrogation(s) during a period of as much as 30 days. A random survey of 1000 ACC and HRS members was executed with 56 completed surveys.

The key reference service was selected by 15 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93297 to be somewhat more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 7 respondents. Respondents who selected VAD interrogation (93750) as the key reference service found 93297 to be of slightly higher or slightly lower intensity, and overall rather similar.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.52 with times of 5 minutes preservice, 6 minutes intraservice, and 5 minutes postservice.** This value is below the 25<sup>th</sup>-percentile of both the October and January surveys. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.

- ☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93297

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 464000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 250000                      Percentage 53.87 %

Specialty cardiac electrophysiology                      Frequency 164000                      Percentage 35.34 %

Specialty other                      Frequency 50000                      Percentage 10.77 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 232,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 125000                      Percentage 53.87 %

Specialty cardiac electrophysiology                      Frequency 82000                      Percentage 35.34 %

Specialty other                      Frequency 25000                      Percentage 10.77 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93297

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 93298      Tracking Number

Original Specialty Recommended RVU: **0.52**Presented Recommended RVU: **0.52**

Global Period: XXX

RUC Recommended RVU: **0.52**

CPT Descriptor: Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 41-year-old patient with unexplained recurrent traumatic syncope underwent implantable loop recorder placement 1 month ago. The device is sensing the intrinsic rhythm. The patient is followed now by wireless remote monitoring which constantly checks both device function and arrhythmias, and sends alerts for any issues, which are then reviewed. (Note: this service includes all evaluations received within a 30-day period.)

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review history for cardiac rhythm monitoring indications and for changes in, or the development of, new symptoms. Review programmed parameters and results of prior ILR interrogations and remote monitoring.

Description of Intra-Service Work: The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred and if electrograms have been stored.
2. Current interrogation results are compared to historical values and previous trends.
  - a. Battery status
  - b. Appropriate sensing
3. Alert conditions are then reviewed in detail
  - a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ILR.
  - b. Compare arrhythmia to historical events to determine if it is clinically significant and requires further investigation and/or treatment.

Description of Post-Service Work: Prepare a final report that is reviewed by the attending physician and amend as necessary. Approve, sign, and distribute report to the patient's record, the referring and primary physicians, and the attending physician. Prepare communication to patient (letter) informing them of the status of their ILR (e.g. normal battery function, no arrhythmias detected). If abnormality is detected on remote interrogation, contact patient to discuss management strategy and document discussion.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93298				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	64	<b>Response:</b> 6.4 %	
<b>Description of Sample:</b> random					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	5.00	29.00	100.00	200.00	2000.00
<b>Survey RVW:</b>	0.30	0.52	0.60	0.90	52.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	5.00	7.00	15.00	45.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service** time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	93298	<b>Recommended Physician Work RVU: 0.52</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	7.00			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.52	RUC Time

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93018	XXX	0.30	RUC Time

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	RUC Time	798,297

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76857	XXX	0.50	RUC Time	223,865

CPT Descriptor 2 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

Other Reference CPT Code	Global	Work RVU	Time Source
92136	XXX	0.54	RUC Time

CPT Descriptor Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 35      % of respondents: 54.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 9.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93298</u></b>	<b>Top Key Reference CPT Code: <u>93224</u></b>	<b>2nd Key Reference CPT Code: <u>93018</u></b>
Median Pre-Service Time	5.00	2.00	2.00
Median Intra-Service Time	7.00	15.00	5.00
Median Immediate Post-service Time	5.00	7.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>17.00</b>	<b>24.00</b>	<b>11.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.29	-0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.40	-0.17
Urgency of medical decision making	0.31	0.17

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.49	0.33
Physical effort required	0.11	-0.67

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.17	0.17
Outcome depends on the skill and judgment of physician	0.40	0.17
Estimated risk of malpractice suit with poor outcome	0.40	-0.33

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.46	-0.17
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

92398 describes the work of reading implanted cardiac device monitor interrogation(s) during a period of as much as 30 days. A random survey of 1000 ACC and HRS members was executed with 64 completed surveys.

The key reference service was selected by 35 respondents. Most respondents who selected 48-hour EKG (93224) as the key reference service found 93298 to be identical or somewhat more intense, as shown in the table and intensity-complexity addendum. The second key reference service was selected by 6 respondents. Respondents who selected stress test interpretation and report (93018) as the key reference service found 93298 to be of slightly higher or slightly lower intensity, and overall very rather similar.

Reflecting the January and October surveys, **we recommend the current work RVU of 0.52 with times of 5 minutes preservice, 7 minutes intraservice, and 5 minutes postservice.** This value is also the 25<sup>th</sup>-percentile of both the October and January surveys. As shown in the summary spreadsheet, we identified MPC codes and one additional comparator code with similar intraservice times, total times, and RVUs to support the recommendation.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93298

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty cardiac electrophysiology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 300000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology                      Frequency 150000                      Percentage 50.00 %

Specialty cardiac electrophysiology                      Frequency 120000                      Percentage 40.00 %

Specialty other                      Frequency 30000                      Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology                      Frequency 75000                      Percentage 50.00 %

Specialty cardiac electrophysiology                      Frequency 60000                      Percentage 40.00 %

Specialty other                      Frequency 15000                      Percentage 10.00 %

Do many physicians perform this service across the United States?

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:  
Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93298

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93293	<b># of Respondents:</b>	55
<b>Survey Code Descriptor:</b>	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	16	<b>% of Respondents:</b>	29%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	69%	25%	6%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 12%	Identical 50%	More 38%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 19%	Identical 44%	More 37%		
	Urgency of medical decision making	Less 6%	Identical 69%	More 25%		
<b>Technical Skill:</b>		Less 0%	Identical 69%	More 31%		
<b>Physical Effort:</b>		Less 6%	Identical 81%	More 13%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 6%	Identical 56%	More 38%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 69%	More 31%		
	Estimated risk of malpractice suite with poor outcome	Less 12%	Identical 44%	More 44%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93294	<b># of Respondents:</b>	64
<b>Survey Code Descriptor:</b>	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	25	<b>% of Respondents:</b>	39%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		4%	0%	16%	68%	12%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 0%	<b>Identical</b> 24%	<b>More</b> 76%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 0%	<b>Identical</b> 8%	<b>More</b> 92%		
	Urgency of medical decision making	<b>Less</b> 0%	<b>Identical</b> 36%	<b>More</b> 64%		
<b>Technical Skill:</b>		<b>Less</b> 0%	<b>Identical</b> 40%	<b>More</b> 60%		
<b>Physical Effort:</b>		<b>Less</b> 4%	<b>Identical</b> 72%	<b>More</b> 24%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 4%	<b>Identical</b> 40%	<b>More</b> 56%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 0%	<b>Identical</b> 32%	<b>More</b> 68%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b> 0%	<b>Identical</b> 36%	<b>More</b> 64%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93295	<b># of Respondents:</b>	64
<b>Survey Code Descriptor:</b>	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	17	<b>% of Respondents:</b>	27%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		Survey Code <u>Compared to</u> Top Ref Code				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		6%	0%	12%	35%	47%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 0%	<b>Identical</b> 24%	<b>More</b> 76%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 0%	<b>Identical</b> 12%	<b>More</b> 88%		
	Urgency of medical decision making	<b>Less</b> 0%	<b>Identical</b> 29%	<b>More</b> 71%		
<b>Technical Skill:</b>		<b>Less</b> 0%	<b>Identical</b> 41%	<b>More</b> 59%		
<b>Physical Effort:</b>		<b>Less</b> 0%	<b>Identical</b> 82%	<b>More</b> 18%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 6%	<b>Identical</b> 29%	<b>More</b> 65%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 0%	<b>Identical</b> 24%	<b>More</b> 76%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b> 0%	<b>Identical</b> 47%	<b>More</b> 53%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93297	<b># of Respondents:</b>	56
<b>Survey Code Descriptor:</b>	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	15	<b>% of Respondents:</b>	27%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
<b>Overall Intensity and Complexity:</b>		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	33%	54%	13%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	33%	67%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	20%	80%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	47%	53%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	40%	60%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	87%	13%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		6%	47%	47%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	33%	67%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		7%	40%	53%		



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93298	<b># of Respondents:</b>	64
<b>Survey Code Descriptor:</b>	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional		

<b>Top Ref Code:</b>	93224	<b># of Respondents:</b>	35	<b>% of Respondents:</b>	55%
<b>Top Ref Code Descriptor:</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	2%	49%	49%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 6%	<b>Identical</b> 60%	<b>More</b> 34%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 6%	<b>Identical</b> 51%	<b>More</b> 43%		
	Urgency of medical decision making	<b>Less</b> 0%	<b>Identical</b> 69%	<b>More</b> 31%		
<b>Technical Skill:</b>		<b>Less</b> 0%	<b>Identical</b> 57%	<b>More</b> 43%		
<b>Physical Effort:</b>		<b>Less</b> 3%	<b>Identical</b> 83%	<b>More</b> 14%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 9%	<b>Identical</b> 66%	<b>More</b> 26%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 3%	<b>Identical</b> 57%	<b>More</b> 40%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b> 3%	<b>Identical</b> 57%	<b>More</b> 40%		

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
13	ISSUE: EP Device Monitoring																			
14	TAB: 23																			
15																				
16						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
17	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
18	1st REF	93224	External electrocardiographic re	16	0.021			0.52			24	2					15			7
19	2nd REF	93018	Cardiovascular stress test using	13	0.033			0.30			11	2					5			4
20	CURRENT	93293	Transtelephonic rhythm strip pa		0.010			0.32			20	5					10			5
21	SVY	93293		55	0.064	0.15	0.31	0.50	0.80	5.00	13	3			0	4	5	10	30	5
22	REC	93293	25th		0.026	0.31					13	3					5			5
23	MPC	72114	Radiologic examination, spine, l		0.051	0.32					8	1					5			2
24	MPC	92081	Visual field examination, unilate		0.033	0.30					10	3					7			0
25	COMP	11720	Debridement of nail(s) by any m		0.024	0.32					14	5	2				5			2
26																				
27						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
28	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
29	1st REF	93224	External electrocardiographic re	25	0.021			0.52			24	2					15			7
30	2nd REF	93750	Interrogation of ventricular assis	8	0.031			0.92			30						30			
31	CURRENT	93294	Interrogation device evaluation(s		0.021			0.65			30	7.5					15			7.5
32	SVY	93294		64	0.048	0.25	0.60	0.70	1.00	55.00	20	5			2	5	10	15	60	5
33	REC	93294	25th		0.038	0.60					20	5					10			5
34	MPC	76815	Ultrasound, pregnant uterus, rea		0.077	0.65					15.5	5					5.5			5
35	MPC	69210	Removal impacted cerumen req		0.045	0.61					17	3	2				10			2
36																				
37						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
38	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
39	1st REF	93224	External electrocardiographic re	17	0.021			0.52			24	2					15			7
40	2nd REF	93750	Interrogation of ventricular assis	8	0.031			0.92			30						30			
41	CURRENT	93295	Interrogation device evaluation(s		0.042			1.29			37.5	7.5					22.5			7.5
42	SVY	93295		64	0.073	0.25	0.69	0.95	1.40	5.00	20	5			2	5	10	15	90	5
43	REC	93295	76770 crosswalk		0.052	0.74					20	5					10			5
44	MPC	99213	Office or other outpatient visit fo		0.053	0.97					23	3					15.0			5
45	MPC	78306	Bone and/or joint imaging; who		0.080	0.86					18	5					8			5
46	COMP	78472	Cardiac blood pool imaging, gat		0.076	0.98					20	5					10			5
47																				
48						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
49	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
50	1st REF	93224	External electrocardiographic re	15	0.021			0.52			24	2					15			7
51	2nd REF	93750	Interrogation of ventricular assis	7	0.031			0.92			30						30			
52	CURRENT	93297	Interrogation device evaluation(s		-0.003			0.52			50	10					24			16

23  
Tab Number

EP Remote Device Monitoring  
Issue

93293-93298  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
\_\_\_\_\_  
Signature

Mark Schoenfeld, MD, FHRS  
Printed Signature

Heart Rhythm Society  
Specialty Society

12/13/2016  
Date

11, 19, 23, 24  
Tab Number

Incompetent Vein, INR Monitoring, EP Device Monitoring, 3D Mapping  
Issue

36470-71, 36475, 364X3-X6; 993X1-X2; 93293-95, 93297-98; 93613  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

\_\_\_\_\_  
Signature

Richard Wright, MD  
Printed Signature

ACC  
Specialty Society

12/12/16  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: **The ACC/HRS reviewer panel has provided the PE inputs approved for these codes at the October meeting in our submission materials. We have no additional materials or recommendations.**
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech receives and reviews remote transmissions, prepares report and distribution of results.

RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification

Post-Service Clinical Labor Activities:

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

93296 Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable cardioverter defibrillator, remote data acquisitions), receipt of transmissions and technician review, technical support and distribution of results

93299 Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor or implantable loop recorder, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results

Global Period: XXX Meeting Date: October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACC and HRS utilized a consensus panel process to develop recommended inputs.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE Inputs
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Code 93299 is carrier priced. We propose to crosswalk inputs from 93296 to 93299.
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

| Electrodiagnostic tech enrolls patient, educates patient on use of device/service, receives and reviews remote transmissions, prepares report and distribution of results.

| ~~RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification~~

Post-Service Clinical Labor Activities:

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

		REFERENCE CODE		REFERENCE CODE					
		93288		93288		93279		93279	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS		Interrogation device evaluation (in person) with physician analysis, review and report, includes		Interrogation device evaluation (in person) with physician analysis, review and report, includes		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of	
LOCATION		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX								
TOTAL CLINICAL LABOR TIME		30.0	0.0	33.0	0.0	33.0	0.0	33.0	0.0
TOTAL CLINICAL LABOR TIME	L037D	20.0	0.0	20.0	0.0	23.0	0.0	20.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	18.0	0.0	18.0	0.0	21.0	0.0	18.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE									
Start: Following visit when decision for surgery or procedure made									
Complete pre-service diagnostic & referral forms	L037D	2		2		2		2	
Coordinate pre-surgery services									
Schedule space and equipment in facility									
Provide pre-service education/obtain consent									
Follow-up phone calls & prescriptions									
Other Clinical Activity - specify:									
End: When patient enters office/facility for surgery/procedure									
SERVICE PERIOD									
Start: When patient enters office/facility for surgery/procedure:									
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	3		3		3		3	
Obtain vital signs	L026A			3				3	
Provide pre-service education/obtain consent	L037D	3		3		3		3	
Prepare room, equipment, supplies	L026A	2		2		2		2	
Setup scope (non facility setting only)									
Prepare and position patient/ monitor patient/ set up IV									
Sedate/apply anesthesia									
Other Clinical Activity - specify: Review charts	L037D	2		2		2		2	



[illegible]

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

			e Codes													
			REFERENCE CODE		REFERENCE CODE						REFERENCE CODE					
			93280		93280		93281		93281		93289		93289			
*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.																
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS			CMS Code	Staff Type	Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Programming device evaluation with iterative adjustment of the implantable device to test the function of		Interrogation device evaluation (in person) with physician analysis, review and report, includes		Interrogation device evaluation (in person) with physician analysis, review and report, includes	
LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD			XXX													
TOTAL CLINICAL LABOR TIME					37.0	0.0	38.0	0.0	43.0	0.0	39.0	0.0	38.0	0.0	33.0	0.0
TOTAL CLINICAL LABOR TIME			L037D	RN/LPN/MTA	27.0	0.0	25.0	0.0	33.0	0.0	26.0	0.0	28.0	0.0	20.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME			L037D	RN/LPN/MTA	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L037D	RN/LPN/MTA	25.0	0.0	23.0	0.0	31.0	0.0	24.0	0.0	26.0	0.0	18.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME			L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME			L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME			L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME			L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE																
Start: Following visit when decision for surgery or procedure made																
Complete pre-service diagnostic & referral forms			L037D	RN/LPN/MTA	2		2		2		2		2		2	
Coordinate pre-surgery services																
Schedule space and equipment in facility																
Provide pre-service education/obtain consent																
Follow-up phone calls & prescriptions																
Other Clinical Activity - specify:																
End: When patient enters office/facility for surgery/procedure																
SERVICE PERIOD																
Start: When patient enters office/facility for surgery/procedure:																
Greet patient, provide gowning, ensure appropriate medical records are available			L026A	Med Tech/Asst	3		3		3		3		3		3	
Obtain vital signs			L026A	Med Tech/Asst			3				3				3	
Provide pre-service education/obtain consent			L037D	RN/LPN/MTA	3		3		3		3		3		3	
Prepare room, equipment, supplies			L026A	Med Tech/Asst	2		2		2		2		2		2	
Setup scope (non facility setting only)																
Prepare and position patient/ monitor patient/ set up IV																
Sedate/apply anesthesia																
Other Clinical Activity - specify: Review charts			L037D	RN/LPN/MTA	2		2		2		2		2		2	

[illegible]

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

ICD Office Codes														
			REFERENCE CODE		REFERENCE CODE				REFERENCE CODE					
			93282		93282		93283		93283		93284		93284	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS			Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to	
LOCATION	CMS Code	Staff Type	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX													
TOTAL CLINICAL LABOR TIME			38.0	0.0	35.0	0.0	44.0	0.0	38.0	0.0	50.0	0.0	40.5	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	28.0	0.0	22.0	0.0	34.0	0.0	25.0	0.0	40.0	0.0	27.5	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	26.0	0.0	20.0	0.0	32.0	0.0	23.0	0.0	38.0	0.0	25.5	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	2		2		2		2		2		2	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - specify:														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	3		3		3		3		3		3	
Obtain vital signs	L026A	Med Tech/Asst			3				3				3	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3		3		3		3		3		3	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	2		2		2		2		2		2	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	2		2		2		2		2		2	

[illegible]



\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

			ILR Office Codes								ICM/WCD C			
			REFERENCE CODE		REFERENCE CODE				REFERENCE CODE					
			93291		93291		93285		93285		93290		93290	
			Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other	
LOCATION	CMS Code	Staff Type	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX													
TOTAL CLINICAL LABOR TIME			26.0	0.0	26.0	0.0	28.0	0.0	29.0	0.0	17.0	0.0	27.0	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	19.0	0.0	16.0	0.0	21.0	0.0	19.0	0.0	9.0	0.0	15.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	18.0	0.0	15.0	0.0	20.0	0.0	18.0	0.0	8.0	0.0	14.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	7.0	0.0	10.0	0.0	7.0	0.0	10.0	0.0	8.0	0.0	12.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	7.0	0.0	10.0	0.0	7.0	0.0	10.0	0.0	8.0	0.0	12.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	1		1		1		1		1		1	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - specify:														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	3		3		3		3		3		3	
Obtain vital signs	L026A	Med Tech/Asst			3				3				3	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	2		2		2		2		1		1	
Prepare room, equipment, supplies	L026A	Med Tech/Asst	1		2		1		2		1		2	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	2		2		2		2		2		2	

[illegible]

\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

			Office Codes		PM/ICD Periprocedural Codes									
			REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
			93292		93292		93286		93286		93287		93287	
			Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a	
			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
LOCATION														
GLOBAL PERIOD			XXX											
TOTAL CLINICAL LABOR TIME			20.0	0.0	29.0	0.0	19.0	0.0	28.0	0.0	21.0	0.0	28.0	0.0
TOTAL CLINICAL LABOR TIME			L037D	RN/LPN/MTA	12.0	0.0	17.0	0.0	14.0	0.0	18.0	0.0	16.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME			L037D	RN/LPN/MTA	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L037D	RN/LPN/MTA	11.0	0.0	16.0	0.0	13.0	0.0	17.0	0.0	15.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME			L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME			L026A	Med Tech/Asst	8.0	0.0	12.0	0.0	5.0	0.0	10.0	0.0	5.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME			L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME			L026A	Med Tech/Asst	8.0	0.0	12.0	0.0	5.0	0.0	10.0	0.0	5.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME			L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms			L037D	RN/LPN/MTA	1		1		1		1		1	
Coordinate pre-surgery services														
Schedule space and equipment in facility														
Provide pre-service education/obtain consent														
Follow-up phone calls & prescriptions														
Other Clinical Activity - specify:														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate medical records are available			L026A	Med Tech/Asst	3		3		3		3		3	
Obtain vital signs			L026A	Med Tech/Asst		3	1	0	1	0	2	2	2	2
Provide pre-service education/obtain consent			L037D	RN/LPN/MTA	2		2		2		2		2	
Prepare room, equipment, supplies			L026A	Med Tech/Asst	1	2			2				2	
Setup scope (non facility setting only)														
Prepare and position patient/ monitor patient/ set up IV														
Sedate/apply anesthesia														
Other Clinical Activity - specify: Review charts			L037D	RN/LPN/MTA	2		2		2		2		2	



[illegible]

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\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

						Transtelephonic							
REFERENCE CODE						REFERENCE CODE							
						93293		93293		93296		93296	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	CMS Code	Staff Type	Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	CMS Code	Staff Type	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable	
LOCATION			LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX		GLOBAL PERIOD	XXX									
TOTAL CLINICAL LABOR TIME			TOTAL CLINICAL LABOR TIME			48.0	0.0	48.0	0.0	28.0	0.0	28.0	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	0.0	9.0	0.0	1.0	0.0	0.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	0.0	9.0	0.0	1.0	0.0	0.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	TOTAL CLINICAL LABOR TIME	L037A	EDX Tech	39.0	0.0	39.0	0.0	27.0	0.0	28.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	TOTAL PRE-SERV CLINICAL LABOR TIME	L037A	EDX Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037A	EDX Tech	39.0	0.0	39.0	0.0	27.0	0.0	28.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	TOTAL POST-SERV CLINICAL LABOR TIME	L037A	EDX Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE			PRE-SERVICE										
Start: Following visit when decision for surgery or procedure made			Start: Following visit when decision for surgery or procedure made										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA								
Coordinate pre-surgery services			Coordinate pre-surgery services										
Schedule space and equipment in facility			Schedule space and equipment in facility										
Provide pre-service education/obtain consent			Provide pre-service education/obtain consent										
Follow-up phone calls & prescriptions			Follow-up phone calls & prescriptions										
Other Clinical Activity - specify:			Other Clinical Activity - specify:										
End: When patient enters office/facility for surgery/procedure			End: When patient enters office/facility for surgery/procedure										
SERVICE PERIOD			SERVICE PERIOD										
Start: When patient enters office/facility for surgery/procedure:			Start: When patient enters office/facility for surgery/procedure:										
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst								
Obtain vital signs	L026A	Med Tech/Asst	Obtain vital signs	L037D	RN/LPN/MTA								
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA								
Prepare room, equipment, supplies	L026A	Med Tech/Asst	Prepare room, equipment, supplies	L026A	Med Tech/Asst								
Setup scope (non facility setting only)			Setup scope (non facility setting only)										
Prepare and position patient/ monitor patient/ set up IV			Prepare and position patient/ monitor patient/ set up IV										
Sedate/apply anesthesia			Sedate/apply anesthesia										
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA								

LOCATION			LOCATION			Non Fac		Facility		Non Fac		Facility		Non Fac		Facility	
GLOBAL PERIOD			GLOBAL PERIOD			XXX											
Intra-service			Intra-service														
Assist physician in performing procedure			L037D	RN/LPN/MTA	Assist physician in performing procedure			L037A	EDX Tech	39		39		27		28	
Assist physician/moderate sedation (% of physician time)					Assist physician in performing procedure			L037D	RN/LPN/MTA	9		9		1		0	
Post-Service			Post-Service														
Monitor pt. following moderate sedation					Monitor pt. following moderate sedation												
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)					Monitor pt. following moderate sedation												
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)					Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)												
Clean room/equipment by physician staff			L026A	Med Tech/Asst	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)												
Clean Scope					Clean room/equipment by physician staff			L026A	Med Tech/Asst								
Clean Surgical Instrument Package					Clean Scope												
Complete diagnostic forms, lab & X-ray requisitions			L037D	RN/LPN/MTA	Clean Surgical Instrument Package												
Complete diagnostic forms, lab & X-ray requisitions			L026A	Med Tech/Asst	Complete diagnostic forms, lab & X-ray requisitions			L037D	RN/LPN/MTA								
Review/read X-ray, lab, and pathology reports					Complete diagnostic forms, lab & X-ray requisitions			L026A	Med Tech/Asst								
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions					Review/read X-ray, lab, and pathology reports												
Other Clinical Activity - specify:					Check dressings & wound/ home care instructions /coordinate office visits /prescriptions												
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					Other Clinical Activity - specify:												
Dischrg mgmt (1.0 x 99238) (enter 12 min)					Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					n/a		n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)					Dischrg mgmt (1.0 x 99238) (enter 12 min)					n/a		n/a		n/a		n/a	
End: Patient leaves office					Dischrg mgmt (1.0 x 99239) (enter 15 min)					n/a		n/a		n/a		n/a	
POST-SERVICE Period					End: Patient leaves office												
Start: Patient leaves office/facility			POST-SERVICE Period														
Conduct phone calls/call in prescriptions					Start: Patient leaves office/facility												
Office visits: List Number and Level of Office Visits			Conduct phone calls/call in prescriptions														
99211	16 minutes		16	Office visits: List Number and Level of Office Visits					# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
99212	27 minutes		27	99211 16 minutes			16										
99213	36 minutes		36	99212 27 minutes			27										
99214	53 minutes		53	99213 36 minutes			36										
99215	63 minutes		63	99214 53 minutes			53										
Total Office Visit Time					99215 63 minutes			63									
Other Clinical Activity - specify:					Total Office Visit Time					0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
End: with last office visit before end of global period					Other Clinical Activity - specify:												
MEDICAL SUPPLIES*			CODE	UNIT	End: with last office visit before end of global period												
pack, minimum multi-specialty visit			SA048	pack	MEDICAL SUPPLIES* <th>CODE</th> <th>UNIT</th> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th>			CODE	UNIT								
swab-pad, alcohol			SJ053	item	pack, minimum multi-specialty visit			SA048	pack								
electrode adhesive disk			SJ019	item	swab-pad, alcohol			SJ053	item								
paper, laser printing (each sheet)			SK057	item	electrode adhesive disk			SJ019	item								
electrode, ECG (single)			SD053	item	paper, laser printing (each sheet)			SK057	item	10		10		10		10	
					electrode, ECG (single)			SD053	item								
EQUIPMENT			CODE		gloves, non-sterile			SB022	pair								
table, exam			EF023	minutes	EQUIPMENT			CODE									
pacemaker follow-up system (incl software and hardware)			EQ198	minutes	table, exam			EF023	minutes								
					pacemaker follow-up system (incl software and hardware)			EQ198	minutes			39				28	
					pacemaker interrogation, system			EQ320	minutes	39		0		27		0	



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\*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.

Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			93296		93299		93299	
Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	CMS Code	Staff Type	Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor	
LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX							
TOTAL CLINICAL LABOR TIME			28.0	0.0	0.0	0.0	28.0	0.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	1.0	0.0	0.0	0.0	0.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	1.0	0.0	0.0	0.0	0.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst	27.0	0.0	0.0	0.0	28.0	0.0
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst	27.0	0.0	0.0	0.0	28.0	0.0
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst	0.0	0.0	0.0	0.0	0.0	0.0
PRE-SERVICE								
Start: Following visit when decision for surgery or procedure made								
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA						
Coordinate pre-surgery services								
Schedule space and equipment in facility								
Provide pre-service education/obtain consent								
Follow-up phone calls & prescriptions								
Other Clinical Activity - specify:								
End: When patient enters office/facility for surgery/procedure								
SERVICE PERIOD								
Start: When patient enters office/facility for surgery/procedure:								
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst						
Obtain vital signs	L026A	Med Tech/Asst						
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						
Prepare room, equipment, supplies	L026A	Med Tech/Asst						
Setup scope (non facility setting only)								
Prepare and position patient/ monitor patient/ set up IV								
Sedate/apply anesthesia								
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA						

LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD	XXX							
Intra-service								
Assist physician in performing procedure	L037D	RN/LPN/MTA	27				28	
Assist physician/moderate sedation (% of physician time)			1				0	
Post-Service								
Monitor pt. following moderate sedation								
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)								
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)								
Clean room/equipment by physician staff	L026A	Med Tech/Asst						
Clean Scope								
Clean Surgical Instrument Package								
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA						
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst						
Review/read X-ray, lab, and pathology reports								
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
Other Clinical Activity - specify:								
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)								
Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a	
End: Patient leaves office			n/a		n/a		n/a	
POST-SERVICE Period								
Start: Patient leaves office/facility								
Conduct phone calls/call in prescriptions								
Office visits: List Number and Level of Office Visits								
99211 16 minutes		16	# visits	# visits	# visits	# visits	# visits	# visits
99212 27 minutes		27						
99213 36 minutes		36						
99214 53 minutes		53						
99215 63 minutes		63						
Total Office Visit Time								
Other Clinical Activity - specify:			0.0	0.0	0.0	0.0	0.0	0.0
End: with last office visit before end of global period								
MEDICAL SUPPLIES* CODE UNIT								
pack, minimum multi-specialty visit	SA048	pack						
swab-pad, alcohol	SJ053	item						
electrode adhesive disk	SJ019	item						
paper, laser printing (each sheet)	SK057	item						
electrode, ECG (single)	SD053	item	10				10	
EQUIPMENT CODE								
table, exam	EF023	minutes						
pacemaker follow-up system (incl software and hardware)	EQ198	minutes						
							28	
			27				0	





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AMA/Specialty Society RVS Update Committee Summary of Recommendations  
**\*CMS High Expenditure Procedures\***

January 2017

**Intracardiac 3D Mapping Add-On**

In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In the comment letter the RUC noted that it was scheduled to review the utilization and collect data under new bundled codes in October 2016. However, in the Final Rule for 2016 CMS indicated that the work and practice expense for this service should be reviewed.

**93613 Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 47 cardiologists and determined that the survey 25<sup>th</sup> percentile work RVU of 5.23 appropriately accounts for the work required to perform this service. The RUC recommends 90 minutes intra-service time. The RUC determined that the decrease in the recommended work RVU appropriately corresponds to the decrease in intra-service work. The RUC edited the description of work to delete “remove the catheter and obtaining hemostasis” as this is associated with the primary procedure. The RUC compared the surveyed code to the top key reference service 93609 *Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)* (PC work RVU = 4.99 and 90 minutes intra-service time) and determined that this service was slightly more intense and complex on all measures examined. The RUC also compared the surveyed code to the second top key reference code 93655 *Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)* (work RVU = 7.50 and 90 minutes intra-service time) and determined that code 93655 is more intense than the surveyed code because it entails the initiation and prolonged observation (to allow for mapping, the surveyed code) of arrhythmias that are potentially dangerous and/or hemodynamically unstable with increased risk to the patient and thereafter requires ablation which in and of itself carries precision and risk- it requires greater intensity to perform the complex initiation of arrhythmias and to manage such patients while these arrhythmias are being mapped in order to allow for the subsequent ablation. In addition, any patient who has more than one arrhythmia focus becomes exponentially complex. The diagnostic maneuvers, mapping and ablation skills needed to successfully treat a second focus are significant. Not all arrhythmia foci are created equally. Patients who have more than one focus tend to have significant scar tissue. Mapping the circuit of the arrhythmia is particularly challenging because distinguishing between partly viable tissue and complete scar requires a very dense map (meaning many data points must be acquired and correctly interpreted and annotated on the map).

For additional support the RUC referenced MPC code 57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)* (work RVU = 4.88 and 45 minutes intra-service time) and noted that the MPC code is much more intense and requires half the intra-service time. **The RUC recommends a work RVU of 5.23 for CPT code 93613.**

#### Practice Expense

There are no direct practice expense inputs for this service.

#### Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	ZZZ	5.23

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 93613      Tracking Number

Original Specialty Recommended RVU: **5.23**Presented Recommended RVU: **5.23**

Global Period: ZZZ

RUC Recommended RVU: **5.23**

CPT Descriptor: Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 71-year-old female is undergoing radiofrequency ablation (reported separately) to treat atrial tachycardia. Atrial tachycardia is induced, with a morphology similar to the tachycardia that had been documented clinically. 3D mapping is indicated.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: During the course of an electrophysiology procedure, induce an arrhythmia that requires use of an advanced three-dimensional (3D) computer-assisted mapping system to localize the arrhythmia origin. Place the mapping system in the cardiac chamber of interest using standard percutaneous techniques. Calibrate the system and make recordings during sinus rhythm to identify normal activation and location of scar during each distinct tachycardia. Display the computer-generated map, make modifications in the computer parameters and display, and identify the tachycardia origin. Move the ablation catheter to the point of early activation localized by the mapping system to identify a mid-diastolic potential, Kent potential, and/or similar paced maps. When a re-entrant circuit is identified, perform entrainment mapping studies and evaluated them to confirm the catheter location is within the re-entrant circuit. Make additional mappings to confirm arrhythmia origin and study additional arrhythmias at the conclusion of the procedure. Prepare a final report and include the mapping procedure and findings.

Description of Post-Service Work: n/a

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
<b>Specialty(s):</b>	ACC, HRS				
<b>CPT Code:</b>	93613				
<b>Sample Size:</b>	500	<b>Resp N:</b>	47	<b>Response:</b>	9.4 %
<b>Description of Sample:</b>	random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	12.00	50.00	100.00	128.00	250.00
<b>Survey RVW:</b>	2.25	5.23	7.00	8.00	15.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	30.00	48.00	90.00	120.00	400.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	93613	<b>Recommended Physician Work RVU: 5.23</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	90.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93609	ZZZ	4.99	RUC Time

CPT Descriptor Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93655	ZZZ	7.50	RUC Time

CPT Descriptor Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57267	ZZZ	4.88	RUC Time	6,947

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
63048	ZZZ	3.47	RUC Time	134,208

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22851	ZZZ	6.70	RUC Time

CPT Descriptor Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 26      % of respondents: 55.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 13      % of respondents: 27.6 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93613</u></b>	<b>Top Key Reference CPT Code: <u>93609</u></b>	<b>2nd Key Reference CPT Code: <u>93655</u></b>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	90.00	90.00	90.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>90.00</b>	<b>90.00</b>	<b>90.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.88	0.62
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.62	0.69
Urgency of medical decision making	0.42	0.15

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.96	0.54
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Physical effort required	0.62	0.23
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.19	0.00
Outcome depends on the skill and judgment of physician	0.69	0.62
Estimated risk of malpractice suit with poor outcome	0.27	0.15

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.96	0.77
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

93613 is an add-on code used with several cardiac electrophysiology evaluation and/or ablation services. It describes the work of placing the mapping system inside the heart and creating a map of the chamber to aid performance of the underlying service.

CMS identified 93613 in CY 2016 rulemaking as potentially misvalued through its high-expenditure screen. A random survey of 500 ACC and HRS members was executed with 47 completed surveys. The information obtained is used to develop the survey results in the SOR and the summary spreadsheet.

The key reference service was selected by 26 respondents. Respondents who selected atrial tachycardia mapping code 93609 as the key reference code found 93613 to be more intense/complex in every factor, as shown in the above table and the attached addendum. This comparison is reasonable, since the median survey time of 90 minutes equals the 90-minute survey time for 93609, yet respondents estimated 93613 to be more work.

At this RVU level, no comparable ZZZ MPC codes exist. The two highest MPC ZZZ codes—57267 for insertion of vaginal mesh or prosthesis for repair of pelvic floor defect and 63048 for vertebra laminectomy—are included on the SOR and summary spreadsheet. We note that both of those half as much intraservice time (45 minutes). We searched the RUC database for additional comparators and found only nine other RUC-reviewed ZZZ code with a time of 90 minutes. The lowest valued of those, 22851, describes application of intervertebral biomechanical devices and has a work RVU of 6.70.

Reflecting a robust survey, and given the reduction in intraservice time for 93613, we **recommend the survey 25<sup>th</sup>-percentile work RVU of 5.23 with times of 0 minutes preservice, 90 minutes intraservice, and 0 minutes postservice.** This value is 25% lower than the current value proportionately captures the 25% reduction in time, as demonstrated by the constant IWP/UT.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**



1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93613

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiac electrophysiology                      How often? Commonly

Specialty cardiology                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

50,654 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 FFS utilization form RUC database.

Specialty cardiac electrophysiology	Frequency 33654	Percentage 66.43 %
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Specialty cardiology	Frequency 15500	Percentage 30.59 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Imaging/procedure

BETOS Sub-classification Level II:

Heart inc. Cardiac Catheter

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93613

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	93613	<b># of Respondents:</b>	47
<b>Survey Code Descriptor:</b>	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	93609	<b># of Respondents:</b>	26	<b>% of Respondents:</b>	55%
<b>Top Ref Code Descriptor:</b>	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	0%	23%	54%	23%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b> 0%	<b>Identical</b> 23%	<b>More</b> 77%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b> 12%	<b>Identical</b> 31%	<b>More</b> 43%		
	Urgency of medical decision making	<b>Less</b> 4%	<b>Identical</b> 65%	<b>More</b> 31%		
<b>Technical Skill:</b>		<b>Less</b> 0%	<b>Identical</b> 23%	<b>More</b> 77%		
<b>Physical Effort:</b>		<b>Less</b> 11%	<b>Identical</b> 35%	<b>More</b> 54%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b> 15%	<b>Identical</b> 58%	<b>More</b> 27%		
	Outcome depends on the skill and judgment of physician	<b>Less</b> 0%	<b>Identical</b> 38%	<b>More</b> 62%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b> 12%	<b>Identical</b> 65%	<b>More</b> 23%		

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
13	ISSUE: EP 3D Mapping add-on																			
14	TAB: 24																			
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF	93609	Intraventricular and/or intra-atria	26	0.055			4.99			90						90			
18	2nd REF	93655	Intracardiac catheter ablation of	13	0.083			7.50			90						90			
19	CURRENT	93613	Intracardiac electrophysiologic		0.058			6.99			120						120			
20	SVY	93613		47	0.078	2.25	5.23	7.00	8.00	15.00	90				30	48	90	120	400	
21	REC	93613			0.058	5.23					90						90			
22	MPC	57267	Insertion of mesh or other prost		0.108	4.88					45						45			
23	MPC	63048	Laminectomy, facetectomy and		0.077	3.47					45						45			
24	COMP	22851	Application of intervertebral bio		0.074	6.70					90						90			
25																				

24  
Tab Number

Intracardiac 3D Mapping  
Issue

93613  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Mark H. Schoenfeld, MD  
Signature

Mark Schoenfeld, MD, FHRS  
Printed Signature

Heart Rhythm Society  
Specialty Society

12/13/2016  
Date

11, 19, 23, 24  
Tab Number

Incompetent Vein, INR Monitoring, EP Device Monitoring, 3D Mapping  
Issue

36470-71, 36475, 364X3-X6; 993X1-X2; 93293-95, 93297-98; 93613  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

\_\_\_\_\_  
Signature

Richard Wright, MD  
Printed Signature

ACC  
Specialty Society

12/12/16  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)

Global Period: ZZZ Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The reviewer panel utilized a consensus panel process to develop recommended inputs. **No clinical staff time, supplies, or equipment are recommended for this facility-based ZZZ code.**
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Existing 93613.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: n/a
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: n/a
5. Please describe in detail the clinical activities of your staff: n/a

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			93613		93613	
3	Meeting Date: January 2017 Tab: 24 Specialty: ACC, HRS	CMS Code	Staff Type	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for		Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for	
4	LOCATION	Facility		Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD	ZZZ					
6	TOTAL CLINICAL LABOR TIME			0.0	0.0	0.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			0.0	0.0	0.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0
10	PRE-SERVICE						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Other Clinical Activity - specify:						
18	End: When patient enters office/facility for surgery/procedure						
19	SERVICE PERIOD						
20	Start: When patient enters office/facility for surgery/procedure:						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	Other Clinical Activity - specify:						
29	Intra-service						
30	Assist physician in performing procedure						
31	Post-Service						
32	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4						
33	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Other Clinical Activity - specify:						
41	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	
42	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a	
43	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
44	End: Patient leaves office						



	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			93613		93613	
3	Meeting Date: January 2017 Tab: 24 Specialty: ACC, HRS	CMS Code	Staff Type	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for		Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for	
4	LOCATION	Facility		Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD	ZZZ					
45	POST-SERVICE Period						
46	Start: Patient leaves office/facility						
47	Conduct phone calls/call in prescriptions						
48	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
49	99211 16 minutes		16				
50	99212 27 minutes		27				
51	99213 36 minutes		36				
52	99214 53 minutes		53				
53	99215 63 minutes		63				
54	Total Office Visit Time			0.0	0.0	0.0	0.0
55	Other Clinical Activity - specify:						
56	End: with last office visit before end of global period						
57	MEDICAL SUPPLIES*	CODE	UNIT				
58	pack, minimum multi-specialty visit	SA048	pack				
59	EQUIPMENT	CODE					

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures\**

January 2017

**IV Hydration**

In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management (E/M) services and services reviewed since CY 2010. CPT code 96360 was part of that list to be surveyed and CPT code 96361 was added as part of the family. This two code IV Hydration family was previously surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

The RUC discussion recalled that, as part of the October 2004 undertaking, the twenty codes were considered in context and a hierarchy was created through the work RVUs that started with the presumption that the lowest service was hydration and that it should not be valued lower than CPT code 99211. CMS provided further history and emphasized that there are certain E/M expectations with the hydration codes. These services are not just supervision codes in the sense that CMS is expecting that, since there is some evaluation and management value included, physicians will assess the patient when necessary and make course corrections. Further, there was a statutory provision that talked about the fact that certain evaluation services would be included and that has been reflected in the Level I (99211) office visit that was included in the work for these codes.

***96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour***

The RUC reviewed the survey results from 52 medical oncologists and hematologists and determined that it was appropriate to maintain the current work RVU of 0.17, which is supported by the survey and is less than the 25<sup>th</sup> percentile of 0.21. The RUC recommends 2 minutes pre-service time, 3 minutes intra-service time, and 2 minutes post-service time. The RUC compared the surveyed code to the top key reference service 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU = 0.21, intra-service time of 5 minutes). The intensity/complexity measures of the surveyed code were similar to the ratings assigned to the reference code. Given the similarity in times and the minimal difference in the intensity/complexity measures, the survey data supports maintenance of the current value of 0.17. The RUC agreed with the consensus of the specialty societies that the physician work of this service and time involved has not fundamentally changed since 2004 which would not justify a substantial increase from the current level and therefore recommends the current times and work RVU be maintained.

To provide further support, the RUC compared the surveyed code to both the multi-specialty point of comparison CPT code 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16, intra-service time of 3 minutes) and CPT code 99211 *Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services* (work RVU = 0.18, intra-service time of 5 minutes). The RUC considered the time and intensity associated with the surveyed code to be comparable to that of these similar services and determined the current RVW places this code in appropriate rank order to those services in terms of physician work. The RUC recommends maintaining the current work RVU of 0.17, which is consistent with the conclusion that there have not been fundamental changes to the physician work and continues to align with CPT code 99211 per the 2004 rationale. **The RUC recommends a work RVU of 0.17 for CPT code 96360.**

**96361 Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 50 medical oncologists and hematologists and determined that it was appropriate to maintain the current work RVU of 0.09, which is supported by the survey and is less than the 25<sup>th</sup> percentile of 0.19. The RUC recommends 3 minutes of intra-service time for this add-on (ZZZ) code. The survey median intra-service time was 10 minutes and the 25<sup>th</sup> percentile intra time was 5 minutes; the current intra-service time assigned is 3 minutes. The RUC agreed with the consensus of the specialty societies that the physician work of this service has not fundamentally changed since 2004 and recommends that the current time and work RVU be maintained as they are similar with the 25<sup>th</sup> percentile from the recent survey. The RUC compared the surveyed code to the top key reference service 96367 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)* (work RVU = 0.19, intra-service time of 5 minutes). The intensity/complexity measures for the surveyed code were rated similar, however since the service has not changed, the RUC would agree with the specialty societies and not recommend an increase in value.

For additional support, the RUC compared the surveyed code to both the multi-specialty point of comparison CPT code 95165 *Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)* (work RVU = 0.06, intra-service time of 3 minutes) and CPT code 96153 *Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)* (work RVU = 0.10, intra-service time of 3 minutes). The surveyed code is the second hour of hydration, and there would be a need for some nurse/physician interaction. The specialties reaffirmed that the work related to this code was about half of the work associated with 96360 (as similarly noted by the RUC for codes 90760 and 90761, in the RUC rationale from the October 2004 survey).

The RUC recommends maintaining the current RVW of 0.09, which is consistent with the conclusion that there have not been fundamental changes to the physician work and there is no compelling evidence for an increase in the work value. **The RUC recommends a work RVU of 0.09 for CPT code 96361.**

**Practice Expense**

Modifications were made to the direct practice expense inputs including the elimination of all duplicative clinical staff time with the E/M. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	XXX	0.17 (No Change)
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	ZZZ	0.09 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 96360	Tracking Number	Original Specialty Recommended RVU: <b>0.17</b>
		Presented Recommended RVU: <b>0.17</b>
Global Period: XXX		RUC Recommended RVU: <b>0.17</b>

CPT Descriptor: Intravenous infusion, hydration; initial, 31 minutes to 1 hour

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 49-year-old female has a diagnosis of viral gastroenteritis. IV hydration is prescribed. A peripheral IV line needs to be established.

Percentage of Survey Respondents who found Vignette to be Typical: 60%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Provide and confirm orders. Interact and review plan with staff.

Description of Intra-Service Work: Physician or other qualified health care professional directly supervises the service ensure their immediate availability to the staff in the office and periodically assesses the patient and the patient's response to treatment, typically through communication with nurse.

Description of Post-Service Work: Provide appropriate instructions regarding immediate care. Provide minimal instruction regarding ongoing care. Conduct appropriate interactions with staff regarding patient monitoring.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. Elizabeth Blanchard, Dr. David Regan				
<b>Specialty(s):</b>	ASCO, ASH				
<b>CPT Code:</b>	96360				
<b>Sample Size:</b>	3374	<b>Resp N:</b>	52	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	Random pull of ASCO and ASH members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	12.00	50.00	185.00	12000.00
<b>Survey RVW:</b>	0.10	0.21	0.26	0.48	65.00
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	5.00	10.00	20.00	90.00
<b>Immediate Post Service-Time:</b>	<u>5.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	96360	<b>Recommended Physician Work RVU: 0.17</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	2.00	0.00	2.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	3.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96365	XXX	0.21	RUC Time

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96413	XXX	0.28	RUC Time

CPT Descriptor Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
73120	XXX	0.16	RUC Time	282,043

CPT Descriptor 1 Radiologic examination, hand; 2 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	4,853,590

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 29      % of respondents: 58.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 16.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>96360</u>	Top Key Reference CPT Code: <u>96365</u>	2nd Key Reference CPT Code: <u>96413</u>
Median Pre-Service Time	2.00	2.00	4.00
Median Intra-Service Time	3.00	5.00	7.00
Median Immediate Post-service Time	2.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>7.00</b>	<b>9.00</b>	<b>13.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.00	-1.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.19	-0.50
Urgency of medical decision making	0.48	0.13

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.04	-1.13
Physical effort required	0.00	-0.75



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.07	-1.25
Outcome depends on the skill and judgment of physician	-0.07	-0.63
Estimated risk of malpractice suit with poor outcome	-0.30	-1.13

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.00	-0.75
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

<b>Services Reported Together</b>	96360	96361	99214
Global Period	XXX	ZZZ	XXX
RVU	0.17	0.09	1.50
Pre-/Intra-/Post- Time	2/3/2	0/3/0	5/25/1 0

**Background**

In the NPRM for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT 96360 was part of that list to be surveyed and CPT 96361 was added as part of the family. **In June 2016, the specialty societies indicated that they would not proceed with a coding change proposal and moved to survey for January 2017 RUC.** This two code IV Hydration family was previously surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

**96360 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO) and the American Society of Hematology (ASH), conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO and ASH, RVS joint consensus panel reviewed and discussed the work survey results. For CPT code 96360, there were 52 responses to the survey request with a median performance rate of 50, lending support that the survey participants were familiar with the service. 60% of the survey respondents found the vignette to be typical.

**Time Discussion**

The joint panel reviewed the survey median times (10 pre, 10 intra, 5 post) and compared it to the current time of 2 minutes pre, 3 minutes intra and 2 minutes' post time. The 25<sup>th</sup> percentile times of the survey are (5 pre, 5 intra and 5 post.) The consensus of the joint panel is that the physician work of this service has not fundamentally changed since 2004 which would not justify a substantial increase in time from the current level. We are therefore recommending the current times be maintained as they are similar with the 25<sup>th</sup> percentile times from the recent survey. We recognize that participants often think in terms of 5 minute increments, which we believe demonstrates the 25<sup>th</sup> percentile time values and we find to be not specific enough for use. The current times that are benchmarked against CPT 99211 (as they were by the RUC in the 2004 survey) are a better comparison.

### Work Discussion

The joint panel reviewed the survey median work (RVW 0.26) as well as the 25<sup>th</sup> percentile (RVW 0.21) compared to the current value (RVW 0.17). The panel recommends maintaining the current RVW of 0.17, which is consistent with our conclusion that there have not been fundamental changes the physician work and there is no compelling evidence for an increase in the work value.

The key reference service code 1 chosen by the survey respondents, CPT 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*, is assigned an RVW 0.21 with pre, intra and post time of 2, 5 and 2 minutes. The intensity/complexity measures of the surveyed code were similar than the ratings assigned to the reference code. Given the similarity in times and the minimal difference in the intensity/complexity measures, we therefore believe the survey data supports maintenance of the current value of 0.17.

To provide further support, the joint panel compared code 96360 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>73120 (MPC)</b>	X-ray exam of hand	<b>0.16</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>
<b>93010</b>	Electrocardiogram report	<b>0.17</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>6</b>
<b>96360</b> Survey Code	Hydration iv infusion init	<b>0.17</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>7</b>
<b>99211 (MPC)</b>	Office/outpatient visit est (five minutes)	<b>0.18</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>7</b>

The panel considers the time and intensity associated with the surveyed infusion code to be comparable to that of the other comparator services and believes the current RVW places this code in appropriate rank order to those services in terms of physician work.

**In summary, we recommend a RVW of 0.17 (which is the current value for 96360) with a pre-service time 2 minutes, intra service time 3 minutes, and post time 2 minutes for a total time 7 minutes.**

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.

- ☐ Historical precedents.
- ☒ Other reason (please explain) This code is billed with an E/M code 50% of the time in addition to CPT code 96361.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See above in the "Additional Rationale and Comments" section.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96360

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hematology/Oncology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Specialty Internal Medicine                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 698094

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims data times 3.

Specialty Hematology/Oncology	Frequency 340181	Percentage 48.72 %
Specialty Medical Oncology	Frequency 92986	Percentage 13.31 %
Specialty Internal Medicine	Frequency 78117	Percentage 11.19 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 232,698 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is 2015 Medicare claims data from the RUC database.

Specialty Hematology/Oncology	Frequency 112114	Percentage 48.18 %
Specialty Medical Oncology	Frequency 32159	Percentage 13.82 %
Specialty Internal Medicine	Frequency 26900	Percentage 11.56 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Other drugs

BETOS Sub-classification Level II:

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96360

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 96361      Tracking Number

Original Specialty Recommended RVU: **0.09**Presented Recommended RVU: **0.09**

Global Period: ZZZ

RUC Recommended RVU: **0.09**

CPT Descriptor: Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 49-year-old female with a diagnosis of viral gastroenteritis has two liters of IV hydration prescribed. At the end of the first hour, another 1500 cc remain to be infused and the infusion is continued. (Note: Code 96361 is an add-on code. Code 96360 includes IV discontinuation, flush, and discharge process.)

Percentage of Survey Respondents who found Vignette to be Typical: 60%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Physician or other qualified health care professional directly supervises the service, ensures their immediate availability to the staff in the office and periodically assesses the patient and the patient's response to treatment, typically through communication with the nurse.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. David Regan, Dr. Elizabeth Blanchard				
<b>Specialty(s):</b>	ASCO, ASH				
<b>CPT Code:</b>	96361				
<b>Sample Size:</b>	3374	<b>Resp N:</b>	50	<b>Response:</b>	1.4 %
<b>Description of Sample:</b>	Random pull of ASCO and ASH members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	9.00	50.00	100.00	1000.00
<b>Survey RVW:</b>	0.09	0.19	0.20	0.27	80.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	5.00	10.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	<u>0.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	96361	<b>Recommended Physician Work RVU: 0.09</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	3.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96367	ZZZ	0.19	RUC Time

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96368	ZZZ	0.17	RUC Time

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95165	XXX	0.06	RUC Time	6,898,953

CPT Descriptor 1 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96153	XXX	0.10	RUC Time	37,153

CPT Descriptor 2 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 22      % of respondents: 42.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 28.8 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>96361</u>	Top Key Reference CPT Code: <u>96367</u>	2nd Key Reference CPT Code: <u>96368</u>
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	3.00	5.00	5.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>3.00</b>	<b>6.00</b>	<b>6.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.15	-0.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.15	-0.07
Urgency of medical decision making	0.00	0.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.00	-0.07



Physical effort required	0.05	-0.13
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.05	0.07
---	-------	------

Outcome depends on the skill and judgment of physician	0.05	-0.07
--	------	-------

Estimated risk of malpractice suit with poor outcome	0.00	-0.40
--	------	-------

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.00	0.00
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

<b>Services Reported Together</b>	96361	96360
Global Period	ZZZ	XXX
RVU	.09	.17
Pre-/Intra-/Post- Time	0/3/0	2/3/2

**Background**

In the NPRM for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT 96360 was part of that list to be surveyed and CPT 96361 was added as part of the family. **In June 2016, the specialty societies indicated that they would not proceed with a coding change proposal and moved to survey for January 2017 RUC.** This two code IV Hydration family was previously surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

**96361 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO) and the American Society of Hematology (ASH), conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO and ASH, RVS joint consensus panel reviewed and discussed the work survey results. For CPT code 96361, there were 50 responses to the survey request with a median performance rate of 50, lending support that the survey participants were familiar with the service. 60% of the survey respondents found the vignette to be typical.

**Time Discussion**

We did not survey for pre and post time since this is an add-on (ZZZ) code. The survey median intra service time was 10 minutes and the 25<sup>th</sup> percentile intra time 5 minutes. The current intra time assigned is 3 minutes. The consensus of the joint panel is that the physician work of this service has not fundamentally changed since 2004. We are therefore recommending that the current time be maintained and as they are similar with the 25<sup>th</sup> percentile time from the recent survey. We believe even the 25<sup>th</sup> time values are not specific enough for use and that the current time is representative of the appropriate time.

### Work Discussion

Code 96361 is currently assigned an RVW of 0.09. The median survey RVW was 0.20 and the 25<sup>th</sup> percentile was 0.19. The joint panel agreed that there was no compelling evidence to support a higher RVU and recommends that the current RVW of 0.09 be maintained. The reference code most frequently selected for this survey is code 96367, *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)*, which is assigned an RVW of 0.19, and 1 minute of pre service and 5 minutes of intra time. The intensity/complexity measures for the surveyed code were ranked similar, however since the service has not changed the expert panel would not recommend an increase in value.

To provide further support for our recommendation, the joint panel compared code 96361 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>95165 (MPC)</b>	Antigen therapy services (Single and multiple)	<b>0.06</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>95144</b>	Antigen therapy services (single)	<b>0.06</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>
<b>96361</b> Survey Code	Hydrate iv infusion add-on	<b>0.09</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>
<b>96153 (MPC)</b>	Intervene hlth/behave group	<b>0.10</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>
<b>96368 (MPC)</b>	Ther/diag concurrent inf	<b>0.17</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>

Code 96361 is the second hour of hydration, and there would be a need for some nurse/physician interaction. The panel reaffirmed that the work related to 90761 was about half of the work associated with 90760 as noted by the RUC, in the rationale from the RUC data base, during the October 2004 survey rationale.

**In summary, we recommend a RVW of 0.09 (which is the current value for 96361) with a pre service time of 0 minutes, intra service time of 3 minutes, and post time of 0 minutes for a total time 3 minutes.**

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See above in the "Additional Rationale and Comments" section.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96361

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hematology/Oncology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Specialty Internal Medicine                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1602120

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2015 claims data multiplied by 3.

Specialty Hematology/Oncology              Frequency 982740                      Percentage 61.34 %

Specialty Medical Oncology                      Frequency 276846                      Percentage 17.28 %

Specialty Internal Medicine                      Frequency 107342                      Percentage 6.70 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 534,040 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This information is the 2015 Medicare Claims information from the RUC database

Specialty Hematology/Oncology              Frequency 321919                      Percentage 60.27 %

Specialty Oncology                      Frequency 91161                      Percentage 17.07 %

Specialty Internal Medicine                      Frequency 37703                      Percentage 7.05 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Other drugs

BETOS Sub-classification Level II:

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96361

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96360	<b># of Respondents:</b>	52
<b>Survey Code Descriptor:</b>	Intravenous infusion, hydration; initial, 31 minutes to 1 hour		

<b>Top Ref Code:</b>	96365	<b># of Respondents:</b>	29	<b>% of Respondents:</b>	56%
<b>Top Ref Code Descriptor:</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour				

		Survey Code <b>Compared to</b> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		11%	19%	37%	26%	7%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 30%	Identical 44%	More 26%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 15%	Identical 56%	More 30%		
	Urgency of medical decision making	Less 22%	Identical 33%	More 44%		
<b>Technical Skill:</b>		Less 22%	Identical 59%	More 19%		
<b>Physical Effort:</b>		Less 19%	Identical 67%	More 15%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 30%	Identical 44%	More 26%		
	Outcome depends on the skill and judgment of physician	Less 30%	Identical 48%	More 22%		
	Estimated risk of malpractice suite with poor outcome	Less 44%	Identical 30%	More 26%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96361	<b># of Respondents:</b>	22
<b>Survey Code Descriptor:</b>	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	96367	<b># of Respondents:</b>	22	<b>% of Respondents:</b>	44%
<b>Top Ref Code Descriptor:</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	40%	25%	30%	5%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 30%	Identical 45%	More 25%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 20%	Identical 50%	More 30%		
	Urgency of medical decision making	Less 35%	Identical 35%	More 30%		
<b>Technical Skill:</b>		Less 20%	Identical 60%	More 20%		
<b>Physical Effort:</b>		Less 10%	Identical 80%	More 10%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 25%	Identical 50%	More 25%		
	Outcome depends on the skill and judgment of physician	Less 20%	Identical 55%	More 25%		
	Estimated risk of malpractice suite with poor outcome	Less 35%	Identical 35%	More 30%		

ISSUE: IV Hydration  
TAB: 25

Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD POST	SURVEY EXPERIENCE				
						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
	REF 1	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	29	0.024	0.21					9	2	5					2					
	REF 2	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	8	0.021	0.28					13	4	7					2					
	CURRENT	96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour		0.027	0.17					7	2	3					2					
60%	SVY Total	96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	52	-0.008	0.10	0.21	0.26	0.48	65.00	25	10	1	5	10	20	90	5	0	12	50	185	12000
	REC	96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour		0.027	0.17					7	2			3			2					

Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD POST	SURVEY EXPERIENCE				
						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
	REF 1	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	22	0.034	0.19					6	1	5					0					
	REF 2	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	15	0.030	0.17					6	1	5					0					
	CURRENT	96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)		0.030	0.09						0	3					0					
60%	SVY Total	96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	50	0.020	0.09	0.19	0.20	0.27	80.00	10		0	5	10	30	60		0	9	50	100	1000
	REC	96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)		0.030	0.09					3	0			3			0					

25  
Tab Number

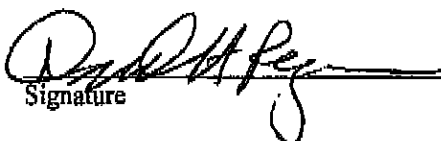
IV Hydration  
Issue

96360, 96361  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
Signature

DAVID H. REGAN  
Printed Signature

ASCO  
Specialty Society

12-7-2016  
Date



25/26/27  
Tab Number

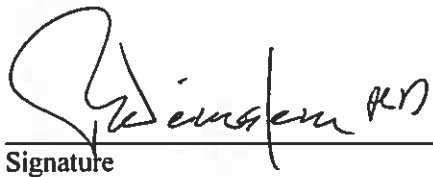
Hydration/On-Body Injector/Chemo  
Issue

96360-61/96372, 96374-75, 96377/  
Code Range  
96401, 96402, 96409, 96411

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
Signature

Robert Weinstein, MD  
Printed Signature

American Society of Hematology  
Specialty Society

13 December 2016  
Date

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor: Intravenous infusion, hydration; initial, 31 minutes to 1 hour

Global Period: XXX Meeting Date: January 2017- **Revised 1/12/17**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The specialty society advisors and staff from ASCO and ASH held a meeting via conference call to discuss the Practice Expense. The inputs were developed with involvement from physicians, specialty society staff, and clinical staff from a variety of settings.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: For CPT Code 96360, there are two reference codes. Reference code 1 are the current PE inputs for CPT code 96360. Reference code 2 are the PE inputs for CPT code 99214. CPT code 96360 is reported with an E/M code approximately 50% of the time, about 23% of the time with E/M code 99214.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: There are 3 minutes of pre-service time in CPT code 96360 (the current standard is 0 minutes), which accounts for the following work: Coordinating with physician on the infusion, confirming drugs to be infused and the dosage, obtaining an update on the patient's condition, and ensuring the appropriate lab work is ordered. Recent increases in documentation and insurance requirements continue to support the need for these minutes in the pre-service time.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Line 23- Obtain Vital Signs. We are adding **5 minutes** (an increase from **3 minutes**) for obtaining the vital signs, in compliance with the new standards. Five vitals are obtained: blood pressure, respiration, pulse, temperature, and weight. Five vitals equal five minutes according to the standard.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Line 13- Coordinate pre-surgery services- **0 minutes**

The clinical staff coordinates with the physician on the infusion, confirms drugs to be infused and the dosage, obtains an update on the patient's condition, and ensures appropriate lab work is ordered.

**Line 13 was decreased from 3 minutes to 0 minutes as it is reported with an E/M code 50% of the time.**

Pre-Service Time Total: **0 minutes**

Intra-Service Clinical Labor Activities:

Line 21- Greet patient, provide gowning, ensure appropriate medical records are available- **0 minutes**  
Clinical staff greets patient and escorts them to the infusion suite/medical recliner. Gowning is provided to the patient. Clinical staff then settles patient in the medical recliner.

Line 21 was decreased from 2 minutes to 0 minutes due as it is reported with an E/M service 50% of the time.

Line 22- Review charts/obtain medical history- **0 minutes**  
Clinical staff verifies patient information. Reviews the patient's history and complications from the medical record, which includes verifying allergies and previous reactions/side effects. Clinical staff reviews lab values, including a complete blood count and chemistry.

Line 21 was decreased from 2 minutes to 0 minutes due as it is reported with an E/M service 50% of the time.

Line 23- Obtain vital signs- **3 minutes**  
Clinical staff obtains five vital signs: blood pressure, respiration, pulse, temperature, and weight.

Line 23 remained at the current 3 minutes, rather than the suggested increase to 5, due to the service being reported with an E/M service 50% of the time.

Line 24- Provide pre-service education/obtain consent- **2 minutes**  
Clinical staff explains the nature and purpose of the medication to be infused and obtains the patient's consent to receive the infusion.

Line 25- Prepare room, equipment, and supplies- **2 minutes**  
Clinical staff gathers supplies for the infusion and personal protective equipment.

Line 27- Prepare and position patient/monitor patient/set up IV- **2 minutes**  
Clinical staff prepares and positions patient. Ensures the chair is positioned and clear of any obstacles for safety of patient. Ensures patient is prepared for the infusion.

Line 31- Clinical staff performs procedure- **5 minutes**  
The clinical staff accesses IV/implanted port or IV catheter/implantable device and begins the infusion. During the infusion, clinical staff regulates the rate, monitors solutions, and assesses the patient's response/tolerance to the infusion. Interventions are conducted as needed. An IV access site assessment is performed. The IV catheter/implanted port is then flushed, and the IV is discontinued. The device is removed. Post procedure care of site is performed. The clinical staff conducts another assessment of the IV insertion site. Documentation of procedure, patient status and other relative clinical information is done.

Line 31 was decreased from 10 minutes to 5 minutes, as the PE Subcommittee did not feel it would take clinical staff 10 minutes to perform the procedure.

Line 33- Monitor patient following procedure/check tubes, monitors, drains, multitasking 1:4- **2 minutes**  
Clinical staff monitors patient for adverse reactions.

Line 35- Clean room/equipment by physician staff- **0 minutes**

Nurse disconnects pump and removes tubing from pump. The pump and infusion chair are disinfected. The area is cleaned and materials are disposed of in a hazardous waste container.

Line 35 was decreased from 2 minutes to 0 minutes due to the service being reported with an E/M service 50% of the time.

Line 38- Complete diagnostic forms, lab & X-ray requisitions- **0 minutes**

The clinical staff completes medical record documentation, diagnostic forms, and lab and x-ray requisitions.

Line 38 was decreased from 2 minutes to 0 minutes due to the service being reported with an E/M service 50% of the time.

Line 40- Check dressings and wound/home care instructions/coordinate office visits and prescriptions- **0 minutes**. Nurse reviews with patient medication side effects. Advises how to contact the practice or organization, who should be called in specific circumstances, and which symptoms should trigger a call to the physician/practice. Instructions are provided to the patient on IV site and PICC/vascular access device (VAD) care. Prescriptions are discussed with patient. Nurse verifies a follow up visit/appointments.

Line 40 was decreased from 3 minutes to 0 minutes due to the service being reported with an E/M service 50% of the time.

Total Intra-Service Time: **16 minutes**

Post-Service Clinical Labor Activities:

Line 48- Conduct phone calls/call in prescriptions- **0 minutes**

Clinical staff conducts phone calls and calls in prescriptions.

Line 48 was decreased from 2 minutes to 0 minutes due to the service being reported with an E/M service 50% of the time.

Total Post-Service Time: **0 minutes**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)

Global Period: XXX Meeting Date: **January 2017- Revised 1/17/2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The specialty society advisors and staff from ASCO and ASH held a meeting via conference call to discuss the Practice Expense. The inputs were developed with involvement from physicians, specialty society staff, and clinical staff from a variety of settings.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale. For CPT Code 96361, we are using the current PE inputs for 96361 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: (not applicable)

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Line 23- Obtain Vital Signs. We are adding **5** minutes (an increase from **3** minutes) for obtaining the vital signs, in compliance with the new standards. Four vitals are obtained: blood pressure, respiration, pulse, and temperature. Four vitals equal five minutes.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

(not applicable)

Intra-Service Clinical Labor Activities:

Line 23- Obtain vital signs- **3 minutes**

The clinical staff obtains four vitals: blood pressure, pulse, Temperature, and Respiration (4 vitals= 5 minutes)

**Line 23- The number of vitals was decreased to 3 minutes from the suggested 5 minutes to bring it in line with CPT code 96360.**

Line 31- Clinical staff performs procedure- **4 minutes**

The clinical staff continues to assess the patient and IV access. This is additional hour so the time value for starting the IV would be in 96361). During the infusion, clinical staff regulates the rate, monitors

**CPT Code: 96361**  
**Specialty Society('s): ASCO, ASH**

solutions, and assesses the patient's response/tolerance to the infusion. Interventions are conducted as needed. Documentation of procedure, patient status and other relative clinical information is done.

Line 31 was decreased from 7 minutes to 4 minutes, following the decrease in clinical staff time for 96360.

Total Intra-Service Time: **7 minutes**

Post-Service Clinical Labor Activities:

AMA Specialty Society Recommendation

	A	B	C	D	E	F
1				<b>E/M REFERENCE CODE REFERENCE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>99214</b>		<b>96360</b>
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of an established patient		Hydration Init
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>			<b>53.0</b>	<b>0.0</b>	<b>40.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b> (Staff type L037D-RN/LPN/MTA applies to 99214 only. Staff type L056A applies to 96360 and 96361)	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>3.0</b>	<b>0.0</b>	<b>3.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>44.0</b>	<b>0.0</b>	<b>34.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>6.0</b>	<b>0.0</b>	<b>3.0</b>
10	<b>PRE-SERVICE</b>					
11	<b>Start: Following visit when decision for surgery or procedure made</b>					
12	Complete pre-service diagnostic & referral forms	L056A	RN/LPN/MTA- RN/OCN			
13	Coordinate pre-surgery services	L056A	RN/LPN/MTA- RN/OCN			<b>3</b>
14	Schedule space and equipment in facility					
15	Provide pre-service education/obtain consent					

AMA Specialty Society Recommendation

	A	B	C	D	E	F
1				<b>E/M REFERENCE CODE REFERENCE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>99214</b>		<b>963</b>
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	Office or other outpatient visit for the evaluation and management of an established patient		Hydration I Init
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>
16	Follow-up phone calls & prescriptions					
17	Other Clinical Activity - <i>specify:Review/read X-ray, lab, pathology reports</i>			<b>3</b>		
18	<b>End: When patient enters office/facility for surgery/procedure</b>					
19	<b>SERVICE PERIOD</b>					
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>					
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>3</b>		<b>2</b>
22	Review charts-obtain medical history	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>13</b>		<b>2</b>
23	Obtain vital signs	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>5</b>		<b>3</b>
24	Provide pre-service education/obtain consent	L037D- L056A	RN/LPN/MTA- RN/OCN			<b>3</b>
25	Prepare room, equipment, supplies	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>2</b>		<b>2</b>
26	Setup scope (non facility setting only)	L037D- L056A	RN/LPN/MTA- RN/OCN			
27	Prepare and position patient/ monitor patient/ set up IV	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>2</b>		<b>2</b>



AMA Specialty Society Recommendation

	A	B	C	D	E	F
1				<b>E/M REFERENCE CODE REFERENCE</b>		
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>99214</b>		<b>963</b>
3	<b>Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH</b>	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of an established patient		Hydration I Init
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>
28	Sedate/apply anesthesia	L037D- L056A	RN/LPN/MTA- RN/OCN			
29	Other Clinical Activity - specify:	L037D- L056A	RN/LPN/MTA- RN/OCN			
30	<b>Intra-service</b>					
31	Clinical staff performs procedure	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>5</b>		<b>10</b>
32	<b>Post-Service</b>					
33	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D- L056A	RN/LPN/MTA- RN/OCN			<b>2</b>
34	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1	L037D- L056A	RN/LPN/MTA- RN/OCN			
35	Clean room/equipment by physician staff	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>3</b>		<b>3</b>
36	Clean Scope	L037D- L056A	RN/LPN/MTA- RN/OCN			
37	Clean Surgical Instrument Package	L037D- L056A	RN/LPN/MTA- RN/OCN			
38	Complete diagnostic forms, lab & X-ray requisitions	L037D- L056A	RN/LPN/MTA- RN/OCN			<b>2</b>

AMA Specialty Society Recommendation

	A	B	C	D	E	F
1				<b>E/M REFERENCE CODE REFERENCE</b>		
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>99214</b>		<b>963</b>
3	<b>Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH</b>	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of an established patient		Hydration I Init
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>
39	Review/read X-ray, lab, and pathology reports	L037D- L056A	RN/LPN/MTA- RN/OCN			
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D- L056A	RN/LPN/MTA- RN/OCN	11		3
41	Other Clinical Activity - <i>specify:</i>	L037D- L056A	RN/LPN/MTA- RN/OCN			
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D- L056A	RN/LPN/MTA- RN/OCN	n/a		n/a
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D- L056A	RN/LPN/MTA- RN/OCN	n/a		n/a
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D- L056A	RN/LPN/MTA- RN/OCN	n/a		n/a
45	<b>End: Patient leaves office</b>					

AMA Specialty Society Recommendation

	A	B	C	D	E	F
1				<b>E/M REFERENCE CODE REFERENCE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>99214</b>		<b>963</b>
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of an established patient		Hydration Init
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>
46	<b>POST-SERVICE Period</b>					
47	<b>Start: Patient leaves office/facility</b>					
48	Conduct phone calls/call in prescriptions			<b>6</b>		<b>3</b>
49	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>
50	99211 16 minutes		16			
51	99212 27 minutes		27			
52	99213 36 minutes		36			
53	99214 53 minutes		53			
54	99215 63 minutes		63			
55	<b>Total Office Visit Time</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
56	Other Clinical Activity - <i>specify:</i>					
57	<b>End: with last office visit before end of global period</b>					
58	<b>MEDICAL SUPPLIES*</b>		<b>CODE</b>	<b>UNIT</b>		
59	pack, minimum multi-specialty visit	SA048	pack	<b>1</b>		
60	specula tips, otoscope	SM025	item	<b>1</b>		
61	patient education booklet	SK062	item	<b>1</b>		

AMA Specialty Society Recommendation

	A	B	C	D	E	F
1				<b>E/M REFERENCE CODE REFERENCE</b>		
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>99214</b>		<b>963</b>
3	<b>Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH</b>	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of an established patient		Hydration Init
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>
62	tongue depressor	SJ061	item	<b>1</b>		
63	cover, thermometer probe	SB004	item			<b>1</b>
64	paper, exam table	SB036	foot	<b>1</b>		<b>7</b>
65	gauze, non-sterile 2in x 2in	SG050	item			<b>2</b>
66	angiocatheter 14g-24g	SC001	item			<b>1</b>
67	swab-pad, alcohol	SJ053	item	<b>2</b>		<b>2</b>
68	gloves, non-sterile	SB022	pair			<b>2</b>
69	syringe 10-12ml	SC051	item			<b>1</b>
70	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item			<b>1</b>
71	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item			<b>1</b>
72	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			<b>1</b>
73	iv infusion set	SC018	item			<b>1</b>
74	tape, surgical paper 1in (Micropore)	SG079	inch			
75	<b>EQUIPMENT</b>	<b>CODE</b>				
76	IV infusion pump	EQ032	Lines 21-40			<b>34</b>
77	table, exam <u>PE Committee changed to use exam room not chair.</u>	EF023	Lines 21-40	<b>44</b>		<b>34</b>

AMA Specialty Society Recommendation

	A	B	C	D	E	F
1				<b>E/M REFERENCE CODE REFERENCE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>99214</b>		<b>963</b>
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of an established patient		Hydration I Init
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>
78	chair, medical recliner	EF009	Lines 21-40			
79	otoscope-ophthalmoscope (wall unit)	EQ189	Lines 21-40	<b>44</b>		

AMA Specialty Society Recommendation

	A	B	C	G	H	I
1				<b>CE CODE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>960</b>	<b>96360</b> 50% with E&M valued as billed with an E&M	
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	V Infusion, initial	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	
4	LOCATION			Facility	Non Fac	Facility
5	GLOBAL PERIOD				XXX	
6	TOTAL CLINICAL LABOR TIME			0.0	16.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME (Staff type L037D-RN/LPN/MTA applies to 99214 only. Staff type L056A applies to 96360 and 96361)	L037D-L056A	RN/LPN/MTA-RN/OCN	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D-L056A	RN/LPN/MTA-RN/OCN	0.0	16.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D-L056A	RN/LPN/MTA-RN/OCN	0.0	0.0	0.0
10	PRE-SERVICE					
11	Start: Following visit when decision for surgery or procedure made					
12	Complete pre-service diagnostic & referral forms	L056A	RN/LPN/MTA-RN/OCN			
13	Coordinate pre-surgery services	L056A	RN/LPN/MTA-RN/OCN		<u>0</u>	
14	Schedule space and equipment in facility					
15	Provide pre-service education/obtain consent					

AMA Specialty Society Recommendation

	A	B	C	G	H	I
1				CE CODE		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			60	<b>96360</b> 50% with E&M valued as billed with an E&M	
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	IV Infusion, initial	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	
4	LOCATION			Facility	Non Fac	Facility
5	GLOBAL PERIOD				XXX	
16	Follow-up phone calls & prescriptions					
17	Other Clinical Activity - <i>specify:Review/read X-ray, lab, pathology reports</i>					
18	End: When patient enters office/facility for surgery/procedure					
19	SERVICE PERIOD					
20	Start: When patient enters office/facility for surgery/procedure:					
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D-L056A	RN/LPN/MTA-RN/OCN		<u>0</u>	
22	Review charts-obtain medical history	L037D-L056A	RN/LPN/MTA-RN/OCN		<u>0</u>	
23	Obtain vital signs	L037D-L056A	RN/LPN/MTA-RN/OCN		<u>3</u>	
24	Provide pre-service education/obtain consent	L037D-L056A	RN/LPN/MTA-RN/OCN		2	
25	Prepare room, equipment, supplies	L037D-L056A	RN/LPN/MTA-RN/OCN		2	
26	Setup scope (non facility setting only)	L037D-L056A	RN/LPN/MTA-RN/OCN			
27	Prepare and position patient/ monitor patient/ set up IV	L037D-L056A	RN/LPN/MTA-RN/OCN		2	

AMA Specialty Society Recommendation

	A	B	C	G	H	I
1				<b>CE CODE</b>		
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>\$60</b>	<b>96360</b> <b>50% with E&amp;M valued as billed with an E&amp;M</b>	
3	<b>Meeting Date: January 2017</b> <b>Tab: 25 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH</b>	<b>CMS Code</b>	<b>Staff Type</b>	V Infusion, ial	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	
4	<b>LOCATION</b>			<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>				<b>XXX</b>	
28	Sedate/apply anesthesia	L037D-L056A	RN/LPN/MTA-RN/OCN			
29	Other Clinical Activity - specify:	L037D-L056A	RN/LPN/MTA-RN/OCN			
30	<b>Intra-service</b>					
31	Clinical staff performs procedure	L037D-L056A	RN/LPN/MTA-RN/OCN		<b>5</b>	
32	<b>Post-Service</b>					
33	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D-L056A	RN/LPN/MTA-RN/OCN		<b>2</b>	
34	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1	L037D-L056A	RN/LPN/MTA-RN/OCN			
35	Clean room/equipment by physician staff	L037D-L056A	RN/LPN/MTA-RN/OCN		<b>0</b>	
36	Clean Scope	L037D-L056A	RN/LPN/MTA-RN/OCN			
37	Clean Surgical Instrument Package	L037D-L056A	RN/LPN/MTA-RN/OCN			
38	Complete diagnostic forms, lab & X-ray requisitions	L037D-L056A	RN/LPN/MTA-RN/OCN		<b>0</b>	



AMA Specialty Society Recommendation

	A	B	C	G	H	I
1				CE CODE		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			60	<b>96360</b> 50% with E&M valued as billed with an E&M	
3	<b>Meeting Date: January 2017</b> <b>Tab: 25 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH</b>	CMS Code	Staff Type	V Infusion, ial	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	
4	<b>LOCATION</b>			<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>				<b>XXX</b>	
39	Review/read X-ray, lab, and pathology reports	L037D-L056A	RN/LPN/MTA-RN/OCN			
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D-L056A	RN/LPN/MTA-RN/OCN		<u>0</u>	
41	Other Clinical Activity - <i>specify:</i>	L037D-L056A	RN/LPN/MTA-RN/OCN			
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D-L056A	RN/LPN/MTA-RN/OCN		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D-L056A	RN/LPN/MTA-RN/OCN		n/a	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D-L056A	RN/LPN/MTA-RN/OCN		n/a	
45	<b>End: Patient leaves office</b>					

AMA Specialty Society Recommendation

	A	B	C	G	H	I
1				<b>CE CODE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>\$60</b>	<b>96360</b> <b>50% with E&amp;M valued as billed with an E&amp;M</b>	
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	IV Infusion, initial	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	
4	<b>LOCATION</b>			<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>				<b>XXX</b>	
46	<b>POST-SERVICE Period</b>					
47	<b>Start: Patient leaves office/facility</b>					
48	Conduct phone calls/call in prescriptions				<b>0</b>	
49	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>
50	99211 16 minutes		16			
51	99212 27 minutes		27			
52	99213 36 minutes		36			
53	99214 53 minutes		53			
54	99215 63 minutes		63			
55	<b>Total Office Visit Time</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
56	Other Clinical Activity - specify:					
57	<b>End: with last office visit before end of global period</b>					
58	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>			
59	pack, minimum multi-specialty visit	SA048	pack			
60	specula tips, otoscope	SM025	item			
61	patient education booklet	SK062	item			

AMA Specialty Society Recommendation

	A	B	C	G	H	I
1				CE CODE		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			60	<b>96360</b> 50% with E&M valued as billed with an E&M	
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	IV Infusion, initial	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	
4	LOCATION			Facility	Non Fac	Facility
5	GLOBAL PERIOD				XXX	
62	tongue depressor	SJ061	item			
63	cover, thermometer probe	SB004	item		0	
64	paper, exam table	SB036	foot		0	
65	gauze, non-sterile 2in x 2in	SG050	item		2	
66	angiocatheter 14g-24g	SC001	item		1	
67	swab-pad, alcohol	SJ053	item		1	
68	gloves, non-sterile	SB022	pair		2	
69	syringe 10-12ml	SC051	item		1	
70	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item		1	
71	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item		1	
72	bandage, strip 0.75in x 3in (Bandaid)	SG021	item		1	
73	iv infusion set	SC018	item		1	
74	tape, surgical paper 1in (Micropore)	SG079	inch		7	
75	EQUIPMENT	CODE				
76	IV infusion pump	EQ032	Lines 21-40		16	
77	table, exam <u>PE Committee changed to use exam room not chair.</u>	EF023	Lines 21-40		16	

AMA Specialty Society Recommendation

	A	B	C	G	H	I
1				CE CODE		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			60	<b>96360</b> 50% with E&M valued as billed with an E&M	
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	V Infusion, ial	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	
4	LOCATION			Facility	Non Fac	Facility
5	GLOBAL PERIOD				XXX	
78	chair, medical recliner	EF009	Lines 21-40		0	
79	otoscope-ophthalmoscope (wall unit)	EQ189	Lines 21-40			

AMA Specialty Society Recommendation

	A	B	C	J	K	L
1				<b>REFERENCE CODE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>96361</b>		<b>96361</b> 50% with E as billed wi
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	Hydration IV Infusion add on		Intravenous hydration additional separately to code for procedure
4	LOCATION			Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			ZZZ		ZZZ
6	TOTAL CLINICAL LABOR TIME			10.0	0.0	7.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME (Staff type L037D-RN/LPN/MTA applies to 99214 only. Staff type L056A applies to 96360 and 96361)	L037D-L056A	RN/LPN/MTA-RN/OCN	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D-L056A	RN/LPN/MTA-RN/OCN	10.0	0.0	7.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D-L056A	RN/LPN/MTA-RN/OCN	0.0	0.0	0.0
10	PRE-SERVICE					
11	Start: Following visit when decision for surgery or procedure made					
12	Complete pre-service diagnostic & referral forms	L056A	RN/LPN/MTA-RN/OCN			
13	Coordinate pre-surgery services	L056A	RN/LPN/MTA-RN/OCN			
14	Schedule space and equipment in facility					
15	Provide pre-service education/obtain consent					

AMA Specialty Society Recommendation

	A	B	C	J	K	L
1				<b>REFERENCE CODE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>96361</b>		<b>963</b> 50% with E as billed wi
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	Hydration IV Infusion add on		Intravenous hydration additional separately to code for proce
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>		<b>ZZZ</b>
16	Follow-up phone calls & prescriptions					
17	Other Clinical Activity - <i>specify: Review/read X-ray, lab, pathology reports</i>					
18	<b>End: When patient enters office/facility for surgery/procedure</b>					
19	<b>SERVICE PERIOD</b>					
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>					
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D- L056A	RN/LPN/MTA- RN/OCN			
22	Review charts-obtain medical history	L037D- L056A	RN/LPN/MTA- RN/OCN			
23	Obtain vital signs	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>3</b>		<b>3</b>
24	Provide pre-service education/obtain consent	L037D- L056A	RN/LPN/MTA- RN/OCN			
25	Prepare room, equipment, supplies	L037D- L056A	RN/LPN/MTA- RN/OCN			
26	Setup scope (non facility setting only)	L037D- L056A	RN/LPN/MTA- RN/OCN			
27	Prepare and position patient/ monitor patient/ set up IV	L037D- L056A	RN/LPN/MTA- RN/OCN			

AMA Specialty Society Recommendation

	A	B	C	J	K	L
1				<b>REFERENCE CODE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>96361</b>		<b>963</b> 50% with E as billed wi
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	Hydration IV Infusion add on		Intravenous hydration additional separately to code for proce
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>		<b>ZZZ</b>
28	Sedate/apply anesthesia	L037D- L056A	RN/LPN/MTA- RN/OCN			
29	Other Clinical Activity - specify:	L037D- L056A	RN/LPN/MTA- RN/OCN			
30	<b>Intra-service</b>					
31	Clinical staff performs procedure	L037D- L056A	RN/LPN/MTA- RN/OCN	<b>7</b>		<b><u>4</u></b>
32	<b>Post-Service</b>					
33	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D- L056A	RN/LPN/MTA- RN/OCN			
34	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1	L037D- L056A	RN/LPN/MTA- RN/OCN			
35	Clean room/equipment by physician staff	L037D- L056A	RN/LPN/MTA- RN/OCN			
36	Clean Scope	L037D- L056A	RN/LPN/MTA- RN/OCN			
37	Clean Surgical Instrument Package	L037D- L056A	RN/LPN/MTA- RN/OCN			
38	Complete diagnostic forms, lab & X-ray requisitions	L037D- L056A	RN/LPN/MTA- RN/OCN			

AMA Specialty Society Recommendation

	A	B	C	J	K	L
1				<b>REFERENCE CODE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>96361</b>		<b>963</b> 50% with E as billed wi
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	Hydration IV Infusion add on		Intravenous hydration additional separately to code for proce
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>		<b>ZZZ</b>
39	Review/read X-ray, lab, and pathology reports	L037D- L056A	RN/LPN/MTA- RN/OCN			
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D- L056A	RN/LPN/MTA- RN/OCN			
41	Other Clinical Activity - <i>specify:</i>	L037D- L056A	RN/LPN/MTA- RN/OCN			
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D- L056A	RN/LPN/MTA- RN/OCN	n/a		n/a
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D- L056A	RN/LPN/MTA- RN/OCN	n/a		n/a
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D- L056A	RN/LPN/MTA- RN/OCN	n/a		n/a
45	<b>End: Patient leaves office</b>					



AMA Specialty Society Recommendation

	A	B	C	J	K	L
1				<b>REFERENCE CODE</b>		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>96361</b>		<b>963</b> 50% with E as billed wi
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4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>		<b>ZZZ</b>
46	<b>POST-SERVICE Period</b>					
47	<b>Start: Patient leaves office/facility</b>					
48	Conduct phone calls/call in prescriptions					
49	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>
50	99211 16 minutes		16			
51	99212 27 minutes		27			
52	99213 36 minutes		36			
53	99214 53 minutes		53			
54	99215 63 minutes		63			
55	<b>Total Office Visit Time</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
56	Other Clinical Activity - specify:					
57	<b>End: with last office visit before end of global period</b>					
58	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>			
59	pack, minimum multi-specialty visit	SA048	pack			
60	specula tips, otoscope	SM025	item			
61	patient education booklet	SK062	item			

AMA Specialty Society Recommendation

	A	B	C	J	K	L
1				<b>REFERENCE CODE</b>		
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>96361</b>		<b>963</b> <b>50% with E</b> <b>as billed wi</b>
3	<b>Meeting Date: January 2017</b> <b>Tab: 25 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH</b>	<b>CMS Code</b>	<b>Staff Type</b>	Hydration IV Infusion add on		Intravenous hydration additional separately to code for procedure
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>		<b>ZZZ</b>
62	tongue depressor	SJ061	item			
63	cover, thermometer probe	SB004	item			
64	paper, exam table	SB036	foot			
65	gauze, non-sterile 2in x 2in	SG050	item			
66	angiocatheter 14g-24g	SC001	item			
67	swab-pad, alcohol	SJ053	item			
68	gloves, non-sterile	SB022	pair			
69	syringe 10-12ml	SC051	item			
70	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item			
71	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item			
72	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			
73	iv infusion set	SC018	item			
74	tape, surgical paper 1in (Micropore)	SG079	inch			
75	<b>EQUIPMENT</b>	<b>CODE</b>				
76	IV infusion pump	EQ032	Lines 21-40	<b>10</b>		<b>7</b>
77	table, exam <u>PE Committee changed to use exam room not chair.</u>	EF023	Lines 21-40	<b>10</b>		<b>7</b>

AMA Specialty Society Recommendation

	A	B	C	J	K	L
1				<b>REFERENCE CODE</b>		
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4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>		<b>ZZZ</b>
78	chair, medical recliner	EF009	Lines 21-40			<b>0</b>
79	otoscope-ophthalmoscope (wall unit)	EQ189	Lines 21-40			

AMA Specialty Society Recommendation

	A	B	C	M
1				
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>61</b> E&M valued with an E&M
3	Meeting Date: January 2017 Tab: 25 Revised 1-12-2017 Specialty: ASCO, ASH	CMS Code	Staff Type	is infusion, n; each hour (List in addition r primary dure)
4	LOCATION			Facility
5	GLOBAL PERIOD			
6	TOTAL CLINICAL LABOR TIME			0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME (Staff type L037D-RN/LPN/MTA applies to 99214 only. Staff type L056A applies to 96360 and 96361)	L037D- L056A	RN/LPN/MTA- RN/OCN	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D- L056A	RN/LPN/MTA- RN/OCN	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D- L056A	RN/LPN/MTA- RN/OCN	0.0
10	PRE-SERVICE			
11	Start: Following visit when decision for surgery or procedure made			
12	Complete pre-service diagnostic & referral forms	L056A	RN/LPN/MTA- RN/OCN	
13	Coordinate pre-surgery services	L056A	RN/LPN/MTA- RN/OCN	
14	Schedule space and equipment in facility			
15	Provide pre-service education/obtain consent			

AMA Specialty Society Recommendation

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4	LOCATION			Facility
5	GLOBAL PERIOD			
16	Follow-up phone calls & prescriptions			
17	Other Clinical Activity - <i>specify: Review/read X-ray, lab, pathology reports</i>			
18	End: When patient enters office/facility for surgery/procedure			
19	SERVICE PERIOD			
20	Start: When patient enters office/facility for surgery/procedure:			
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D- L056A	RN/LPN/MTA- RN/OCN	
22	Review charts-obtain medical history	L037D- L056A	RN/LPN/MTA- RN/OCN	
23	Obtain vital signs	L037D- L056A	RN/LPN/MTA- RN/OCN	
24	Provide pre-service education/obtain consent	L037D- L056A	RN/LPN/MTA- RN/OCN	
25	Prepare room, equipment, supplies	L037D- L056A	RN/LPN/MTA- RN/OCN	
26	Setup scope (non facility setting only)	L037D- L056A	RN/LPN/MTA- RN/OCN	
27	Prepare and position patient/ monitor patient/ set up IV	L037D- L056A	RN/LPN/MTA- RN/OCN	

AMA Specialty Society Recommendation

	A	B	C	M
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3	<b>Meeting Date: January 2017</b> <b>Tab: 25 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH</b>	<b>CMS Code</b>	<b>Staff Type</b>	s infusion, n; each hour (List in addition r primary dure)
4	<b>LOCATION</b>			<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			
28	Sedate/apply anesthesia	L037D- L056A	RN/LPN/MTA- RN/OCN	
29	Other Clinical Activity - specify:	L037D- L056A	RN/LPN/MTA- RN/OCN	
30	<b>Intra-service</b>			
31	Clinical staff performs procedure	L037D- L056A	RN/LPN/MTA- RN/OCN	
32	<b>Post-Service</b>			
33	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D- L056A	RN/LPN/MTA- RN/OCN	
34	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1	L037D- L056A	RN/LPN/MTA- RN/OCN	
35	Clean room/equipment by physician staff	L037D- L056A	RN/LPN/MTA- RN/OCN	
36	Clean Scope	L037D- L056A	RN/LPN/MTA- RN/OCN	
37	Clean Surgical Instrument Package	L037D- L056A	RN/LPN/MTA- RN/OCN	
38	Complete diagnostic forms, lab & X-ray requisitions	L037D- L056A	RN/LPN/MTA- RN/OCN	

AMA Specialty Society Recommendation

	A	B	C	M
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2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>61</b> <b>E&amp;M valued</b> <b>with an E&amp;M</b>
3	<b>Meeting Date: January 2017</b> <b>Tab: 25 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH</b>	<b>CMS Code</b>	<b>Staff Type</b>	s infusion, n; each hour (List in addition r primary dure)
4	<b>LOCATION</b>			<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			
39	Review/read X-ray, lab, and pathology reports	L037D- L056A	RN/LPN/MTA- RN/OCN	
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D- L056A	RN/LPN/MTA- RN/OCN	
41	Other Clinical Activity - <i>specify:</i>	L037D- L056A	RN/LPN/MTA- RN/OCN	
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D- L056A	RN/LPN/MTA- RN/OCN	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D- L056A	RN/LPN/MTA- RN/OCN	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D- L056A	RN/LPN/MTA- RN/OCN	
45	<b>End: Patient leaves office</b>			

AMA Specialty Society Recommendation

	A	B	C	M
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2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>61</b> E&M valued with an E&M
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5	GLOBAL PERIOD			
46	POST-SERVICE Period			
47	Start: Patient leaves office/facility			
48	Conduct phone calls/call in prescriptions			
49	Office visits: List Number and Level of Office Visits			# visits
50	99211 16 minutes		16	
51	99212 27 minutes		27	
52	99213 36 minutes		36	
53	99214 53 minutes		53	
54	99215 63 minutes		63	
55	Total Office Visit Time			0.0
56	Other Clinical Activity - specify:			
57	End: with last office visit before end of global period			
58	MEDICAL SUPPLIES*	CODE	UNIT	
59	pack, minimum multi-specialty visit	SA048	pack	
60	specula tips, otoscope	SM025	item	
61	patient education booklet	SK062	item	



AMA Specialty Society Recommendation

	A	B	C	M
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2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>61</b> <b>E&amp;M valued</b> <b>with an E&amp;M</b>
3	<b>Meeting Date: January 2017</b> <b>Tab: 25 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH</b>	<b>CMS Code</b>	<b>Staff Type</b>	is infusion, n; each hour (List in addition r primary dure)
4	<b>LOCATION</b>			<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			
62	tongue depressor	SJ061	item	
63	cover, thermometer probe	SB004	item	
64	paper, exam table	SB036	foot	
65	gauze, non-sterile 2in x 2in	SG050	item	
66	angiocatheter 14g-24g	SC001	item	
67	swab-pad, alcohol	SJ053	item	
68	gloves, non-sterile	SB022	pair	
69	syringe 10-12ml	SC051	item	
70	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	
71	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item	
72	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	
73	iv infusion set	SC018	item	
74	tape, surgical paper 1in (Micropore)	SG079	inch	
75	<b>EQUIPMENT</b>	<b>CODE</b>		
76	IV infusion pump	EQ032	Lines 21-40	
77	table, exam <u>PE Committee changed to use exam room not chair.</u>	EF023	Lines 21-40	

AMA Specialty Society Recommendation

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2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>61</b> E&M valued with an E&M
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4	LOCATION			Facility
5	GLOBAL PERIOD			
78	chair, medical recliner	EF009	Lines 21-40	
79	otoscope-ophthalmoscope (wall unit)	EQ189	Lines 21-40	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures\**

January 2017

**Application of On-body Injector with Subcutaneous Injection**

At the October 2015 panel meeting the CPT Editorial Panel created a new code, CPT code 96377 *Application of on-body injector (includes cannula insertion) for timed subcutaneous injection*, for the administration of neupogen following chemotherapy. The manufacturer of the on-body injector that administers the medication submitted the code proposal and presented to the Panel. Although the specialty society did not develop the code proposal they are strongly supportive of the application. The drug cannot be administered until 24 hours after chemotherapy and patients are often required to return to the office for administration. This is a considerable burden for patients who live in rural areas and may have to travel hundreds of miles for such treatment and the specialty supports the service as it is an important method of administration for this drug.

As the specialty societies prepared to survey CPT code 96377, it was determined that a targeted sample was necessary to appropriately survey this code. This type of survey needs to be approved by the Research Subcommittee; however, the deadline for approval had already passed. In a letter to the RUC the specialty societies requested that the survey be delayed to the April 2016 RUC meeting. Subsequent to that letter being submitted the specialty determined there are other injection/ IV push codes part of the same family as the new codes (96372, 96374, 96375) and that the codes should be surveyed together. The other injection services in the family (96372, 96374, and 96375) are high volume and were been identified by the Relativity Assessment Workgroup for survey and review by the RUC at the October 2016 RUC meeting. It will be necessary to gain involvement from other specialty societies that perform injection services. The societies that perform these services will review potential changes to the overall family of injection/ IV push codes and provide revised introductory material for the CPT book. The specialty societies planned to survey the entire family of injection/IV push services for the October 2016 RUC meeting.

The RUC considered the recommendation of the specialty societies and agreed that the new service along with three other codes in the family, CPT codes 96372, 96374 and 96375 should be surveyed for the October 2016 RUC meeting. The RUC also agreed with the recommendation that the new service 96377 should be carrier priced for 2017. The RUC recommended survey of CPT codes 96372, 96374, 96375 and 96377 for review at the October 2016 RUC meeting and recommended to carrier price CPT code 96377 for 2017. The CPT Editorial Panel questioned whether physician work is involved in 96377 or if it is practice expense only. In June 2016, the specialty societies indicated that they would not proceed with a coding change proposal and would survey for January 2017.

**96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

The RUC reviewed surveys from 110 physicians and determined that the current work RVU of 0.17 appropriately accounts for the work required to perform this service. The RUC recommends 2 minutes pre-service evaluation time, 3 minutes intra-service time and 2 minutes immediate post service time. Although the survey 25<sup>th</sup> percentile and median work values and time components were all higher, the specialty societies indicated that the work and time for this service has not fundamentally changed. The RUC noted that 96372 is typically performed with an Evaluation and Management service (52% of the time), and the pre-service time, post-service time and practice expense inputs do not include any duplication.

The RUC compared the surveyed code to the top two key reference services CPT code 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU = 0.21 and 5 minutes intra-service time) and 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (work RVU = 0.28 and 7 minutes intra-service time) and noted that the respondents indicated that the surveyed code is less intense and complex on almost all measures examined. For additional support, the RUC referenced MPC codes 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16 and 3 minutes intra-service time) and 99211 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.18 and 7 minutes total time), which provide better references regarding the relativity for physician work and time across the payment schedule. **The RUC recommends a work RVU of 0.17 for CPT code 96372.**

**96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

The RUC reviewed surveys from 80 physicians and determined that the current work RVU of 0.18 appropriately accounts for the work required to perform this service. The RUC recommends 2 minutes pre-service evaluation time, 5 minutes intra-service time and 2 minutes immediate post service time. Although the survey 25<sup>th</sup> percentile and median work values and time components were all higher, the specialty societies indicated that the work and time for this service has not fundamentally changed. The RUC compared the surveyed code to the top two key reference services CPT code 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU = 0.21 and 5 minutes intra-service time) and 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (work RVU = 0.28 and 7 minutes intra-service time) and noted that the respondents indicated that the surveyed code is slightly more intense and complex on almost all measures examined. For additional support the RUC referenced MPC codes 51741 *Complex uroflowmetry (eg, calibrated electronic equipment)* (work RVU = 0.17 and 7 minutes total time) and 99211 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.18 and 7 minutes total time), which provide better references regarding the relativity for physician work and time across the payment schedule. **The RUC recommends a work RVU of 0.18 for CPT code 96374.**

**96375 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

The RUC reviewed surveys from 77 physicians and determined that the current work RVU of 0.10 appropriately accounts for the work required to perform this service. The RUC recommends 4 minutes intra-service time. Although the survey 25<sup>th</sup> percentile and median work values and time components were all higher, the specialty societies indicated that the work and time for this service has not fundamentally changed. The RUC compared the surveyed code to the top two key reference services CPT code 96417 *Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)* (work RVU = 0.21 and 6 minutes intra-service time) and 96367 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)* (work RVU = 0.19 and 5 minutes intra-service time) and noted that the respondents indicated that overall the surveyed code is slightly less intense and complex than 96417 and slightly more intense and complex than 96367. For additional support the RUC referenced MPC codes 95165 *Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)* (work RVU = 0.06 and 3 minutes intra-service) and 96153 *Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)* (work RVU = 0.10 and 3 minutes intra-service time), which provide better references regarding the relativity for physician work and time across the payment schedule. **The RUC recommends a work RVU of 0.10 for CPT code 96375.**

**96377 Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

The RUC reviewed surveys from 60 physicians and determined that a work RVU of 0.17, slightly below the survey 25<sup>th</sup> percentile, appropriately accounts for the work required to perform this service. The RUC recommends 2 minutes pre-service evaluation time, 5 minutes intra-service time and 2 minutes immediate post service time. The specialty society clarified that this service is typically reported on the same day as chemotherapy administration. A RUC member questioned how many injections and cycles are typical, the specialty societies indicated that the patient is injected once per cycle and there are typically 4-6 cycles.

The RUC compared the surveyed code to the top two key reference services CPT code 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU = 0.21 and 5 minutes intra-service time) and 36410 *Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)* (work RVU = 0.18 and 5 minutes intra-service time) and noted that the respondents indicated that the surveyed code is overall less intense and complex. However, the specialty societies did not agree. The specialties societies indicated that the service provided in 96377 was more closely related to 96372 rather than 96374 when considering the intensity and complexity of the patient, risk of complications, and likelihood that that the physician would be asked to intervene. The specialty society recommends to maintaining relativity between the services. Therefore, the work RVUs for CPT code 96377 should be slightly less physician work than 96374 and more similar to 96372.

Using magnitude estimation, the specialty societies compared 96377 to similar services 51741 *Complex uroflowmetry (eg, calibrated electronic equipment)* (work RVU = 0.17 and 5 minutes intra-service time), 77086 *Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)* (work RVU = 0.17 and 5 minutes intra-service time), and 93050 *Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive* (work RVU = 0.17 and 5 minutes intra-service time), which provide better references regarding the relativity for physician work and time across the payment schedule. **The RUC recommends a work RVU of 0.17 for CPT code 96377.**

The RUC noted that CMS has assigned CPT code 96377 a status of “I”, Invalid. **The RUC requests that CMS consider the RUC recommendation for immediate implementation and communicate the change in coverage to physicians.**

### Practice Expense

The Practice Expense Subcommittee modified the direct practice expense inputs by eliminating any duplicative E/M services, minor adjustments to some supplies, adjusted equipment due to changes in clinical staff time. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	XXX	0.17 (No Change)
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	XXX	0.18 (No Change)
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	ZZZ	0.10 (No Change)
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	XXX	0.17

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## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

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CPT Code: 96372      Tracking Number

Original Specialty Recommended RVU: **0.17**Presented Recommended RVU: **0.17**

Global Period: XXX

RUC Recommended RVU: **0.17**

CPT Descriptor: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

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### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70 year old female diagnosed with pneumonia, receives an intramuscular injection of antibiotic (e.g. rocephin).

Percentage of Survey Respondents who found Vignette to be Typical: 74%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Physician or other qualified health care professional provides and confirms orders for the infusion, and interacts and reviews the infusion plan with the staff.

Description of Intra-Service Work: Physician or other qualified health care professional directly supervises the service, ensures their immediate availability to the staff in the office and periodically assesses the patient and the patient's response to treatment.

Description of Post-Service Work: Physician or other qualified health care professional provides appropriate instructions regarding immediate care, provides minimal instructions regarding ongoing care, and conducts appropriate interaction with staff regarding patient monitoring.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. Jennifer Aloff, Dr. David Regan, Dr. Elizabeth Blanchard				
<b>Specialty(s):</b>	AAFP, ASCO, ASH				
<b>CPT Code:</b>	96372				
<b>Sample Size:</b>	6838	<b>Resp N:</b>	110	<b>Response:</b>	1.6 %
<b>Description of Sample:</b>	Random pull of AAFP, ASCO, and ASH members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	30.00	100.00	5500.00
<b>Survey RVW:</b>	0.10	0.20	0.22	0.32	2.00
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	2.00	5.00	10.00	30.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	96372	<b>Recommended Physician Work RVU: 0.17</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	2.00	0.00	2.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	3.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96365	XXX	0.21	RUC Time

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96413	XXX	0.28	RUC Time

CPT Descriptor Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
73120	XXX	0.16	RUC Time	282,043

CPT Descriptor 1 Radiologic examination, hand; 2 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	4,853,590

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 33      % of respondents: 30.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 33      % of respondents: 30.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>96372</u>	Top Key Reference CPT Code: <u>96365</u>	2nd Key Reference CPT Code: <u>96413</u>
Median Pre-Service Time	2.00	2.00	4.00
Median Intra-Service Time	3.00	5.00	7.00
Median Immediate Post-service Time	2.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>7.00</b>	<b>9.00</b>	<b>13.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.39	0.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.18	0.15
Urgency of medical decision making	-0.18	0.55

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.48	-0.18
Physical effort required	-0.42	0.27

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.45	-0.12
Outcome depends on the skill and judgment of physician	-0.39	-0.12
Estimated risk of malpractice suit with poor outcome	-0.30	0.58

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.06	-0.57
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

<b>Services Reported Together</b>	96372	99214
Global Period	XXX	XXX
RVU	0.17	1.50
Pre-/Intra-/Post- Time	2/3/2	5/25/10

**Background**

In the Notice of Proposed Rulemaking for 2016, CMS ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 96372, 96374, and 96375 were part of that list to be surveyed. CPT code 96377 is new for 2017. This code was approved by the CPT Editorial Panel in October 2015 and is currently carrier priced. **In June 2016, the specialty societies indicated that they would not proceed with a coding change proposal that might have impacted these codes and moved to survey Tabs 25, 26 and 27 for the January 2017 RUC meeting.** These codes were surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

**96372 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO), the American Society of Hematology (ASH), the American Academy of Family Physicians (AAFP), and the American College of Rheumatology (ACRrh) conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO, ASH, AAFP, and ACRrh RVS consensus panel reviewed and discussed the physician work survey results. For CPT code 96372, there were 110 responses to the survey request with a median performance rate of 30, lending support that the survey participants were familiar with the service. 74% of the survey respondents found the vignette to be typical.

## Time Discussion

The joint panel reviewed the survey median times (10 pre, 5 intra, 5 post) and compared it to the current time of 2 minutes pre, 3 minutes intra and 2 minutes' post time. The 25<sup>th</sup> percentile times of the survey are (5 pre, 2 intra, and 4 post). The consensus of the joint panel is that the physician work of this service has not fundamentally changed since 2004, which would not justify a substantial increase in time from the current level. We are, therefore, recommending the current times be maintained as they are similar to the 25<sup>th</sup> percentile times from the recent survey.

## Work Discussion

The joint panel reviewed the survey median work (RVW 0.22), as well as the 25<sup>th</sup> percentile (RVW 0.20) compared to the current value (RVW 0.17). The panel recommends maintaining the current RVW of 0.17, which is consistent with our conclusion that there have not been fundamental changes in the nature of the physician work and there is no compelling evidence for an increase in the work value.

The key reference service code 1 chosen by the survey respondents, CPT 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*, is assigned an RVW 0.21 with pre, intra and post time of 2, 5, and 2 minutes. The intensity/complexity measures of the surveyed code were similar to the ratings assigned to the reference code. Given the similarity in times and the minimal difference in the intensity/complexity measures, we believe the survey data supports maintenance of the current value of 0.17.

To provide further support for our recommendations, the joint panel compared code 96372 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>73120 (MPC)</b>	X-ray exam of hand	<b>0.16</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>
<b>93010</b>	Electrocardiogram report	<b>0.17</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>6</b>
<b>96372</b> Survey Code	Ther/proph/diag inj sc/im	<b>0.17</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>7</b>
<b>99211 (MPC)</b>	Office/outpatient visit est (five minutes)	<b>0.18</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>7</b>

The panel considers the time and intensity associated with the surveyed injection code to be comparable to that of the other comparator services and believes the current RVW places this code in appropriate rank order to those services in terms of physician work.

**In summary, we recommend a RVW of 0.17 (which is the current value for 96372) with a pre-service time of 2 minutes, an intra service time of 3 minutes, and a post time of 2 minutes for a total time 7 minutes.**

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.



Historical precedents.

Other reason (please explain) CPT code 96372 is billed 52% of the time with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See above in the "Additional Rationale and Comments" section.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96372

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Family Medicine                      How often? Commonly

Specialty Internal Medicine                      How often? Commonly

Specialty Oncology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 27382047

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims data times 3.

Specialty Family Medicine	Frequency 7787454	Percentage 28.43 %
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Specialty Internal Medicine	Frequency 6703125	Percentage 24.47 %
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Specialty Hematology/Oncology	Frequency 3239296	Percentage 11.82 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

9,127,349 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This information is the 2015 Medicare claims data from the RUC database

Specialty Family Medicine	Frequency 2582127	Percentage 28.28 %
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Specialty Internal Medicine	Frequency 2265408	Percentage 24.81 %
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Specialty Hematology/Oncology	Frequency 1126315	Percentage 12.34 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Other drugs

BETOS Sub-classification Level II:

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96372

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 96374      Tracking Number

Original Specialty Recommended RVU: **0.18**Presented Recommended RVU: **0.18**

Global Period: XXX

RUC Recommended RVU: **0.18**

CPT Descriptor: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 58-year-old female with no major underlying health problems presents for evaluation of nausea and vomiting. She is diagnosed with gastroenteritis with mild dehydration. An IV anti-emetic is prescribed, along with one liter of IV hydration. (Note: The liter of hydration is reported separately.)

Percentage of Survey Respondents who found Vignette to be Typical: 78%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Physician or other qualified health care professional provides and confirms orders for the infusion, and interacts and reviews the infusion plan with the staff.

Description of Intra-Service Work: Physician or other qualified health care professional directly supervises the service, ensures their immediate availability to the staff in the office and periodically assesses the patient and the patient's response to treatment.

Description of Post-Service Work: Physician or other qualified health care professional provides appropriate instructions regarding immediate care, provides minimal instructions regarding ongoing care, and conducts appropriate interaction with staff regarding patient monitoring.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. David Regan, Dr. Elizabeth Blanchard, Dr. Frederica Smith				
<b>Specialty(s):</b>	ASCO, ASH, ACRh				
<b>CPT Code:</b>	96374				
<b>Sample Size:</b>	4838	<b>Resp N:</b>	80	<b>Response:</b>	1.6 %
<b>Description of Sample:</b>	Random pull of ASCO, ASH, and ACRh members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	7.00	44.00	200.00	500.00
<b>Survey RVW:</b>	0.20	0.21	0.26	0.43	10.00
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	4.00	5.00	10.00	65.00
<b>Immediate Post Service-Time:</b>	<u>5.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	96374	<b>Recommended Physician Work RVU: 0.18</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	2.00	0.00	2.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	5.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96413	XXX	0.28	RUC Time

CPT Descriptor Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96365	XXX	0.21	RUC Time

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51741	XXX	0.17	RUC Time	590,626

CPT Descriptor 1 Complex uroflowmetry (eg, calibrated electronic equipment)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	4,853,590

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 43      % of respondents: 53.7 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 24      % of respondents: 30.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>96374</u>	Top Key Reference CPT Code: <u>96413</u>	2nd Key Reference CPT Code: <u>96365</u>
Median Pre-Service Time	2.00	4.00	2.00
Median Intra-Service Time	5.00	7.00	5.00
Median Immediate Post-service Time	2.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>9.00</b>	<b>13.00</b>	<b>9.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.18	0.21
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.05	0.17
Urgency of medical decision making	-0.09	0.29

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.18	0.04
Physical effort required	0.07	0.04

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.07	0.13
Outcome depends on the skill and judgment of physician	0.07	0.17
Estimated risk of malpractice suit with poor outcome	0.32	0.50

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.04	0.50
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In the Notice of Proposed Rulemaking for 2016, CMS ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 96372, 96374, and 96375 were part of that list to be surveyed. CPT code 96377 is new for 2017. This code was approved by the CPT Editorial Panel in October 2015 and is currently carrier priced. **In June 2016, the specialty societies indicated that they would not proceed with a coding change proposal that might have impacted these codes and moved to survey Tabs 25, 26 and 27 for the January 2017 RUC meeting.** These codes were surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

**96374 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO) the American Society of Hematology (ASH), and the American College of Rheumatology (ACR) conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO, ASH, and ACR RVS consensus panel reviewed and discussed the work survey results. For CPT code 96374, there were 80 responses to the survey request with a median performance rate of 44, lending support that the survey participants were familiar with the service. 78% of the survey respondents found the vignette to be typical.

**Time Discussion**

The joint panel reviewed the survey median times (10 pre, 5 intra, 5 post) and compared it to the current time of 2 minutes pre, 5 minutes intra and 2 minutes' post time. The 25<sup>th</sup> percentile times of the survey are (10 pre, 4 intra and 5 post.) The consensus of the joint panel is that the physician work of this service has not fundamentally changed since

2004 which would not justify an increase in time from the current level. We are, therefore, recommending the current times be maintained.

### Work Discussion

The joint panel reviewed the survey median work (RVW 0.26) as well as the 25<sup>th</sup> percentile (RVW 0.21) compared to the current value (RVW 0.18). The panel recommends maintaining the current RVW of 0.18 which is consistent with our conclusion that there has not been fundamental changes in the nature of the physician work and there is no compelling evidence for an increase in the work value.

The key reference service code 1 chosen by the survey respondents, CPT 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug*, is assigned an RVW 0.28 with pre, intra and post time of 4, 7 and 2 minutes. The intensity/complexity measures of the surveyed code were rated as similar by the survey respondents. The joint expert panel did not agree with the survey respondents' observation of the key reference 1 to the survey code CPT 96374.

To provide additional support to maintain the current value, the joint panel compared code 96374 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>51741 (MPC)</b>	Electro-uroflowmetry first	<b>0.17</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>12</b>
<b>92504</b>	Ear microscopy examination	<b>.18</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>9</b>
<b>96374</b> Survey Code	Ther/proph/diag inj iv push	<b>0.18</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>9</b>
<b>99211 (MPC)</b>	Office/outpatient visit est (five minutes)	<b>0.18</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>7</b>
<b>96367(MPC)</b> <b>ZZZ</b>	Tx/proph/dg addl seq iv inf	<b>0.19</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>

**In summary, we recommend a RVW of 0.18 (which is the current value for 96374) with a pre-service time of 2 minutes, an intra service time of 5 minutes, and a post time of 2 minutes for a total time 9 minutes.**

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

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**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96374

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hematology/Oncology                      How often? Commonly

Specialty Cardiology                                  How often? Commonly

Specialty Internal Medicine                        How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 856206

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims data times 3.

Specialty Hematology/Oncology                  Frequency 227751                      Percentage 26.60 %

Specialty Cardiology                                  Frequency 100262                      Percentage 11.71 %

Specialty Internal Medicine                        Frequency 88789                        Percentage 10.37 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 285,402 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims data from the RUC database

Specialty Hematology/Oncology                  Frequency 75917                        Percentage 26.60 %

Specialty Cardiology                                  Frequency 33421                        Percentage 11.71 %

Specialty Internal Medicine                        Frequency 29596                        Percentage 10.36 %

Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Other drugs

BETOS Sub-classification Level II:

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96374

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:96375

Tracking Number

Original Specialty Recommended RVU: **0.10**Presented Recommended RVU: **0.10**

Global Period: ZZZ

RUC Recommended RVU: **0.10**

CPT Descriptor: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 58-year-old female with no major underlying health problems presents for evaluation of nausea and vomiting. She is diagnosed as having gastroenteritis with mild dehydration. An intravenous anti-emetic is prescribed, along with one liter of IV hydration. The nausea persists and the physician prescribes a benzodiazepine by IV push. (Note: The physician evaluations and hydration are reported separately.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: N/A

Description of Intra-Service Work: Physician or other qualified health care professional provides and confirms the infusion orders, provides direct supervision, ensures their immediate availability to the staff in the office and periodically assesses the patient and the patient's response to treatment, typically through communication with the nurse.

Description of Post-Service Work: N/A



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. David Regan, Dr. Elizabeth Blanchard, Dr. Frederica Smith				
<b>Specialty(s):</b>	ASCO, ASH, ACRh				
<b>CPT Code:</b>	96375				
<b>Sample Size:</b>	4838	<b>Resp N:</b>	77	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	Random pull of ASCO, ASH, and ACRh members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	100.00	200.00	4000.00
<b>Survey RVW:</b>	0.19	0.19	0.25	0.36	10.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	2.00	5.00	15.00	30.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	96375	<b>Recommended Physician Work RVU: 0.10</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	4.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96417	ZZZ	0.21	RUC Time

CPT Descriptor Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96367	ZZZ	0.19	RUC Time

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95165	XXX	0.06	RUC Time	6,898,953

CPT Descriptor 1 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96153	XXX	0.10	RUC Time	37,153

CPT Descriptor 2 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 38      % of respondents: 49.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 28      % of respondents: 36.3 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>96375</u>	Top Key Reference CPT Code: <u>96417</u>	2nd Key Reference CPT Code: <u>96367</u>
Median Pre-Service Time	0.00	2.00	1.00
Median Intra-Service Time	4.00	6.00	5.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>4.00</b>	<b>8.00</b>	<b>6.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.13	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.21	0.50
Urgency of medical decision making	-0.16	0.25

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.05	0.46
Physical effort required	-0.13	0.43

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.18	0.57
Outcome depends on the skill and judgment of physician	-0.24	0.64
Estimated risk of malpractice suit with poor outcome	-0.21	0.68

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.23	0.64
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

<b>Services Reported Together</b>	96375	96367	96413
Global Period	ZZZ	ZZZ	XXX
RVU	.10	.19	.28
Pre-/Intra-/Post- Time	1/3/0	1/5/0	4/7/2

**Background**

In the Notice of Proposed Rulemaking for 2016, CMS ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 96372, 96374, and 96375 were part of that list to be surveyed. CPT code 96377 is new for 2017. This code was approved by the CPT Editorial Panel in October 2015 and is currently carrier priced. **In June 2016, the specialty societies indicated that they would not proceed with a coding change proposal that might have impacted these codes and moved to survey Tabs 25, 26 and 27 for the January 2017 RUC meeting.** These codes were surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

**96375 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO), the American Society of Hematology (ASH), and the American College of Rheumatology (ACR) conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO, ASH, and ACR RVS consensus panel reviewed and discussed the work survey results. For CPT code 96375, there were 77 responses to the survey request with a median performance rate of 100, lending support that the survey participants were quite familiar with the service. 78% of the survey respondents found the vignette to be typical.

## Time Discussion

We did not survey for pre and post time since this is an add-on (ZZZ) code. The survey median intra service time was 5 minutes and the 25<sup>th</sup> percentile intra time 2 minutes. The current intra time assigned is 3 minutes with one minute of pre-time for a total time of 4 minutes. The consensus of the joint panel is that the physician work of this service has not fundamentally changed since 2004. We are therefore recommending that the current time be maintained with the allocation of the 1 minute of pre-time to 3 minutes of intra time for a total intra service time of 4 minutes.

## Work Discussion

The joint panel reviewed the survey median work (RVW 0.25) as well as the 25<sup>th</sup> percentile (RVW 0.19) compared to the current value (RVW 0.10). The panel recommends maintaining the current RVW of 0.10 consistent with our conclusion that there has not been fundamental changes in the nature of the work and there is no compelling evidence for an increase in the work value.

The key reference service code 1 chosen by the survey respondents, CPT 96417 *Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)*, is assigned an RVW 0.21 with pre, intra and post time of 2, 6 and 0 minutes. The intensity/complexity measures of the surveyed code were similar to the ratings assigned to the reference code 96417. The joint expert panel did not agree with this comparison and recommends maintaining the current value of 0.17.

To provide support for the expert panel recommendation, we compared code 96375 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>95165 (MPC)</b>	Antigen therapy services (Single and multiple)	<b>0.06</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>
<b>95144</b>	Antigen therapy services (single)	<b>0.06</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>
<b>96375</b> Survey Code	Tx/pro/dx inj new drug add-on	<b>0.10</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>4</b>
<b>96153 (MPC)</b>	Intervene hlth/behav group	<b>0.10</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>
<b>96368 (MPC)</b>	Ther/diag concurrent inf	<b>0.17</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>

**In summary, we recommend a RVW of 0.10 (which is the current value for 96375) with an intra service time of 3 minutes, for a total time of 3 minutes.**

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See above in the "Additional Rationale and Comments" section.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96375

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hematology/Oncology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Specialty Rheumatology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 4412214

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims data times 3

Specialty Hematology/Oncology	Frequency 2677773	Percentage 60.69 %
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Specialty Medical Oncology	Frequency 814936	Percentage 18.47 %
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Specialty Rheumatology	Frequency 168105	Percentage 3.80 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,470,738 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is 2015 Medicare claims data from the RUC database

Specialty Hematology/Oncology	Frequency 892591	Percentage 60.69 %
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Specialty Medical Oncology	Frequency 271645	Percentage 18.46 %
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Specialty Rheumatology	Frequency 56035	Percentage 3.80 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Other drugs

BETOS Sub-classification Level II:

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96375

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 96377	Tracking Number	Original Specialty Recommended RVU: <b>0.17</b>
		Presented Recommended RVU: <b>0.17</b>
Global Period: XXX		RUC Recommended RVU: <b>0.17</b>

CPT Descriptor: Application of on-body injector (includes cannula insertion) for timed subcutaneous injection

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 43-year-old female was diagnosed with stage IIB triple-negative invasive ductal carcinoma of the left breast and had left modified radical mastectomy and left axillary node dissection. Following adequate recovery, she and her oncologist agreed to a treatment plan that consisted of adjuvant chemotherapy.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Physician or other qualified health care professional provides and confirms orders for the infusion, and interacts and reviews the infusion plan with the staff.

Description of Intra-Service Work: Physician or other qualified health care professional directly supervises the service, ensures their immediate availability to the staff in the office and periodically assesses the patient and the patient's response to treatment.

Description of Post-Service Work: Physician or other qualified health care professional provides appropriate instructions regarding immediate care, provides minimal instructions regarding ongoing care, and conducts appropriate interaction with staff regarding patient monitoring.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. Elizabeth Blanchard, Dr. David Regan				
<b>Specialty(s):</b>	ASCO, ASH				
<b>CPT Code:</b>	96377				
<b>Sample Size:</b>	3843	<b>Resp N:</b>	60	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	Random pull of ASCO and ASH members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	20.00	50.00	500.00
<b>Survey RVW:</b>	0.00	0.18	0.25	0.32	1.50
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	1.00	5.00	5.00	30.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	96377	<b>Recommended Physician Work RVU: 0.17</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	2.00	0.00	2.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	5.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96365	XXX	0.21	RUC Time

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36410	XXX	0.18	RUC Time

CPT Descriptor Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
73120	XXX	0.16	RUC Time	282,043

CPT Descriptor 1 Radiologic examination, hand; 2 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	4,853,590

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 35      % of respondents: 61.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 14      % of respondents: 24.5 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>96377</u>	Top Key Reference CPT Code: <u>96365</u>	2nd Key Reference CPT Code: <u>36410</u>
Median Pre-Service Time	2.00	2.00	1.00
Median Intra-Service Time	5.00	5.00	5.00
Median Immediate Post-service Time	2.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>9.00</b>	<b>9.00</b>	<b>8.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.29	0.21
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.31	0.29
Urgency of medical decision making	0.26	0.21
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	-0.31	0.00
Physical effort required	0.00	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.03	-0.36
Outcome depends on the skill and judgment of physician	0.00	-0.07
Estimated risk of malpractice suit with poor outcome	0.89	-0.57

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.48	-0.14
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**96377 Background**

At the October 2015 panel meeting the CPT Editorial Panel created a new code, CPT code 96377 (*application of on-body injector (includes cannula insertion) for timed subcutaneous injection*), for the administration of neupogen following chemotherapy. The manufacturer of the on-body injector submitted the code change proposal and presented it to the Panel. Although ASCO and ASH did not develop the code proposal, they were supportive of the application. Neulasta cannot be administered until 24 hours after chemotherapy, often requiring patients to return to the office the day after chemotherapy administration. This is a considerable burden for those who live in rural areas and may have to travel hundreds of miles for such treatment. ASCO and ASH support the service as it is an important method of administration for this drug.

As the specialty society prepared to survey CPT code 96377 in early 2016, the specialty societies considered sending the survey to a targeted sample, since the device was relatively new. There was concern that the specialty society members may not be utilizing it yet in high numbers. In a letter to the RUC, ASCO and ASH requested that the survey be delayed to the April 2016 RUC meeting. Subsequent to the letter being submitted, ASCO and ASH determined that it would be appropriate to survey 96377 with the other injection and IV push codes coming up for review... A targeted sample would not be necessary as the use of the device became more common in practice.

The RUC considered the recommendation of the specialty and agreed that the new service along with three other codes in the family (96372, 96374, and 96375), should be surveyed together. The RUC also agreed with the recommendation that the 96377 should be carrier priced for 2017. **In June 2016, the specialty societies indicated that they would not proceed with a coding change proposal and will survey for January 2017.** It should be noted the CPT Editorial Panel questioned the amount of physician work involved in 96377, or if it is practice expense only.

**96377 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO) and the American Society of Hematology (ASH), conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO

and ASH RVS consensus panel reviewed and discussed the work survey results. For CPT code 96377, there were 60 responses to the survey request with a median performance rate of 20. Since this is new service, the consensus panel also reviewed the 25<sup>th</sup> percentile performance rate, which was 4. We were pleased performance rates indicated our survey participants were familiar with the service, however, the volume of responses is lower than the other services in this family at present. 98% of the survey respondents found the vignette to be typical.

### Time Discussion

The survey median intra service time was 5 minutes and the 25<sup>th</sup> percentile intra time was 1 minute. The expert panel agreed the intra-service time is closer to the median time of 5 minutes to perform this service. In hindsight, the expert panel might have utilized an alternate survey tool that captured pre or post time (if applicable). In the end, the expert panel reviewed magnitude estimation services to benchmark for this new service as noted in the table below.

### Work Discussion

The joint panel reviewed the survey median work (RVW 0.25) as well as the 25<sup>th</sup> percentile (RVW 0.18) and assessed 96377 compared to 96374 at (RVW 0.18). After discussing the differences between the codes, the expert panel agreed that the service provided in 96377 was more closely related to 96372 rather than 96374 when considering the intensity and complexity of the patient, risk of complications, and likelihood that the physician would be asked to intervene. The expert panel decided that to maintain relativity between the services. Therefore, the work RVUs for this 96377 would be slightly less work than 96374 and more similar to 96372. The expert panel reviewed other services provided in the table below and believe magnitude estimation with CPT 72170 (RVW 0.17) with 1 minute of pre time, 4 minutes of intra time and 2 minutes of post time, would maintain the appropriate relativity in the family for this service.

The key reference service code 1 chosen by the survey respondents, CPT 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*, is assigned an RVW 0.21 with pre, intra and post times of 2, 5 and 2 minutes. The intensity/complexity measures of the surveyed code were similar to the ratings assigned to the reference code 96365. The expert panel did not agree with the survey respondents.

To provide support for the expert panel recommendation, we compared code 96377 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>73120 (MPC)</b>	X-ray exam of hand	<b>0.16</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>
<b>93010</b>	Electrocardiogram report	<b>0.17</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>6</b>
<b>96377</b> Survey Code	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	<b>0.17</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>7</b>
<b>72170</b> Mag. Est.	X-ray exam of pelvis	<b>0.17</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>7</b>
<b>99211 (MPC)</b>	Office/outpatient visit est (five minutes)	<b>0.18</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>7</b>

In summary, we recommend an RVW of 0.17 with a pre-service time of 1 minute, an intra service time of 4 minutes, and a post service time of 2 minutes, for a total time of 7 minutes.

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96372

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hematology/Oncology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Specialty Internal Medicine                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 120000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is a estimate from Amgen's October 2015 CPT proposal. We are assuming that the top two specialties performing this service will be Hematology/Oncology and Medical Oncology.

Specialty Hematology/Oncology                      Frequency 84876                      Percentage 70.73 %

Specialty Medical Oncology                      Frequency 24720                      Percentage 20.60 %

Specialty Internal Medicine                      Frequency 4512                      Percentage 3.76 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

40,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is derived from the 120,000 divided by three. We are assuming that the top two specialties performing this service will be Hematology/Oncology and Medical Oncology.

Specialty Hematology/Oncology                      Frequency 28292                      Percentage 70.73 %

Specialty Medical Oncology                      Frequency 8240                      Percentage 20.60 %

Specialty Internal Medicine                      Frequency 1504                      Percentage 3.76 %

Do many physicians perform this service across the United States? Yes

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Other drugs

BETOS Sub-classification Level II:

---

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96409

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96372	<b># of Respondents:</b>	110
<b>Survey Code Descriptor:</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		

<b>Top Ref Code:</b>	96365	<b># of Respondents:</b>	33	<b>% of Respondents:</b>	30%
<b>Top Ref Code Descriptor:</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour				

		Survey Code <b>Compared to</b> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	27%	58%	9%	6%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 36%	Identical 48%	More 15%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 24%	Identical 58%	More 18%		
	Urgency of medical decision making	Less 18%	Identical 67%	More 15%		
<b>Technical Skill:</b>		Less 45%	Identical 55%	More 0%		
<b>Physical Effort:</b>		Less 39%	Identical 61%	More 0%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 36%	Identical 52%	More 12%		
	Outcome depends on the skill and judgment of physician	Less 30%	Identical 61%	More 9%		
	Estimated risk of malpractice suite with poor outcome	Less 27%	Identical 55%	More 18%		



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96374	<b># of Respondents:</b>	80
<b>Survey Code Descriptor:</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		

<b>Top Ref Code:</b>	96413	<b># of Respondents:</b>	43	<b>% of Respondents:</b>	54%
<b>Top Ref Code Descriptor:</b>	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug				

		Survey Code <b>Compared to</b> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		14%	5%	57%	23%	2%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 14%	Identical 43%	More 43%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 18%	Identical 45%	More 36%		
	Urgency of medical decision making	Less 18%	Identical 57%	More 25%		
<b>Technical Skill:</b>		Less 18%	Identical 48%	More 34%		
<b>Physical Effort:</b>		Less 16%	Identical 50%	More 34%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 16%	Identical 50%	More 34%		
	Outcome depends on the skill and judgment of physician	Less 16%	Identical 50%	More 34%		
	Estimated risk of malpractice suite with poor outcome	Less 14%	Identical 50%	More 36%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96375	<b># of Respondents:</b>	77
<b>Survey Code Descriptor:</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	96417	<b># of Respondents:</b>	38	<b>% of Respondents:</b>	49%
<b>Top Ref Code Descriptor:</b>	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		18%	0%	68%	13%	0%
<b>Overall Intensity and Complexity:</b>						
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		16%	68%	16%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		34%	50%	16%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		18%	66%	16%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		18%	68%	13%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		21%	66%	13%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		16%	71%	13%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		18%	68%	13%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		18%	68%	13%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96377	<b># of Respondents:</b>	60
<b>Survey Code Descriptor:</b>	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection		

<b>Top Ref Code:</b>	96365	<b># of Respondents:</b>	35	<b>% of Respondents:</b>	58%
<b>Top Ref Code Descriptor:</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	74%	9%	9%	9%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 11%	Identical 51%	More 37%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 9%	Identical 57%	More 34%		
	Urgency of medical decision making	Less 9%	Identical 57%	More 34%		
<b>Technical Skill:</b>		Less 51%	Identical 31%	More 17%		
<b>Physical Effort:</b>		Less 9%	Identical 83%	More 9%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 51%	Identical 6%	More 43%		
	Outcome depends on the skill and judgment of physician	Less 46%	Identical 11%	More 43%		
	Estimated risk of malpractice suite with poor outcome	Less 3%	Identical 11%	More 86%		

**ISSUE: Application of on Body Injector & Therapeutic Injections****TAB: 26**

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX		POST	MIN	25th	MED	75th	MAX
	REF 1	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	33	0.024	0.21					9	2	5					2					
	REF 2	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	33	0.021	0.28					13	4	7					2					
	CURRENT	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		0.027	0.17						2	3					2					
74%	SVY Total	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	110	-0.023	0.10	0.20	0.22	0.32	2.00	20	10	0	2	5	10	30	5	0	5	30	100	5500
	Oncology	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	58	-0.015	0.12	0.20	0.26	0.33	1.70	20	10	0	3	5	15	30	5	0	5	43	100	5500
	Rheumatology	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	24	0.002	0.10	0.20	0.21	0.26	1.34	13.5	5	1	3	5	6	30	4	0	1	12	60	300
	Family Medicine	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	28	-0.002	0.10	0.20	0.21	0.46	2.00	18	5	0	5	8	15	15	5	0	3	25	80	1900
	REC	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		0.027	0.17					7	2			3			2					
Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX		POST	MIN	25th	MED	75th	MAX
	REF 1	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	43	0.021	0.28					13	4	7					2					
	REF 2	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	24	0.024	0.21					9	2	5					2					
	CURRENT	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		0.018	0.18					9	2	5					2					
78%	SVY Total	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	80	-0.015	0.20	0.21	0.26	0.43	10.00	20	10	0	4	5	10	65	5	0	7	44	200	500
	Oncology	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	63	-0.011	0.20	0.21	0.28	0.50	2.50	20	10	0	5	5	20	65	5	0	7	60	200	500
	Rheumatology	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	17	-0.048	0.20	0.21	0.21	0.50	10.00	25	10	2	5	5	9	65	10	0	0	10	30	450
	REC	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		0.018	0.18					9	2			5			2					
Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX		POST	MIN	25th	MED	75th	MAX
	REF 1	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	38	0.028	0.21					8	2	6					0					
	REF 2	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	28	0.034	0.19					6	1	5										
	CURRENT	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		0.026	0.10					4	1	3					0					
78%	SVY Total	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	77	0.050	0.19	0.19	0.25	0.36	10.00	5		0	2	5	15	30		0	5	100	200	4000
	Oncology	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	63	0.060	0.19	0.21	0.30	0.40	2.00	5		1	4	5	15	70		0	5	120	200	4000
	Rheumatology	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	14	0.040	0.19	0.19	0.20	0.55	10.00	5		0	5	5	15	25		0	0	3	102	400

	REC	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)			0.10	4	0		4		0			
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Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typica						EVAL	MIN	25th	MED	75th		MAX	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
	REF 1	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	35	0.024	0.21					9	2	5					2					
	REF 2	36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	14	0.023	0.18					8	1	5					2					
	NEW	96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection		N/A	N/A						N/A	N/A					N/A					
	Mag opt 1	51741	Complex uroflowmetry (eg, calibrated electronic equipment)		0.025	0.17					7	0	5					2					
	Mag opt 2	77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)		0.0161	0.17					9	2	5					2					
	Mag opt 3	93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive		0.025	0.17					7	0	5					2					
98%	SVY Total	96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	60	0.005	0.00	0.18	0.25	0.32	1.50	15	5	0	1	5	5	30	5	0	4	20	50	500
	REC	96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection		0.042	0.17					9	2			5			2					

26  
Tab Number

Therapeutic  
Issue

90372-96375 90375  
Code Range 90377

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
Signature

DAVID A. REGAN  
Printed Signature

ASCO  
Specialty Society

12-7-2016  
Date

26  
Tab Number

Subcutaneous Injection  
Issue

96372, 96374, 96375  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Fredrica E. Smith MD  
Signature

Fredrica Smith, MD  
Printed Signature

American College of Rheumatology  
Specialty Society

November 28, 2016  
Date



26

Tab Number

Application of On-body Injector with Subcutaneous Injection

Issue

96372, 96374-75, 96377

Code Range

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Jennifer R. Aloff, MD, FAAFP

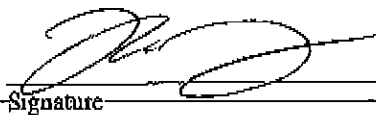
Printed Signature

American Academy of Family Physicians (AAFP)

Specialty Society

11-23-16

Date



Signature

11-23-16

Date

Jennifer R. Aloff MD, FAAFP  
Print Name

American Academy of Family Physicians (AAFP)  
Specialty Society

25/26/27  
Tab Number

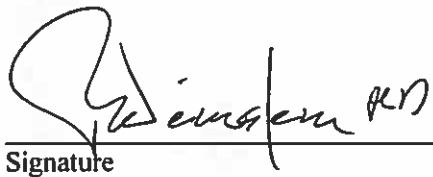
Hydration/On-Body Injector/Chemo  
Issue

96360-61/96372, 96374-75, 96377/  
Code Range  
96401, 96402, 96409, 96411

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
Signature

Robert Weinstein, MD  
Printed Signature

American Society of Hematology  
Specialty Society

13 December 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Global Period: XXX Meeting Date: January 2017- **Revised 1/17/2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO, ASH, AAFP, and ACRh held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: For CPT code 96372, we have two reference codes. Reference code 1 are the current PE inputs for 96372. Reference code 2 is CPT code 99214. CPT code 97372 is reported with an E/M code approximately 52% of the time, about 23% of the time with CPT code 99214.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: (not applicable)
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: (not applicable)
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

(None)

Intra-Service Clinical Labor Activities:

Line 24- Provide pre-service education/obtain consent- **2 minutes**

Clinical staff explains the nature and purpose of the medication to be injected and obtains the patient's consent to receive the injection.

Line 25- Prepare room, equipment, and supplies- **2 minutes**

Clinical staff gathers the necessary supplies (i.e. medication, syringe with needle, alcohol swab, and bandage strip) and lays them out in the exam room. As needed, clinical staff draws the medication into the syringe.

**CPT Code: 96372**  
**Specialty Society(s): AAFP, ACRh, ASCO, ASH**

Line 27- Prepare and position patient/monitor patient/set up IV- **2 minutes**

Clinical staff confirms with patient where patient wants to receive the injection (e.g. which arm) and assists patient, as needed (e.g. in rolling up sleeve). Clinical staff swabs planned injection site with alcohol swab.

Line 31- Verify medication interaction- **1 minute**

Clinical staff verifies any current medications being taken by patient to ensure there are no negative interactions with medication to be administered by the injection.

Line 32- Verify orders- **1 minute**

Clinical staff verifies physician's order for injection and confirms correct medication has been gathered, consistent with the physician's order.

Line 35- Document lot # and expiration date- **1 minute**

Clinical staff documents lot # and expiration date of medication to be injected in the patient's medical record and other places as needed.

Line 37- Maintain MSDS (OSHA Requirement)- **0 minutes**

Clinical staff maintains Material Safety Data Sheets, per OSHA requirements.

**Line 37- The 1 minute for maintaining MSDS was removed as this isn't a typical task for 96372.**

Line 41- Clinical staff performs the service- **1 minute**

Clinical staff administers the injection.

Line 45- Clean room/equipment by physician staff- **0 minutes**

Clinical staff safely disposes of used needle and syringe in sharps container. Clinical staff also cleans up and disposes of other byproducts of procedure (e.g. used alcohol swab).

**Line 45 was decreased from 1 to 0 as is it duplicative of the work performed in the E/M Service.**

Line 49- Complete medical record documentation- **1 minute**

Clinical staff documents the injection in the patient's medical record and notes anything else pertinent to the procedure (e.g. adverse reaction, if one occurs).

**Line 49- This line was decreased from 2 minutes to 1 minute as it is duplicative of the work provided in a E/M service, which is performed 50% of the time with 96372.**

Line 51- Check dressings & wound/ home care instructions/coordinate office visits /prescriptions- **0 minutes**

Staff applies bandage strip to injection site and advises patient of any "do's and don'ts" when the patient gets home as well as signs of adverse reaction to which the patient should be attuned and what to do if he or she observes such signs.

**Line 51- This line was decreased from 3 minutes to 0 minutes as it is duplicative of the work provided in a E/M service, which is performed 50% of the time with 96372.**

Total Intra-Service Time: **11 minutes**

Post-Service Clinical Labor Activities:

**CPT Code: 96372**  
**Specialty Society(s): AAFP, ACRh, ASCO, ASH**

(None)

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

Global Period: XXX Meeting Date: January 2017- **Revised 1/12/17**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The specialty society advisors and staff from ASCO, ASH, ACRh held a meeting via conference call to discuss the Practice Expense. The inputs were developed with involvement from physicians, specialty society staff, and clinical staff from a variety of settings.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The reference code for CPT code 96374 are the current PE inputs for 96374.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: There are **3** minutes of pre-service time in CPT code 96374 (the current standard is **0** minutes), which accounts for the following work: Coordinating with physician on the infusion, confirming drugs to be infused and the dosage, obtaining an update on the patient's condition, and ensuring the appropriate lab work is ordered. Recent increases in documentation and insurance requirements continue to support the need for these minutes in the pre-service time.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Line 21- Greet patient, provide gowning, ensure appropriate medical records are available. We are adding **1** minute to the current **2** minutes to comply with the **3**-minute standard, for a total of **3** minutes.

Line 23- Obtain vital signs. We are adding **2** minutes to the current **3** minutes for obtaining the vital signs, in compliance with the new standards, for a total of **5** minutes. Four vitals are obtained: blood pressure, respiration, pulse, and temperature. Four vitals equal five minutes.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Line 12- Coordinate pre-surgery services- **0 minutes**

The clinical staff coordinates with the physician on the IV push, confirms drugs to be infused and the dosage, obtains an update on the patient's condition, and ensures appropriate lab work is ordered.

**Line 12 was decreased from 3 minutes to 0 minutes. As 96374 is frequently billed with other services (over 50%), the work is considered duplicative.**

Total Pre-Service Time: **0 minutes**

Intra-Service Clinical Labor Activities:

Line 21- Greet patient, providing gowning, ensure appropriate medical records are available- **0 minutes**  
Clinical staff greets patient and escorts them to the infusion suite/medical recliner. Gowning is provided to the patient. Clinical staff then settles patient in the medical recliner.

Line 21 was decreased from 2 minutes to 0 minutes. As 96374 is frequently billed with other services (over 50%), the work is considered duplicative.

Line 22- Clinical staff obtains medical history- **0 minutes**  
Clinical staff verifies patient information. Reviews the patient's history and complications from medical record, which includes verifying allergies, previous reactions/side effects, and treatment related toxicities. Clinical staff reviews lab values that include a complete blood count and chemistry. Assesses and documents psycho-social concerns and need for support.

Line 22 was decreased from 2 minutes to 0 minutes. As 96374 is frequently billed with other services (over 50%), the work is considered duplicative.

Line 23- Obtain vital signs- **0 minutes**  
Clinical staff obtains four vitals: blood pressure, respiration, pulse, and temperature. Four vitals equal five minutes.

Line 23 was decreased from 3 minutes to 0 minutes. As 96374 is frequently billed with other services (over 50%), the work is considered duplicative.

Line 24- Provide pre-service education/obtain consent- **2 minutes**  
Clinical staff explains the nature and purpose of the medication to be infused and obtains the patient's consent to receive the IV push.

Line 25- Prepare room, equipment, and supplies- **2 minutes**  
Clinical staff gathers supplies for the IV push and personal protective equipment.

Line 27- Prepare and position patient/monitor patient/set up IV- **2 minutes**  
Clinical staff prepares and positions patient. Ensures the chair is positioned and clears are of any obstacles for safety of patient. Ensures patient is prepared.

Line 31- Verify medication interaction- **1 minute**  
Clinical staff verifies any current medications being taken by patient to ensure there are no negative interactions with medication to be administered by the IV push.

Line 32- Verify orders- **1 minute**



**CPT Code: 96374**  
**Specialty Society('s) ASCO, ASH, ACRh**

Clinical staff verifies physician's order for injection and confirms correct medication has been gathered, consistent with the physician's order.

Line 33- Assemble supplies- **1 minute**

The clinical staff gathers the appropriate supplies for preparing the drug.

Line 34- Prep labels- **1 minute**

Line 36- Reconstitute drug- **1 minute**

Line 41- Clinical staff performs procedure- **8 minutes**

Clinical staff assesses patient status, educate patient re: medication and prepares injection site. Clinical staff injects the drug. Clinical staff monitor patient for reactions.

Line 43- Monitor patient following procedure/check tubes, monitors, drains, multitasking 1:4- **3 minutes**  
Clinical staff monitors patient for adverse reactions.

Line 49- Complete medical record documentation- **1 minute**

Clinical staff completes medical record documentation, such as start and stop times of the administration, documentation of procedure, patient status and other relative clinical information is done.

Line 49 was decreased from 2 minutes to 1 minutes. As 96374 is frequently billed with other services (over 50%), the work is considered duplicative.

Total Intra-Service Time: **23 minutes**

Post-Service Clinical Labor Activities:

Line 59- Conduct phone calls/call in prescriptions- **3 minutes**

Clinical staff conducts phone calls and calls in prescriptions.

Total Post-Service Time: **3 minutes**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

Global Period: ZZZ Meeting Date: January 2017- **Revised 1/12/17**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The specialty society advisors and staff from ASCO, ASH, ACRh held a meeting via conference call to discuss the Practice Expense. The inputs were developed with involvement from physicians, specialty society staff, and clinical staff from a variety of settings.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The reference code for CPT code 96375 are the current PE inputs for 96375.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: (not applicable)
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Line 23- Obtain vital signs. **0 minutes**. Four vitals are obtained: blood pressure, respiration, pulse, and temperature.

Line 23- As 96375 is a ZZZ code and frequently performed with other services, the work of obtaining vital signs is considered duplicative.

Line 49- Complete medical record documentation. We are requesting **1** minutes (an increase from **0** minutes) to account for the documentation of a new drug.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

(not applicable)

Intra-Service Clinical Labor Activities:

Line 23- Obtain vital signs- **0 minutes**

**Line 23- As 96375 is a ZZZ code and frequently performed with other services, the work of obtaining vital signs is considered duplicative.**

Clinical staff obtains four vital signs: blood pressure, respiration, pulse, and temperature. Four vitals equals five minutes.

**Line 31- Verify medication interaction- 1 minute**

Clinical staff verifies any current medications being taken by patient to assure no negative interactions with medication to be administered by the IV push.

**Line 32- Verify orders- 1 minute**

Clinical staff verifies physician's order for the IV push and confirms correct medication has been gathered, consistent with the physician's order.

**Line 33- Assemble supplies- 1 minute**

The clinical staff gathers the appropriate supplies for preparing the drug.

**Line 34- Prep labels- 1 minute**

**Line 36- Reconstitute drug- 1 minute**

**Line 41- Clinical staff performs procedure- 4 minutes**

The clinical staff accesses the IV/implanted port or IV catheter/implantable device and begins the IV push. Clinical staff assesses the patient's response/tolerance to the push. Interventions are conducted as needed. An IV access site assessment is performed. The IV catheter/ implanted port is then flushed, and the IV is discontinued. The device is removed. The clinical staff conducts another assessment of the IV insertion site/implanted port site.

**Line 43- Monitor patient following procedure/check tubes, monitors, drains, multitasking 1:4- 2 minutes**

Clinical staff monitors patient for adverse reactions

**Line 49- Complete medical record documentation- 1 minute**

Clinical staff documents that a new drug was administered to the patient, as well as the IV push start and stop times.

**Line 49- One minute was added to account for the documentation of a new drug.**

**Total Intra-Service Time: 12 minutes**

Post-Service Clinical Labor Activities:

(not applicable)

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Application of on-body injector (includes cannula insertion) for timed subcutaneous injection

Global Period: XXX Meeting Date: January 2017- **Revised 1/12/17**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO and ASH held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: CPT code 96377 is a new code. We are using the other XXX CPT codes in this PE spreadsheet (96372, 96374) as references.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: We are requesting **2** minutes of pre-service time for this CPT code. The **2** minutes accounts for the clinical staff completing the necessary paperwork and determining how much additional time is needed for the patient.
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: (not applicable)
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Line 12- Complete pre-service diagnostic and referral forms- **0 minutes**

The completion of pre-service diagnostic forms is typically on performed on the first visit, amortized over 6 cycles. The business office of a chemo practice must determine how much additional time is needed for the patient.

**Line 12 was decreased to 0 minutes from 2 minutes. This service will frequently be performed with other services, possibly resulting in duplicative work.**

Total Pre-Service Time: **0 minutes**

Intra-Service Clinical Labor Activities:

Line 24- Provide pre-service education/obtain consent- **2 minutes**

Clinical staff explains the nature and purpose of the medication to be injected and obtains the patient's consent to receive the injection. Clinical staff provides instruction on how the device operates. This instruction is provided over 6 cycles, 2 minutes for each cycle.

Line 24 was decreased from 3 minute to 2 minutes, as patients may not need as much education after the initial cycle.

Line 27- Prepare and position patient/monitor patient/set up IV- **2 minutes**

Clinical staff prepares and positions patient for the administration of the on body injector.

Line 31- Verify medication interaction- **1 minute**

Clinical staff verifies any current medications being taken by patient to assure no negative interactions with medication to be administered by the injection.

Line 32- Verify orders- **1 minute**

Clinical staff verifies physician's order for injection and confirms correct medication has been gathered, consistent with the physician's order.

Line 33- Assemble supplies- **1 minute**

Clinical staff gathers the necessary supplies for the application. The kit includes a pre-filled syringe and an on-body injector.

Line 38- Insert drug into device- **1 minute**

Syringe contents are completely emptied into the medicine port. Using blue needle cover to avoid bending the needle and spilling medicine, insert syringe at 90 degrees all the way into medicine port. Slowly empty entire syringe content. Check to see if the on-body injector is full. Note- the on body injector will deploy in 3 minutes, even if not applied to patient. Remove syringe from port and pull down needle safety guard over the exposed needle. Remove blue needle cover from the back of the on body injector. Peel away white adhesive backing from the back of the on body injector.

Line 41- Clinical staff performs procedure- **3 minutes**

Clinical staff chooses an area on the patient larger than the adhesive pad. Area is cleaned with alcohol swab. Clinical staff attaches the on body injector to the back of the patient's arm or abdomen. Clinical staff ensures the entire adhesive pad is securely attached to the patient.

Line 49- Complete medical record documentation- **1 minute**

Clinical staff completes medical record documentation, such as start and stop times of the application.

Line 49 was decreased from 2 minutes to 1 minute, as this will be frequently be reported with other services.

Total Intra-Service Time: **12 minutes**

Post-Service Clinical Labor Activities:

(not applicable)

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				<b>E/M REFERENCE CODE</b>		<b>REFERENCE CODE</b>				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>99214</b>	<b>96372</b>	<b>96372</b> <b>50% with E&amp;M valued as billed with an E&amp;M</b>		<b>96374</b>		<b>96374</b> <b>50% with other services</b>			
3	<b>Meeting Date: January 2017</b> <b>Tab: 26 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH, ACRh, AAFP</b>	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of an established patient	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug			
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>XXX</b>	
6	<b>TOTAL CLINICAL LABOR TIME</b> (Staff type L037D- RN/LPN/MTA applies to CPT codes 99214 and 96372 only. Staff type L056A applies to CPT codes 96374, 96375, and 96377).	L037D-L056A	RN/LPN/MTA-RN/OCN	53.0	0.0	32.0	0.0	12.0	0.0	41.0	0.0	26.0	0.0
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L037D-L056A	RN/LPN/MTA-RN/OCN	3.0	0.0	3.0	0.0	0.0	0.0	6.0	0.0	0.0	0.0
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D-L056A	RN/LPN/MTA-RN/OCN	44.0	0.0	26.0	0.0	12.0	0.0	32.0	0.0	23.0	0.0
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L037D-L056A	RN/LPN/MTA-RN/OCN	6.0	0.0	3.0	0.0	0.0	0.0	3.0	0.0	3.0	0.0
10	<b>PRE-SERVICE</b>												
11	<b>Start: Following visit when decision for surgery or procedure made</b>												
12	Complete pre-service diagnostic & referral forms	L037D-L056A	RN/LPN/MTA-RN/OCN			3		0		3		0	
13	Coordinate pre-surgery services	L037D-L056A	RN/LPN/MTA-RN/OCN							3		0	
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent												
16	Follow-up phone calls & prescriptions												
17	Other Clinical Activity - <i>specify: Review/read x-ray, lab, pathology reports</i>			3									
18	<b>End: When patient enters office/facility for surgery/procedure</b>												
19	<b>SERVICE PERIOD</b>												
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>												
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D-L056A	RN/LPN/MTA-RN/OCN	3		2		0		2		0	
22	Clinical staff obtains medical history	L037D-L056A	RN/LPN/MTA-RN/OCN	13		2		0		2		0	
23	Obtain vital signs	L037D-L056A	RN/LPN/MTA-RN/OCN	5		0		0		3		0	
24	Provide pre-service education/obtain consent	L037D-L056A	RN/LPN/MTA-RN/OCN			3		2		3		2	
25	Prepare room, equipment, supplies	L037D-L056A	RN/LPN/MTA-RN/OCN	2		2		2		2		2	
26	Setup scope (non facility setting only)												
27	Prepare and position patient/ monitor patient/ set up IV	L037D-L056A	RN/LPN/MTA-RN/OCN	2		2		2		2		2	
28	Sedate/apply anesthesia												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				<b>E/M REFERENCE CODE</b>		<b>REFERENCE CODE</b>				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>99214</b>		<b>96372</b>		<b>96372</b> <b>50% with E&amp;M valued as billed with an E&amp;M</b>		<b>96374</b>		<b>96374</b> <b>50% with other services</b>	
3	<b>Meeting Date: January 2017</b> <b>Tab: 26 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH, ACRh, AAFP</b>	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of an established patient		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>XXX</b>	
29	Other Clinical Activity - specify: Mix Drug												
30	Mix/Prepare Drug												
31	Verify medication interaction	L037D- L056A	RN/LPN/MTA- RN/OCN			1		1		1		1	
32	Verify orders	L037D- L056A	RN/LPN/MTA- RN/OCN			1		1		1		1	
33	Assemble supplies	L037D- L056A	RN/LPN/MTA- RN/OCN			1		0		1		1	
34	Prep labels	L037D- L056A	RN/LPN/MTA- RN/OCN			1		0		1		1	
35	Document lot # and expiration date	L037D- L056A	RN/LPN/MTA- RN/OCN			1		1					
36	Reconstitute drug									1		1	
37	Maintain MSDS (OSHA Requirement)	L037D- L056A	RN/LPN/MTA- RN/OCN			1		0					
38	Insert drug into device	L037D- L056A	RNOCN										
39													
40	<b>Intra-service</b>												
41	Clinical staff performs the service	L037D- L056A	RN/LPN/MTA- RN/OCN	5		1		1		8		8	
42	<b>Post-Service</b>												
43	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D- L056A	RN/LPN/MTA- RN/OCN			0				3		3	
44	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1												
45	Clean room/equipment by physician staff	L037D- L056A	RN/LPN/MTA- RN/OCN	3		3		1					
46	Clean Scope												
47	Clean Surgical Instrument Package												
48	Complete diagnostic forms, lab & X-ray requisitions												
49	Complete medical record documentation	L037D- L056A	RN/LPN/MTA- RN/OCN			2		1		2		1	
50	Review/read X-ray, lab, and pathology reports												
51	Check dressings & wound/ home care instructions/coordinate office visits /prescriptions	L037D- L056A	RN/LPN/MTA- RN/OCN	11		3		0					
52	Other Clinical Activity - specify:												
53	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a	
54	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a	



	A	B	C	D	E	F	G	H	I	J	K	L	M
1				E/M REFERENCE CODE		REFERENCE CODE				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			99214	96372	96372 50% with E&M valued as billed with an E&M		96374		96374 50% with other services			
3	Meeting Date: January 2017 Tab: 26 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, AAFP	CMS Code	Staff Type	Office or other outpatient visit for the evaluation and management of an established patient	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug			
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		XXX		XXX	
55	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a	
56	End: Patient leaves office												



	A	B	C	D	E	F	G	H	I	J	K	L	M
1				<b>E/M REFERENCE CODE</b>		<b>REFERENCE CODE</b>				<b>REFERENCE CODE</b>			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>99214</b>	<b>96372</b>			<b>96372</b> 50% with E&M valued as billed with an E&M		<b>96374</b>		<b>96374</b> 50% with other services	
3	Meeting Date: January 2017 Tab: 26 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, AAFP	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of an established patient	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular			Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>XXX</b>	
57	<b>POST-SERVICE Period</b>												
58	<b>Start: Patient leaves office/facility</b>												
59	Conduct phone calls/call in prescriptions	<b>L037D-L056A</b>	<b>RN/LPN/MTA-RN/OCN</b>	<b>6</b>		<b>3</b>		<b>0</b>		<b>3</b>		<b>3</b>	
60	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
61	99211 16 minutes		16										
62	99212 27 minutes		27										
63	99213 36 minutes		36										
64	99214 53 minutes		53										
65	99215 63 minutes		63										
66	<b>Total Office Visit Time</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
67	Other Clinical Activity - <i>specify</i> :												
68	<b>End: with last office visit before end of global period</b>												
69	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>										
70	pack, minimum multi-specialty visit	SA047	pack	<b>1</b>									
71	gloves, non sterile	SB022	pair			<b>1</b>		<b>0</b>		<b>1</b>		<b>1</b>	
72	cover, thermometer probe	SB004	item	<b>1</b>		<b>1</b>		<b>0</b>		<b>1</b>		<b>0</b>	
73	swab pad, alcohol	SJ053	item			<b>1</b>		<b>2</b>		<b>1</b>		<b>2</b>	
74	bandage, strip 0.75 in X3in	SG021	item			<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>	
75	syringe with needle, OSHA compliant (SafetyGlide)	SC058	item			<b>1</b>		<b>1</b>		<b>1</b>		<b>0</b>	
76	syringe 10-12ml	SC051	item							<b>1</b>		<b>1</b>	
77	angiocatheter 14g-24g	SC001	item							<b>1</b>		<b>1</b>	
78	gauze, non-sterile 2in X2in	SG050	item							<b>2</b>		<b>2</b>	
79	syringe-needle 3ml 22-26g	SC064	item			<b>1</b>		<b>0</b>		<b>1</b>		<b>0</b>	
80	bandage, elastic, self-adherent wrap	SG014	item							<b>1</b>		<b>1</b>	
81	tape, surgical paper 1in (Micropore)	<b>SG079</b>	<b>inch</b>										
82	<b>EQUIPMENT</b>	<b>CODE</b>											
83	table, exam	EF023	Lines 21-51	<b>44</b>		<b>26</b>		<b>12</b>		<b>32</b>		<b>23</b>	
84	chair, medical recliner	EF009	Lines 21-51					<b>0</b>				<b>0</b>	
85	otoscope-ophthalmoscope (wall unit)	EQ189	Lines 21-51	<b>44</b>				<b>12</b>				<b>23</b>	

	A	B	C	N	O	P	Q	R	S
1				REFERENCE CODE				NEW CODE	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96375		96375		96377 50% with other services	
3	Meeting Date: January 2017 Tab: 26 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, AAFP	CMS Code	Staff Type	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			ZZZ		ZZZ		XXX	
6	TOTAL CLINICAL LABOR TIME (Staff type L037D- RN/LPN/MTA applies to CPT codes 99214 and 96372 only. Staff tyoe L056A applies to CPT codes 96374, 96375, and 96377).	L037D- L056A	RN/LPN/MTA- RN/OCN	16.0	0.0	12.0	0.0	12.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D- L056A	RN/LPN/MTA- RN/OCN	0.0	0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D- L056A	RN/LPN/MTA- RN/OCN	16.0	0.0	12.0	0.0	12.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D- L056A	RN/LPN/MTA- RN/OCN	0.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE								
11	Start: Following visit when decision for surgery or procedure made								
12	Complete pre-service diagnostic & referral forms	L037D- L056A	RN/LPN/MTA- RN/OCN					0	
13	Coordinate pre-surgery services	L037D- L056A	RN/LPN/MTA- RN/OCN						
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	Other Clinical Activity - specify: Review/read x-ray, lab, pathology reports								
18	End: When patient enters office/facility for surgery/procedure								
19	SERVICE PERIOD								
20	Start: When patient enters office/facility for surgery/procedure:								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D- L056A	RN/LPN/MTA- RN/OCN						
22	Clinical staff obtains medical history	L037D- L056A	RN/LPN/MTA- RN/OCN						
23	Obtain vital signs	L037D- L056A	RN/LPN/MTA- RN/OCN	3		0			
24	Provide pre-service education/obtain consent	L037D- L056A	RN/LPN/MTA- RN/OCN					2	
25	Prepare room, equipment, supplies	L037D- L056A	RN/LPN/MTA- RN/OCN						
26	Setup scope (non facility setting only)								
27	Prepare and position patient/ monitor patient/ set up IV	L037D- L056A	RN/LPN/MTA- RN/OCN					2	
28	Sedate/apply anesthesia								

	A	B	C	N	O	P	Q	R	S
1				REFERENCE CODE				NEW CODE	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96375		96375		96377 50% with other services	
3	Meeting Date: January 2017 Tab: 26 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, AAFP	CMS Code	Staff Type	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			ZZZ		ZZZ		XXX	
29	Other Clinical Activity - specify: Mix Drug								
30	Mix/Prepare Drug								
31	Verify medication interaction	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1		1	
32	Verify orders	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1		1	
33	Assemble supplies	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1		1	
34	Prep labels	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1			
35	Document lot # and expiration date	L037D-L056A	RN/LPN/MTA-RN/OCN						
36	Reconstitute drug			1		1			
37	Maintain MSDS (OSHA Requirement)	L037D-L056A	RN/LPN/MTA-RN/OCN						
38	Insert drug into device	L037D-L056A	RNOCN					1	
39									
40	Intra-service								
41	Clinical staff performs the service	L037D-L056A	RN/LPN/MTA-RN/OCN	6		4		3	
42	Post-Service								
43	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D-L056A	RN/LPN/MTA-RN/OCN	2		2			
44	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1								
45	Clean room/equipment by physician staff	L037D-L056A	RN/LPN/MTA-RN/OCN						
46	Clean Scope								
47	Clean Surgical Instrument Package								
48	Complete diagnostic forms, lab & X-ray requisitions								
49	Complete medical record documentation	L037D-L056A	RN/LPN/MTA-RN/OCN	0		1		1	
50	Review/read X-ray, lab, and pathology reports								
51	Check dressings & wound/ home care instructions/coordinate office visits /prescriptions	L037D-L056A	RN/LPN/MTA-RN/OCN						
52	Other Clinical Activity - specify:								
53	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a	
54	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a	

	A	B	C	N	O	P	Q	R	S
1				REFERENCE CODE				NEW CODE	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96375		96375		96377 50% with other services	
3	Meeting Date: January 2017 Tab: 26 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, AAFP	CMS Code	Staff Type	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			ZZZ		ZZZ		XXX	
55	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a	
56	End: Patient leaves office								

	A	B	C	N	O	P	Q	R	S
1				REFERENCE CODE				NEW CODE	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96375		96375		96377 50% with other services	
3	Meeting Date: January 2017 Tab: 26 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, AAFP	CMS Code	Staff Type	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			ZZZ		ZZZ		XXX	
57	POST-SERVICE Period								
58	Start: Patient leaves office/facility								
59	Conduct phone calls/call in prescriptions	L037D-L056A	RN/LPN/MTA-RN/OCN						
60	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits
61	99211 16 minutes		16						
62	99212 27 minutes		27						
63	99213 36 minutes		36						
64	99214 53 minutes		53						
65	99215 63 minutes		63						
66	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0
67	Other Clinical Activity - specify:								
68	End: with last office visit before end of global period								
69	MEDICAL SUPPLIES*	CODE	UNIT						
70	pack, minimum multi-specialty visit	SA047	pack						
71	gloves, non sterile	SB022	pair	1		1		1	
72	cover, thermometer probe	SB004	item						
73	swab pad, alcohol	SJ053	item	2		2		2	
74	bandage, strip 0.75 in X3in	SG021	item						
75	syringe with needle, OSHA compliant (SafetyGlide)	SC058	item	1		0			
76	syringe 10-12ml	SC051	item	1		1			
77	angiocatheter 14g-24g	SC001	item						
78	gauze, non-sterile 2in X2in	SG050	item						
79	syringe-needle 3ml 22-26g	SC064	item	1		0			
80	bandage, elastic, self-adherent wrap	SG014	item						
81	tape, surgical paper 1in (Micropore)	SG079	inch			7			
82	EQUIPMENT	CODE							
83	table, exam	EF023	Lines 21-51	16		12		12	
84	chair, medical recliner	EF009	Lines 21-51			0		0	
85	otoscope-ophthalmoscope (wall unit)	EQ189	Lines 21-51			12		12	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures\**

January 2017

**Chemotherapy Administration**

In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In June 2016, the specialty societies indicated that they would not proceed with a coding change proposal as originally intended and will survey for January 2017.

A RUC member questioned if the chemotherapy substance is divided into aliquots and given multiple injections. The specialty societies indicated that it is not typical and it is confirmed by CPT introductory language that the substance injection is reported once and would not be able to be reported multiple times even if it was divided. Based on the preliminary reviewer comments, a RUC member questioned if these services were reported together multiple times and the reported together Medicare claims data for the same patient/same physician/same day showed that the chemotherapy administration codes are performed a median of one time (same day, same provider for the same beneficiary).

**96401 *Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic***

The RUC reviewed surveys from 66 physicians and determined that the current work RVU of 0.21, which is also the survey 25<sup>th</sup> percentile, appropriately accounts for the work required to perform this service. The RUC recommends maintaining the current times of 4 minutes pre-service evaluation time, 3 minutes intra-service time and 2 minutes immediate post service time. The specialty societies indicated the physician work and time has not fundamentally changed since 2004, which would not justify a substantial increase in time from the current level. Therefore, recommend the current times be maintained as they are similar to the 25<sup>th</sup> percentile times from the recent survey.

The RUC compared the surveyed code to the top two key reference services CPT code 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (work RVU = 0.28 and 7 minutes intra-service time) and 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU = 0.21 and 5 minutes intra-service time) and noted similar intensity and complexity for these services. Given the similarity in physician times and the minimal difference in the intensity/complexity measures, the RUC determined that the survey data supports maintenance of the current value of 0.21.

For additional support the RUC referenced MPC code 92567 *Tympanometry (impedance testing)* (work RVU = 0.20 and 4 minutes intra-service time) and 96417 *Office or other outpatient visit for the evaluation and management of an established patient Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)* (work RVU = 0.21 and 6 intra-service time), which demonstrate appropriate relativity for physician work and time across the payment schedule. **The RUC recommends a work RVU of 0.21 for CPT code 96401.**

**96402 Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

The RUC reviewed surveys from 118 physicians and determined that the current work RVU of 0.19, which is slightly below the survey 25<sup>th</sup> percentile, appropriately accounts for the work required to perform this service. The RUC recommends maintaining the current times of 4 minutes pre-service evaluation time, 3 minutes intra-service time and 2 minutes immediate post service time. The specialty societies indicated the physician work and time has not fundamentally changed since 2004, which would not justify a substantial increase in time from the current level. Therefore, recommend the current times be maintained as they are similar to the 25<sup>th</sup> percentile times from the recent survey. The RUC noted that this service is reported with an Evaluation and Management service 65% of the time and confirmed no duplication in the pre- and post-service time.

The RUC compared the surveyed code to the top two key reference services CPT code 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (work RVU = 0.28 and 7 minutes intra-service time) and 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU = 0.21 and 5 minutes intra-service time) and noted similar intensity and complexity for these services. Given the similarity in physician times and the minimal difference in the intensity/complexity measures, the RUC determined that the survey data supports maintenance of the current value of 0.19.

For additional support the RUC referenced MPC code 92567 *Tympanometry (impedance testing)* (work RVU = 0.20 and 4 minutes intra-service time) and 96367 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)* (work RVU = 0.19 and 5 minutes intra-service time), which demonstrate appropriate relativity for physician work and time across the payment schedule. **The RUC recommends a work RVU of 0.19 for CPT code 96402.**

**96409 Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

The RUC reviewed surveys from 59 physicians and determined that the current work RVU of 0.24, which is slightly below the survey 25<sup>th</sup> percentile, appropriately accounts for the work required to perform this service. The RUC recommends maintaining the current times of 4 minutes pre-service evaluation time, 5 minutes intra-service time and 2 minutes immediate post service time. The specialty societies indicated the physician work and time has not fundamentally changed since 2004, which would not justify a substantial increase in time from the current level. Therefore, recommend the current times be maintained as they are similar to the 25<sup>th</sup> percentile times from the recent survey.



The RUC compared the surveyed code to the top key reference service CPT code 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (work RVU = 0.28 and 7 minutes intra-service time) and noted similar intensity and complexity for these services. Given the similarity in physician times and the minimal difference in the intensity/complexity measures, the RUC determined that the survey data supports maintenance of the current value of 0.24.

For additional support the RUC referenced MPC codes 71020 *Radiologic examination, chest, 2 views, frontal and lateral*; (work RVU = 0.22 and 3 minutes intra-service time) and 93922 *Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries...* (work RVU = 0.25 and 5 minutes intra-service time), which demonstrate appropriate relativity for physician work and time across the payment schedule. The RUC questioned why 96409 and 96411 require more physician work than 96401 and 96402. The specialty society indicated that when chemotherapy administration is given via intravenous push there is an increased risk of side effects and problems that can relate to it, such as chest pain and vasospasms from specific IV push drugs. **The RUC recommends a work RVU of 0.24 for CPT code 96409.**

***96411 Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)***

The RUC reviewed surveys from 57 physicians and determined that the current work RVU of 0.20, which is slightly below the survey 25<sup>th</sup> percentile, appropriately accounts for the work required to perform this service. The RUC recommends maintaining the current time 3 minutes pre-service time and 4 minutes intra-service time. The specialty societies indicated the physician work and time has not fundamentally changed since 2004, which would not justify a substantial increase in time from the current level. Therefore, recommend the current times be maintained as they are similar to the 25<sup>th</sup> percentile times from the recent survey. The RUC noted that this service is reported with an Evaluation and Management (E/M) service 58% of the time and confirmed no duplication in the pre- and post-service time.

CMS questioned what the physician work involves, outside of supervision of clinical staff, and was concerned with any overlap with E/M services provided. The specialty societies indicated that E/M visits are separate and distinct from this service and focus on disease management, review imaging and inform patient of status of cancer. Whereas, this service is the supervision of the infusion and frequent assessment, addressing of medication reactions and interaction with clinical staff.

The RUC compared the surveyed code to the top two key reference services CPT code 96417 *Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)* (work RVU = 0.21 and 6 minutes intra-service time) and CPT code 96367 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)* (work RVU = 0.19 and 5 minutes intra-service time) and noted slightly higher intensity and complexity for the surveyed service. Given the similarity in physician times and the minimal difference in the intensity/complexity measures, the RUC determined that the survey data supports maintenance of the current value of 0.20.



For additional support the RUC referenced codes 77080 *Radiologic examination, chest, 2 views, frontal and lateral*; (work RVU = 0.20 and 5 minutes intra-service time) and 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU = 0.22 and 4 minutes intra-service time), which demonstrate appropriate relativity for physician work and time across the payment schedule. The RUC questioned why 96409 and 96411 require more physician work than 96401 and 96402. The specialty society indicated that when chemotherapy administration is given via intravenous push there is an increased risk of side effects and problems that can relate to it, such as chest pain and vasospasms from specific IV push drugs. **The RUC recommends a work RVU of 0.20 for CPT code 96411.**

### Practice Expense

The Practice Expense Subcommittee made minor modifications to the clinical staff time, supplies and eliminated any overlap with duplicative services if reported with an Evaluation and Management service in accordance with the standards. CMS questioned if the time per clinical staff activity, such calculating the body surface area (BSA), calculating the dose, etc. is appropriate. The specialty society indicated that chemotherapy can be quite toxic and definitely requires careful calculations for each time the patient receives these services. The patient changes frequently, and their weight and height must be measured each time to insure accuracy. A 10% weight change could impact the appropriate dose. The RUC recommends the direct practice expense inputs as approved with modifications by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	XXX	0.21 (No Change)
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	XXX	0.19 (No Change)
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	XXX	0.24 (No Change)

96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	<i>ZZZ</i>	0.20 (No Change)
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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 96401	Tracking Number	Original Specialty Recommended RVU: <b>0.21</b>
		Presented Recommended RVU: <b>0.21</b>
Global Period: XXX		RUC Recommended RVU: <b>0.21</b>

CPT Descriptor: Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 70 year-old patient with cancer presents with the appropriate indications for chemotherapy.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

**Site of Service (Complete for 010 and 090 Globals Only)**

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Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Provide and confirm orders. Interact and review plan with staff. Confirm and review laboratory results as necessary.

Description of Intra-Service Work: Physician or other qualified health care professional provides direct supervision, ensures their immediate availability to the staff in the office and periodically assesses the patient and the patient's response to treatment.

Description of Post-Service Work: Provide appropriate instructions regarding immediate care. Provide minimal instruction regarding ongoing care. Conduct appropriate interactions with staff regarding patient monitoring.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. Elizabeth Blanchard, Dr. David Regan, Dr. Frederica Smith				
<b>Specialty(s):</b>	ASCO, ASH, ASBMT, ACRh				
<b>CPT Code:</b>	96401				
<b>Sample Size:</b>	5253	<b>Resp N:</b>	66	<b>Response:</b>	1.2 %
<b>Description of Sample:</b>	Random pull of ASCO, ASH, ASBMT, and ACRh members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	<b>50.00</b>	150.00	1279.00
<b>Survey RVW:</b>	0.00	0.21	<b>0.28</b>	0.58	20.00
<b>Pre-Service Evaluation Time:</b>			<b>10.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	5.00	<b>10.00</b>	15.00	60.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	96401	<b>Recommended Physician Work RVU: 0.21</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>4.00</b>	<b>0.00</b>	<b>4.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>3.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
96413	XXX	0.28	RUC Time

CPT Descriptor Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
96365	XXX	0.21	RUC Time

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92567	XXX	0.20	RUC Time	777,249
<u>CPT Descriptor 1</u> Tympanometry (impedance testing)				

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72100	XXX	0.22	RUC Time	1,881,429

CPT Descriptor 2 Radiologic examination, spine, lumbosacral; 2 or 3 views

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 28      % of respondents: 42.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 11      % of respondents: 16.6 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>96401</u></b>	<b>Top Key Reference CPT Code: <u>96413</u></b>	<b>2nd Key Reference CPT Code: <u>96365</u></b>
Median Pre-Service Time	4.00	4.00	2.00
Median Intra-Service Time	3.00	7.00	5.00
Median Immediate Post-service Time	2.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>9.00</b>	<b>13.00</b>	<b>9.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.04	-0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.17	-0.10
Urgency of medical decision making	0.08	-0.40

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.17	-0.30
Physical effort required	-0.21	-0.20

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.08	-0.40
Outcome depends on the skill and judgment of physician	0.33	-0.20
Estimated risk of malpractice suit with poor outcome	0.08	-0.30

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.08	-0.50
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In the NPRM for 2016, CMS ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 96401, 96402, 96409 and 96411 were part of the list to be surveyed. In June 2016, the specialty societies indicated they would not proceed with a coding change proposal that might have impacted these codes and moved to survey Tabs 25, 26 and 27 for January 2017 RUC. CPT codes 96401, 96402, 96409, and 96411 were surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

**96401 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO), the American Society of Hematology (ASH), American Society for Blood and Marrow Transplantation (ASBMT), and the American College of Rheumatology (ACR) conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO, ASH, ASBMT, and ACR joint consensus panel reviewed and discussed the work survey results. For CPT code 96401, there were 66 responses to the survey request with a median performance rate of 50, lending support that the survey participants were familiar with the service. 85% of the survey respondents found the vignette to be typical.

**Time Discussion**

The joint panel reviewed the survey median times (10 pre, 10 intra, 10 post) and compared it to the current time of 4 minutes pre-time, 3 minutes of intra-time and 2 minutes of post time. The 25<sup>th</sup> percentile times of the survey are (5 pre, 5 intra and 5 post.) The consensus of the joint panel is that the physician work of this service has not fundamentally changed since 2004 which would not justify a substantial increase in time from the current level. We are therefore recommending the current times be maintained as they are similar to the 25<sup>th</sup> percentile times from the recent survey.

## Work Discussion

The joint panel reviewed the survey median work (RVW 0.28) as well as the 25<sup>th</sup> percentile (RVW 0.21) compared to the current value (RVW 0.21). The panel recommends maintaining the current RVW of 0.21 which is consistent with our conclusion that there has not been fundamental change in the nature of the physician work and there is no compelling evidence for an increase in the work value.

The key reference service code 2 chosen by the survey respondents, CPT 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*, is assigned an RVW 0.21 with pre, intra and post time of 2, 5 and 2 minutes. The intensity/complexity measures of the surveyed code were similar to the ratings assigned to the reference code. Given the similarity in times and the minimal difference in the intensity/complexity measures, we believe the survey data supports maintenance of the current value of 0.21.

To provide further support, the joint panel compared code 96401 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>92567 (MPC)</b>	Tympanometry	<b>0.20</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>6</b>
<b>77080</b>	Dxa bone density axial	<b>0.20</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>9</b>
<b>96401</b> Survey Code	Chemo anti-neopl sq/im	<b>0.21</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>9</b>
<b>96417</b>	Chemo iv infus each addl seq	<b>0.21</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>8</b>
<b>72100 (MPC)</b>	X-ray exam l-s spine 2/3 vws	<b>0.22</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>6</b>

**In summary, we recommend a RVW of 0.21 (which is the current value for 96401) with a pre-service time 4 minutes, intra service time 3 minutes, and post time 2 minutes for a total time 9 minutes.**

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION



How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96401

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hematology/Oncology                      How often? Commonly

Specialty Rheumatology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 2308056

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare Claims Data times three.

Specialty Hematology/Oncology	Frequency 820052	Percentage 35.52 %
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Specialty Rheumatology	Frequency 535007	Percentage 23.17 %
------------------------	------------------	--------------------

Specialty Medical Oncology	Frequency 221112	Percentage 9.58 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 769,352 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This information is from the 2015 Medicare Claims Data, on the RUC database.

Specialty Hematology/Oncology	Frequency 273351	Percentage 35.53 %
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Specialty Rheumatology	Frequency 178336	Percentage 23.18 %
------------------------	------------------	--------------------

Specialty Medical Oncology	Frequency 73319	Percentage 9.52 %
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Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Chemotherapy

BETOS Sub-classification Level II:

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96401

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 96402	Tracking Number	Original Specialty Recommended RVU: <b>0.19</b>
		Presented Recommended RVU: <b>0.19</b>
Global Period: XXX		RUC Recommended RVU: <b>0.19</b>

CPT Descriptor: Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 72-year-old male with prostate cancer has the appropriate indications for luteinizing hormone-releasing hormone (LHRH) agonist therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Provide and confirm orders. Interact and review plan with staff.

Description of Intra-Service Work: Physician or other qualified health care professional provides direct supervision, ensures their immediate availability to the staff in the office and periodically assesses the patient's response to treatment.

Description of Post-Service Work: Provide appropriate instructions regarding immediate care. Provide minimal instruction regarding ongoing care. Conduct appropriate interactions with staff regarding patient monitoring.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. Tom Turk, Dr. Jim Dupree, Dr. Elizabeth Blanchard, Dr. David Regan				
<b>Specialty(s):</b>	AUA, ASCO, ASH				
<b>CPT Code:</b>	96402				
<b>Sample Size:</b>	8234	<b>Resp N:</b>	118	<b>Response:</b>	1.4 %
<b>Description of Sample:</b>	Random pull of AUA, ASCO, and ASH members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	9.00	50.00	79.00	2000.00
<b>Survey RVW:</b>	0.00	0.20	0.28	0.72	85.00
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	5.00	5.00	10.00	60.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service** time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	96402	<b>Recommended Physician Work RVU: 0.19</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	4.00	0.00	4.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	3.00			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96413	XXX	0.28	RUC Time

CPT Descriptor Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96365	XXX	0.21	RUC Time

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71010	XXX	0.18	RUC Time	17,329,127

CPT Descriptor 1 Radiologic examination, chest; single view, frontal

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92567	XXX	0.20	RUC Time	772,249

CPT Descriptor 2 Tympanometry (impedance testing)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 30      % of respondents: 25.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 27      % of respondents: 22.8 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>96402</u></b>	<b>Top Key Reference CPT Code: <u>96413</u></b>	<b>2nd Key Reference CPT Code: <u>96365</u></b>
Median Pre-Service Time	4.00	4.00	2.00
Median Intra-Service Time	3.00	7.00	5.00
Median Immediate Post-service Time	2.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>9.00</b>	<b>13.00</b>	<b>9.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.16	-0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.08	0.13
Urgency of medical decision making	0.04	-0.08

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.24	-0.13
Physical effort required	-0.24	-0.08

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.32	-0.08
Outcome depends on the skill and judgment of physician	0.16	0.00
Estimated risk of malpractice suit with poor outcome	-0.16	0.08

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.40	0.08
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

<b>Services Reported Together</b>	96402	99213
Global Period	XXX	XXX
RVU	.19	.97
Pre-/Intra-/Post- Time	4/3/2	3/15/5

**Background**

In the NPRM for 2016, CMS ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 96401, 96402, 96409 and 96411 were part of the list to be surveyed. In June 2016, the specialty societies indicated they would not proceed with a coding change proposal that might have impacted these codes and moved to survey Tabs 25, 26 and 27 for January 2017 RUC. CPT codes 96401, 96402, 96409, and 96411 were surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

**96402 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO), the American Society of Hematology (ASH), and the American Urological Association (AUA) conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO, ASH, and AUA RVS joint consensus panel reviewed and discussed the work survey results. For CPT code 96402, there were 118 responses to the survey request with a median performance rate of 50, lending support that the survey participants were familiar with the service. 94% of the survey respondents found the vignette to be typical.

**Time Discussion**

The joint panel reviewed the survey median times (10 pre, 5 intra, 15 post) and compared it to the current time of 4 minutes pre, 3 minutes intra and 2 minutes' post time. The 25<sup>th</sup> percentile times of the survey are (5 pre, 5 intra and 8 post.) The consensus of the joint panel is that the physician work of this service has not fundamentally changed since 2004, which would not justify an increase in time from the current level. We are, therefore, recommending the current times be maintained.

### Work Discussion

The joint panel reviewed the survey median work (RVW 0.28) as well as the 25<sup>th</sup> percentile (RVW 0.20) compared to the current value (RVW 0.19). The panel recommends maintaining the current RVW of 0.19 which is consistent with our conclusion that there has not been fundamental changes in the nature of the physician work and there is no compelling evidence for an increase in the work value.

The key reference service code 1 chosen by the survey respondents, CPT 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug*, is assigned an RVW 0.28 with pre, intra and post times of 4, 7 and 2 minutes. The intensity/complexity measures of the surveyed code were rated as similar by the survey respondents. The joint expert panel did not agree with the survey respondents' observation of the key reference 1 to the survey code CPT 96402, as the value of reference code 1 (.28) is higher than 96402 (.19).

To provide additional support to maintain the current value, the joint panel compared code 96402 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>71010 (MPC)</b>	Chest x-ray 1 view frontal	<b>.18</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>
<b>92504</b>	Ear microscopy examination	<b>0.18</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>9</b>
<b>96402</b> Survey Code	Chemo hormon antineopl sq/im	<b>0.19</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>9</b>
<b>96367 (MPC)</b> <b>ZZZ</b>	Tx/proph/dg addl seq iv inf	<b>0.19</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>
<b>92567 (MPC)</b>	Tympanometry	<b>0.20</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>6</b>

**In summary, we recommend a RVW of 0.19 (which is the current value for 96402) with a pre-service time 4 minutes, intra service time 3 minutes, and post time 2 minutes for a total time 9 minutes.**

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Information available from billed together files.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these



data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See above in the "Additional Rationale and Comments" section.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96402

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology                      How often? Commonly

Specialty Hematology/Oncology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1157745

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare Claims data times 3

Specialty Urology	Frequency 679712	Percentage 58.70 %
Specialty Hematology/Oncology	Frequency 309813	Percentage 26.76 %
Specialty Medical Oncology	Frequency 100724	Percentage 8.70 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 385,915 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is 2015 Medicare claims data from the RUC database.

Specialty Urology	Frequency 226571	Percentage 58.71 %
Specialty Hematology/Oncology	Frequency 103271	Percentage 26.76 %
Specialty Medical Oncology	Frequency 33613	Percentage 8.70 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Chemotherapy

BETOS Sub-classification Level II:

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96402

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 96409	Tracking Number	Original Specialty Recommended RVU: <b>0.24</b>
		Presented Recommended RVU: <b>0.24</b>
Global Period: XXX		RUC Recommended RVU: <b>0.24</b>

CPT Descriptor: Chemotherapy administration; intravenous, push technique, single or initial substance/drug

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 67-year-old male with bladder cancer presents for an IV push. The patient does not have a venous access device and requires an IV initiation.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Provide and confirm orders. Interact and review plan with staff. Confirm and review any appropriate laboratory results as necessary. Calculate dose.

Description of Intra-Service Work: Physician or other qualified health care professional provides direct supervision, ensures their immediate availability to the staff in the office and periodically assesses the patient's response to treatment.

Description of Post-Service Work: Provide appropriate instructions regarding immediate care. Provide minimal instruction regarding ongoing care. Conduct appropriate interactions with staff regarding patient monitoring.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. Elizabeth Blanchard, Dr. David Regan				
<b>Specialty(s):</b>	ASCO, ASH, ASBMT				
<b>CPT Code:</b>	96409				
<b>Sample Size:</b>	4258	<b>Resp N:</b>	59	<b>Response:</b>	1.3 %
<b>Description of Sample:</b>	Random pull of ASCO, ASH, and ASBMT members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	15.00	100.00	400.00	2000.00
<b>Survey RVW:</b>	0.15	0.26	0.30	1.00	19.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	8.00	10.00	15.00	60.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service** time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	96409	<b>Recommended Physician Work RVU: 0.24</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	4.00	0.00	4.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	5.00			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96413	XXX	0.28	RUC Time

CPT Descriptor Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71010	XXX	0.18	RUC Time	17,329,127

CPT Descriptor 1 Radiologic examination, chest; single view, frontal

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92567	XXX	0.20	RUC Time	772,249

CPT Descriptor 2 Tympanometry (impedance testing)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 32      % of respondents: 54.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 11.8 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>96409</u></b>	<b>Top Key Reference CPT Code: <u>96413</u></b>	<b>2nd Key Reference CPT Code: <u>99213</u></b>
Median Pre-Service Time	4.00	4.00	3.00
Median Intra-Service Time	5.00	7.00	15.00
Median Immediate Post-service Time	2.00	2.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>11.00</b>	<b>13.00</b>	<b>23.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.20	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.32	1.00
Urgency of medical decision making	0.16	1.14
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	-0.04	0.86

Physical effort required	-0.12	0.71
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.36	1.14
Outcome depends on the skill and judgment of physician	0.36	1.14
Estimated risk of malpractice suit with poor outcome	0.36	0.71

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.20	1.42
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

<b>Services Reported Together</b>	96409	96367
Global Period	XXX	ZZZ
RVU	.24	.19
Pre-/Intra-/Post- Time	4/5/2	1/5/6

**Background**

In the NPRM for 2016, CMS ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 96401, 96402, 96409 and 96411 were part of the list to be surveyed. In June 2016, the specialty societies indicated they would not proceed with a coding change proposal that might have impacted these codes and moved to survey Tabs 25, 26 and 27 for January 2017 RUC. CPT codes 96401, 96402, 96409, and 96411 were surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

**96409 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO), the American Society of Hematology (ASH), and the American Society for Blood and Marrow Transplantation (ASBMT) conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO, ASH and ASBMT RVS joint consensus panel reviewed and discussed the work survey results. For CPT code 96409, there were 59 responses to the survey request with a median performance rate of 100, lending support that the survey participants were familiar with the service. 81% of the survey respondents found the vignette to be typical.

**Time Discussion**

The joint panel reviewed the survey median times (15 pre, 10 intra, 15 post) and compared it to the current time of 4 minutes pre, 5 minutes intra and 2 minutes' post time. The 25<sup>th</sup> percentile times of the survey are (10 pre, 8 intra and 5 post.) The consensus of the joint panel is that the physician work of this service has not fundamentally changed since 2004 which would not justify an increase in time from the current level. We are, therefore, recommending the current times be maintained.

### Work Discussion

The joint panel reviewed the survey median work (RVW 0.30) as well as the 25<sup>th</sup> percentile (RVW 0.26) compared to the current value (RVW 0.24). The panel recommends maintaining the current RVW of 0.24 which is consistent with our conclusion that there has not been fundamental changes in the nature of the physician work and there is no compelling evidence for an increase in the work value.

The key reference service code 1 chosen by the survey respondents, CPT 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug*, is assigned an RVW 0.28 with pre, intra and post time of 4, 7 and 2 minutes. The intensity/complexity measures of the surveyed code were rated as similar by the survey respondents. The expert panel did agree with the survey respondents observation of the key reference 1 is similar to the survey CPT code 96409.

To provide additional support to maintain the current value, the joint panel compared code 96409 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>71020 (MPC)</b>	Chest x-ray 2vw frontal&latl	<b>0.22</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>6</b>
<b>73564</b>	X-ray exam knee 4 or more	<b>0.22</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>7</b>
<b>96409</b> Survey Code	Chemo iv push sngl drug	<b>0.24</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>11</b>
<b>93922 (MPC)</b>	Upr/l xtremity art 2 levels	<b>0.25</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>10</b>
<b>92545</b>	Oscillating tracking test	<b>0.25</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>11</b>

**In summary, we recommend a RVW of 0.24 (which is the current value for 96409) with a pre-service time of 4 minutes, intra service time of 5 minutes, and post time of 2 minutes for a total time 11 minutes.**

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is



involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See above in the "Additional Comments and Rationale Section."

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96409

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hematology/Oncology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Specialty Internal Medicine                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 430905

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare Claims data times three.

Specialty Hematology/Oncology	Frequency 304779	Percentage 70.72 %
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Specialty Medical Oncology	Frequency 88766	Percentage 20.59 %
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Specialty Internal Medicine	Frequency 16202	Percentage 3.75 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

143,635 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare Claims data from RUC database.

Specialty Hematology/Oncology	Frequency 101593	Percentage 70.72 %
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Specialty Medical Oncology	Frequency 29589	Percentage 20.60 %
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Specialty Internal Medicine	Frequency 5401	Percentage 3.76 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Chemotherapy

BETOS Sub-classification Level II:

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96409

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 96411      Tracking Number

Original Specialty Recommended RVU: **0.20**Presented Recommended RVU: **0.20**

Global Period: ZZZ

RUC Recommended RVU: **0.20**

CPT Descriptor: Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 67-year-old male with bladder cancer is to receive the second drug for that day's treatment. The patient has just finished receiving an IV push of a first drug (reported separately under code 96409) as part of the chemotherapy course. (Note: CPT code 96411 is an add-on code. Code 96409 includes IV discontinuation, flush, and discharge process.)

Percentage of Survey Respondents who found Vignette to be Typical: 86%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: N/A

Description of Intra-Service Work: Provide and confirm orders. Calculate dose. Provide direct supervision and make sure of immediate availability in office. Assess patient response to treatment.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Dr. Elizabeth Blanchard, Dr. David Regan				
<b>Specialty(s):</b>	ASCO, ASH, ASBMT				
<b>CPT Code:</b>	96411				
<b>Sample Size:</b>	4258	<b>Resp N:</b>	57	<b>Response:</b> 1.3 %	
<b>Description of Sample:</b>	Random pull of members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	11.00	125.00	400.00	2000.00
<b>Survey RVW:</b>	0.10	0.21	0.40	0.65	19.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	5.00	15.00	29.00	70.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service** time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	96411	<b>Recommended Physician Work RVU: 0.20</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	0.00	3.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	4.00			
<b>Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
96417	<u>ZZZ</u>	0.21	<u>RUC Time</u>

CPT Descriptor Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
96367	<u>ZZZ</u>	0.19	<u>RUC Time</u>

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96367	<u>ZZZ</u>	0.19	<u>RUC Time</u>	1,729,769

CPT Descriptor 1 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95874	<u>ZZZ</u>	0.37	<u>RUC Time</u>	65313

CPT Descriptor 2 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 39      % of respondents: 68.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 15.7 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>96411</u>	Top Key Reference CPT Code: <u>96417</u>	2nd Key Reference CPT Code: <u>96367</u>
Median Pre-Service Time	3.00	2.00	1.00
Median Intra-Service Time	4.00	6.00	5.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>7.00</b>	<b>8.00</b>	<b>6.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.42	0.25
Urgency of medical decision making	0.30	0.38

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.18	0.25
Physical effort required	0.15	0.38

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.70	0.63
Outcome depends on the skill and judgment of physician	0.64	0.75
Estimated risk of malpractice suit with poor outcome	0.58	0.50

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.63	0.62
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

<b>Services Reported Together</b>	96411	99214	96367	96375	96413	96415
Global Period	ZZZ	XXX	ZZZ	ZZZ	XXX	ZZZ
RVU	.20	1.50	.19	.10	.28	.19
Pre-/Intra-/Post- Time	3/4/7	5/25/10	1/5/6	1/3/4	4/7/2	0/5/0

**Background**

In the NPRM for 2016, CMS ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 96401, 96402, 96409 and 96411 were part of the list to be surveyed. In June 2016, the specialty societies indicated they would not proceed with a coding change proposal that might have impacted these codes and moved to survey Tabs 25, 26 and 27 for January 2017 RUC. CPT codes 96401, 96402, 96409, and 96411 were surveyed and reviewed by the RUC as part a 20-code project conducted by a multispecialty coalition at the October 2004 RUC meeting.

**96411 Survey Results & Recommendations:**

The American Society of Clinical Oncology (ASCO), the American Society of Hematology (ASH), and the American Society for Blood and Marrow Transplantation (ASBMT) conducted a joint random survey of their members in October-November 2016. Physician advisors and specialty experts participated by conference calls and over e-mail discussion to review the survey work data and develop recommendations. The ASCO, ASH and ASBMT RVS consensus panel reviewed and discussed the work survey results. For CPT code 96411, there were 57 responses to the survey request with a median performance rate of 125, lending support that the survey participants were familiar with the service. 86% of the survey respondents found the vignette to be typical.

**Time Discussion**

We did not survey for pre and post time since this is an add-on (ZZZ) code. The survey median intra service time was 15 minutes and the 25<sup>th</sup> percentile intra time 5 minutes. The joint expert panel agreed the intra-service time is closer to the 25<sup>th</sup> percentile at a time of 5 minutes to perform this service. The consensus of the joint panel is that the physician work of this service has not fundamentally changed since 2004 which would not justify an increase in time from the current level. We are recommending, however, that the 3 minutes of pre-service time is deleted, and allocate 1 minute of pre-service to the intra-service, for a times of 0 minutes of pre-service, 5 minutes of intra-service (an increase from 4 minutes), and 0 minutes of post-service.

## Work Discussion

The joint panel reviewed the survey median work (RVW 0.40) as well as the 25<sup>th</sup> percentile (RVW 0.21) compared to the current value (RVW 0.20). The panel recommends maintaining the current RVW of 0.20 which is consistent with our conclusion that there has not been fundamental changes in the nature of the physician work and there is no compelling evidence for an increase in the work value.

The key reference service code 1 chosen by the survey respondents, CPT 96417 *Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)*, is assigned an RVW 0.21 with pre, intra and post times of 2, 6 and 0 minutes. The intensity/complexity measures of the surveyed code were rated as similar to slightly higher by the survey respondents. The joint expert panel did not agree with the survey respondents observation of the key reference 1 to the survey code CPT 96411 as they agreed it was similar, but not slightly higher.

To provide additional support to maintain the current value, the joint panel compared code 96411 to two MPC codes and other services listed in the table below:

**TABLE 1 REVIEW OF COMPARATOR SERVICES**

CPT Code	Short Description	RVW	Pre	Intra	Post	Total
<b>96367 zzz</b> (MPC)	Tx/proph/dg addl seq iv inf	<b>0.19</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>
<b>99211 xxx</b> (MPC)	Office/outpatient visit est (five minutes)	<b>0.18</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>7</b>
<b>77080 xxx</b>	Dxa bone density axial	<b>0.20</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>9</b>
<b>96411 zzz</b> Survey Code	Chemo iv push addl drug	<b>0.20</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>5</b>
<b>71100 xxx</b> (MPC)	X-ray exam ribs uni 2 views	<b>0.22</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>6</b>
<b>95874 zzz</b> (MPC)	Guide nerv destr needle emg	<b>0.37</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>20</b>

**In summary, we recommend a RVW of 0.20 with a pre-service time 0, intra service time of 5 minutes, and post time 0 minutes for a total time 5 minutes.**

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.



- ☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See above in the "Additional Rationale and Comments" section.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96411

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Hematology/Oncology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Specialty Internal Medicine                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 604797

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare Claims Data times three.

Specialty Hematology/Oncology	Frequency 424991	Percentage 70.27 %
Specialty Medical Oncology	Frequency 130515	Percentage 21.57 %
Specialty Internal Medicine	Frequency 22982	Percentage 3.79 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 201,599 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare Claims Data from RUC database

Specialty Hematology/Oncology	Frequency 141664	Percentage 70.27 %
Specialty Medical Oncology	Frequency 43525	Percentage 21.58 %
Specialty Internal Medicine	Frequency 7661	Percentage 3.80 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Chemotherapy

BETOS Sub-classification Level II:

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96411

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96401	<b># of Respondents:</b>	66
<b>Survey Code Descriptor:</b>	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		

<b>Top Ref Code:</b>	96413	<b># of Respondents:</b>	28	<b>% of Respondents:</b>	42%
<b>Top Ref Code Descriptor:</b>	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug				

		Survey Code <b>Compared to</b> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		4%	4%	71%	21%	0%
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less 17%	Identical 67%	More 17%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 8%	Identical 75%	More 17%		
	Urgency of medical decision making	Less 8%	Identical 71%	More 21%		
<b>Technical Skill:</b>		Less 21%	Identical 75%	More 4%		
<b>Physical Effort:</b>		Less 21%	Identical 75%	More 4%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less 8%	Identical 71%	More 21%		
	Outcome depends on the skill and judgment of physician	Less 4%	Identical 71%	More 25%		
	Estimated risk of malpractice suite with poor outcome	Less 17%	Identical 58%	More 25%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96402	<b># of Respondents:</b>	118
<b>Survey Code Descriptor:</b>	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		

<b>Top Ref Code:</b>	96413	<b># of Respondents:</b>	30	<b>% of Respondents:</b>	25%
<b>Top Ref Code Descriptor:</b>	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		4%	20%	52%	24%	0%
<b>Overall Intensity and Complexity:</b>	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		32%	48%	20%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
<b>Mental Effort and Judgment:</b>		24%	56%	20%		
	Urgency of medical decision making	Less	Identical	More		
		16%	64%	20%		
<b>Technical Skill:</b>		Less	Identical	More		
		24%	72%	4%		
<b>Physical Effort:</b>		Less	Identical	More		
		24%	72%	4%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		32%	52%	16%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		20%	60%	20%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		36%	44%	20%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96409	<b># of Respondents:</b>	59
<b>Survey Code Descriptor:</b>	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		

<b>Top Ref Code:</b>	96413	<b># of Respondents:</b>	32	<b>% of Respondents:</b>	54%
<b>Top Ref Code Descriptor:</b>	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug				

		<b>Survey Code <u>Compared to</u> Top Ref Code</b>				
		<b>Survey Code is:</b>				
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
		0%	16%	64%	4% 16%	
<b>Overall Intensity and Complexity:</b>						
<b>Mental Effort and Judgment:</b>	The number of possible diagnosis and/or number of management options that must be considered	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	76%	16%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	72%	24%		
	Urgency of medical decision making	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	72%	20%		
<b>Technical Skill:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		8%	88%	4%		
<b>Physical Effort:</b>		<b>Less</b>	<b>Identical</b>	<b>More</b>		
		12%	84%	4%		
<b>Psychological Stress:</b>	The risk of significant complications, morbidity and/or mortality	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	72%	24%		
	Outcome depends on the skill and judgment of physician	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		4%	72%	24%		
	Estimated risk of malpractice suite with poor outcome	<b>Less</b>	<b>Identical</b>	<b>More</b>		
		0%	68%	32%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	96411	<b># of Respondents:</b>	57
<b>Survey Code Descriptor:</b>	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		

<b>Top Ref Code:</b>	96417	<b># of Respondents:</b>	39	<b>% of Respondents:</b>	68%
<b>Top Ref Code Descriptor:</b>	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)				

		Survey Code <b>Compared to</b> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	6%	52%	15%	27%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 9%	Identical 64%	More 27%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 6%	Identical 64%	More 30%		
	Urgency of medical decision making	Less 12%	Identical 58%	More 30%		
Technical Skill:		Less 9%	Identical 70%	More 21%		
Physical Effort:		Less 12%	Identical 70%	More 21%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 3%	Identical 55%	More 42%		
	Outcome depends on the skill and judgment of physician	Less 3%	Identical 58%	More 39%		
	Estimated risk of malpractice suite with poor outcome	Less 0%	Identical 64%	More 36%		

ISSUE: Chemotherapy Administration  
TAB: 27

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
	REF 1	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	28	0.021	0.28					13	4	7					2					
	REF 2	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	11	0.024	0.21					9	2	5					2					
	CURRENT	96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		0.025	0.21					9	4	3					2					
85%	SVY Total	96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	66	-0.017	0.00	0.21	0.28	0.58	20.00	30	10	0	5	10	15	60	10	0	4	50	150	1279
	Oncology	96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	57	-0.017	0.00	0.21	0.28	0.97	20.00	30	10	0	5	10	15	60	10	0	1	50	180	1279
	Rheumatology	96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	9	0.006	0.21	0.26	0.27	0.45	0.60	17.5	5	2	5	8	10	20	5	6	43	75	250	400
	REC	96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		0.025	0.21					9	4			3			2					
Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
	REF 1	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	30	0.021	0.28					13	4	7					2					
	REF 2	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	27	0.024	0.21					9	2	5					2					
	CURRENT	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		0.019	0.19						4	3					2					
94%	SVY Total	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	118	-0.056	0.00	0.20	0.28	0.72	85.00	30	10	0	5	5	10	60	15	0	9	50	79	2000
	Oncology	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	50	-0.056	0.00	0.20	0.28	0.40	20.00	30	10	0	5	5	10	60	15	0	0	50	99	2000
	Rheumatology	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	2	-0.047	0.21	0.23	0.25	0.26	0.28	26.5	15	5	5	5	5	5	7	60	60	60	60	60
	Urology	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	66	-0.081	0.10	0.21	0.38	0.79	85.00	40	5	0	3	5	5	20	30	0	10	44	75	450
	REC	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		0.019	0.19					9	4			3			2					
Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
	REF 1	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	32	0.021	0.28					13	4	7					2					
	REF 2	99213	Office outpatient visit for the E/M of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity	7	0.053	0.97					23	3	15					5					
	CURRENT	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		0.021	0.24					11	4	5					2					
81%	SVY Total	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	59	-0.037	0.15	0.26	0.30	1.00	19.00	40	15	0	8	10	15	60	15	0	15	100	400	2000
	REC	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		0.021	0.24					11	4			5			2					
Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
	REF 1	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	39	0.028	0.21					8	2	6					0					
	REF 2	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	9	0.034	0.19					6	1	5					0					
	CURRENT	96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		0.033	0.20					7	3	4					0					
86%	SVY Total	96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	57	0.027	0.10	0.21	0.40	0.65	19.00	15		1	5	15	29	70		0	11	125	400	2000
	REC	96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		0.033	0.20					7	3			4			0					

27  
Tab Number

Chemotherapy  
Issue

96401, 96402, 96409,  
Code Range 96411

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
Signature

DAVID H. REGAN  
Printed Signature

ABCO  
Specialty Society

12-7-2016  
Date



27  
Tab Number

Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic  
Issue

96402  
Code Range

### Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



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Signature

Thomas Turk, M.D.  
Printed Signature

American Urological Association  
Specialty Society

December 9, 2016  
Date

25/26/27  
Tab Number

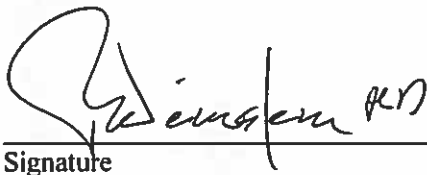
Hydration/On-Body Injector/Chemo  
Issue

96360-61/96372, 96374-75, 96377/  
Code Range  
96401, 96402, 96409, 96411

### Attestation Statement

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Signature

Robert Weinstein, MD  
Printed Signature

American Society of Hematology  
Specialty Society

13 December 2016  
Date

27  
Tab Number

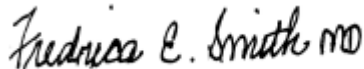
Chemotherapy Administration  
Issue

96372, 96374, 96375  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

**Fredrica Smith, MD**

Printed Signature

**American College of Rheumatology**

Specialty Society

November 28, 2016

Date

CPT Code: 96401

Specialty Society(s): ASCO, ASH, ACRh, ASBMT  
**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor: Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

Global Period: XXX Meeting Date: January 2017- Revised 1/17/17

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The specialty society advisors and staff from ASCO, ASH, ACRh, and ASBMT held a meeting via conference call to discuss the Practice Expense. The inputs were developed with involvement from physicians, specialty society staff, and clinical staff from a variety of settings.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: For CPT code 96401, we are using the current PE inputs for 96401 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: There are **6** minutes of pre-service time for CPT code 96401, which is above the PE standard of **0** minutes. This accounts for the following work: Coordinating with the physician on the injection, confirming drugs to administered and the dosage, obtaining an update on patient's condition, and ensuring appropriate labwork is ordered. Recent increases in documentation and insurance requirements continue to support the need for these minutes in the pre-service time.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Line 22- Obtain vital signs. We are adding **5** minutes (an increase from **3** minutes) for obtaining the vital signs, in compliance with the new standards. Five vitals are obtained: blood pressure, respiration, pulse, temperature, and weight. Five vitals equals five minutes.

In the following lines, we are requesting increases based on the 2004 NIOSH Alert: Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs. These standards, along with the OSHA Technical manual: Controlling Occupational Exposure to Hazardous Drugs revised in 1995, are "the most often referred to guidelines in the United States."

(<http://www.cdc.gov/niosh/topics/antineoplastic/pubs.html>) The 2004 NIOSH alert was not available when these codes were originally implemented. The alert is included with the submission, and we have inserted the page numbers as a reference.

Line 37- Assemble and don personal protective equipment. We are adding **1** minute for "assembling and donning personal protective equipment"

"Wear chemotherapy gloves [ASTM in press], protective clothing, and eye protection when opening containers to unpack hazardous drugs. Such PPE protects workers and helps prevent contamination from spreading if damaged containers are found." (Page 12)

**Specialty Society(s): ASCO, ASH, ACRh, ASBMT**

“Wear protective gloves and gowns if you are involved in preparation activities such as opening drug packaging, handling vials or finished products, labeling hazardous drug containers, or disposing of waste. (Page 12)

Wear PPE (including double gloves and protective gowns) while reconstituting and admixing drugs.” (page 13)

Line 45- Assemble and don personal protective equipment. We are adding **1** minute for “assembling and donning personal protective equipment” per the NIOSH safety standards, which state, “Wear PPE (including double gloves, goggles, and protective gowns) for all activities associated with drug administration—opening the outer bag, assembling the delivery system, delivering the drug to the patient, and disposing of all equipment used to administer drugs.” (Page 14)

Line 46- Patient and medication verification before administration (two verifications by two different RNs). We are adding **1** minute for this task in compliance with ASCO/ONS safety standards, which were updated in 2016. The American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) are engaged in an ongoing collaborative project to use a rigorous, consensus-based process to develop standards for safe administration of chemotherapy. Current ASCO/ONS standards address safety of all routes of chemotherapy administration to adult patients in the outpatient setting and inpatient setting. The ASCO/ONS chemotherapy safety standards are intended to reduce the risk of errors when providing adult patients with chemotherapy, and to provide a framework for best practices in cancer care. Specifically, they can inform practice policies and procedures, internal quality assessment, and external quality monitoring. (<http://www.institutequality.org/qcp/asco-ons-safety-standards>) The updated guidelines have been included with this submission, and we have inserted the page and section numbers as a reference.

“3.11.3 Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements:

- 3.11.3.1. Drug name.
- 3.11.3.2. Drug dose.
- 3.11.3.3. Infusion volume or drug volume when prepared in a syringe.
- 3.11.3.4. Rate of administration.
- 3.11.3.5. Route of administration.
- 3.11.3.6. Expiration dates and/or times.
- 3.11.3.7. Appearance and physical integrity of the drugs.
- 3.11.3.8. Rate set on infusion pump, when used.” (Page 6)

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Line 12- Complete pre-service diagnostic and referral forms- **3 minutes**

Line 13- Coordinate pre-surgery services- **3 minutes**

The clinical staff coordinates with the physician on the injection, confirms drugs to be infused and the dosage, obtains an update on the patient's condition, and ensures appropriate lab work is ordered.

Total Pre-Service Time- **6 minutes**

Intra-Service Clinical Labor Activities:

Line 21- Greet patient, provide gowning, ensure appropriate medical records are available- **2 minutes**  
Clinical staff greets patient and escorts them to the exam room. Gowning is provided to the patient.

Line 22- Review charts by chemo nurse regarding course of treatment and obtain chemotherapy-related medical history- **4 minutes**  
The clinical staff verifies patient information and reviews current course of treatment and diagnosis (verifies the treatment cycle day and treatment schedule). Reviews patient and treatment history and looks for any complications or treatment related toxicities noted in medical record. Verifies allergies and any previous reactions or side effects. The clinical staff reviews the list of prescribed medications and reviews lab values/tests that were previously ordered (in pre-service). These include the complete blood count chemistries and imaging studies.

Line 23- Obtain vital signs- **5 minutes**  
The clinical staff obtains five vital signs: blood pressure, respiration, pulse, temperature, and weight. Five vitals equal five minutes.

Line 24- Provide pre-service education/obtain consent (initial education of 1 hr amortized over average of 6 cycles). Includes a psych assessment and a review of medication list.- **5 minutes**  
The clinical staff reviews the treatment plan established by the physician and patient. Patient is educated about the regimen prescribed, the drug-specific toxicities and potential hypersensitivities, and reactions that require immediate attention. Verifies patient consent.

Line 25- Prepare room, equipment, and supplies- **2 minutes**  
Clinical staff gathers the necessary supplies (i.e. medication, syringe with needle, alcohol swab, and bandage strip) and lays them out in the exam room.

Line 27- Prepare and position patient/monitor patient/set up IV- **2 minutes**  
Clinical staff prepares and positions patient. Ensures patient is prepared for the injection.

*Mix Chemotherapy*

Line 31- Verify medication interaction- **1 minute**  
Clinical staff verifies any current medications being taken by patient to assure no negative interactions with medication to be administered by the injection.

Line 32- Verify orders- **1 minute**  
Clinical staff verifies physician's order for injection and confirms correct medication has been gathered, consistent with the physician's order.

Line 33- Calculate dose- **1 minute**

Line 34- Maximum and cumulative dose- **1 minute**  
Clinical staff confirms cumulative dose of chemotherapy agents associated with risk of cumulative toxicity.

Line 35- Calculate BSA- **1 minute**

Line 36- Second verification of orders (performed by another nurse or technician)- **1 minute**  
Orders are reviewed and verified by a second independent practitioner, per ASCO/ONS guidelines

Line 37- Assemble supplies- **1 minute**  
Clinical staff gathers supplies for mixing chemotherapy.

Line 38- Assemble and don personal protective equipment- **1 minute**  
Clinical staff dons personal protective equipment per NIOSH guidelines.

Line 39- Prep Labels- **1 minute**

Line 40- Document lot # and expiration date- **1 minute**  
Clinical staff documents lot # and expiration date of medication to be injected in the patient's medical record and other places as needed.

Line 41- Clean hood- **1 minute**  
The biohazard hood is cleaned by clinical staff.

Line 42- Reconstitute drug- **2 minutes**

Line 43- Maintain MSDS- **0 minute**  
Clinical staff maintains Material Safety Data Sheets, per OSHA requirements.

Line 42 was decreased from 1 minute to 0 minutes.

Line 46- Assemble and don personal protective equipment- **1 minute (increase from 0 minutes)**  
Clinical staff dons personal protective equipment (ex. gown, gloves) per NIOSH guidelines.

Line 47- Patient and medication verification before administration (two verifications by two different RNs)- **1 minute (increase from 0 minutes)**  
Clinical staff conducts a patient and medication verification prior to the procedure, as required by ASCO/ONS safety guidelines. The verifications are performed by two different RNs.

Line 48- Clinical staff performs procedure-**1 minute**  
Clinical staff educate patient re: medication and prepares site cleans site where medication will be injected. Clinical staff injects the drug. Clinical staff monitor staff for reactions and documents encounter.

Line 50- Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4- **5 minutes**  
Clinical staff monitors patient for adverse reactions.

Line 52- Clean room/equipment by physician staff- **3 minutes**  
Clinical staff safely disposes of used needle and syringe in sharps container. Clinical staff also cleans up and disposes of other byproducts of procedure (e.g. used alcohol swab).

Line 55- Complete diagnostic forms, lab & X-ray requisitions, and documentation- **3 minutes**  
Clinical staff completes documentation which includes: drug/dose, solution/volumes, and cumulative dose. Lab orders required for interim care and next treatment are prepared. The patient's vital signs and tolerance of treatment are documented. Instructions provided to patient are noted, along with the level of patient understanding. Clinical staff documents prescriptions provided.

**Specialty Society(s): ASCO, ASH, ACRh, ASBMT**

Line 57- Check dressings & wound/ individualized education and home care instructions / side effects for which the patient should call office/Safe handling of hazardous body fluids/coordinate office visits /prescriptions/ documentation of educational materials provided to the patient and/or caregiver.- **5 minutes**

Clinical staff reviews with patient drug related toxicities and medication side effects. Advises how to contact the practice or organization and who should be called in specific circumstances. Clinical staff provides overview of symptom management (disease, fever, reactions, nausea) and which symptoms should trigger a call to the physician/practice. Instructions are provided to the patient regarding injection site care. Prescriptions are discussed with patient. Clinical staff provides family education and verifies a follow up visit/appointments. Clinical staff determines need for home health care services.

Total Intra-Service Time: **52 minutes**

Post-Service Clinical Labor Activities:

Line 65- Conduct phone calls/call in prescriptions- **3 minutes**

Clinical staff conducts follow up phone calls to assess level of toxicity of chemo regimen, need for intervention, offer emotional support and also calls in prescriptions.

Total Post Service Time: **3 minutes**



CPT Code: 96402  
Specialty Society(s): AUA, ASCO, ASH

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from AUA, ASCO, ASH held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: There are two reference codes for CPT code 96402. Reference code 1 are the current PE inputs for CPT code 96402. Reference code 2 are the PE inputs for 99213. CPT code 96402 is billed 64% of the time with an E/M code, 30% with 99213.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: There are 3 minutes of pre-service time for CPT code 96402, which is above the PE standard. This accounts for the following work: Coordinating with the physician on the injection, confirming drugs to administered and the dosage, obtaining an update on patient's condition, and ensuring appropriate labwork is ordered. Recent increases in documentation and insurance requirements continue to support the need for these minutes in the pre-service time.
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

In the following lines, we are requesting increases based on the 2004 NIOSH Alert: Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs. These standards, along with the OSHA Technical manual: Controlling Occupational Exposure to Hazardous Drugs revised in 1995, are “the most often referred to guidelines in the United States.” (<http://www.cdc.gov/niosh/topics/antineoplastic/pubs.html>) The 2004 NIOSH alert was not available when these codes were originally implemented. The alert is included with the submission, and we have inserted the page numbers as a reference.

Line 37- Assemble and don personal protective equipment. We are adding 1 minute for “assembling and donning personal protective equipment” per the NIOSH safety standards:

“Wear chemotherapy gloves [ASTM in press], protective clothing, and eye protection when opening containers to unpack hazardous drugs. Such PPE protects workers and helps prevent contamination from spreading if damaged containers are found.” (Page 12)

**Specialty Society(s): AUA, ASCO, ASH**

“Wear protective gloves and gowns if you are involved in preparation activities such as opening drug packaging, handling vials or finished products, labeling hazardous drug containers, or disposing of waste. (Page 12)

Wear PPE (including double gloves and protective gowns) while reconstituting and admixing drugs.” (page 13)

Line 39- Document lot # and expiration date. We are adding **1** minute (an increase from **0** minutes) to make it consistent with the other chemotherapy codes.

Line 40- Clean hood- We are adding **1** minute (an increase from **0** minutes) as we are now including a biohazard hood in the equipment list. NIOSH standards state, “Use a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs.” (Page 12)

Line 45- Assemble and don personal protective equipment. We are adding **1** minute for “assembling and donning personal protective equipment” per the NIOSH safety standards, which state, “Wear PPE (including double gloves, goggles, and protective gowns) for all activities associated with drug administration—opening the outer bag, assembling the delivery system, delivering the drug to the patient, and disposing of all equipment used to administer drugs.” (Page 14)

Line 46- Patient and medication verification before administration (two verifications by two different RNs). We are requesting 1 minute for this task in compliance with ASCO/ONS safety standards, which were updated in 2016. The American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) are engaged in an ongoing collaborative project to use a rigorous, consensus-based process to develop standards for safe administration of chemotherapy. Current ASCO/ONS standards address safety of all routes of chemotherapy administration to adult patients in the outpatient setting and inpatient setting. The ASCO/ONS chemotherapy safety standards are intended to reduce the risk of errors when providing adult patients with chemotherapy, and to provide a framework for best practices in cancer care. Specifically, they can inform practice policies and procedures, internal quality assessment, and external quality monitoring. (<http://www.institutequality.org/qcp/asco-ons-safety-standards>) The updated guidelines have been included with this submission, and we have inserted the page and section numbers as a reference.

“3.11.3 Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements:

3.11.3.1. Drug name.

3.11.3.2. Drug dose.

3.11.3.3. Infusion volume or drug volume when prepared in a syringe.

3.11.3.4. Rate of administration.

3.11.3.5. Route of administration.

3.11.3.6. Expiration dates and/or times.

3.11.3.7. Appearance and physical integrity of the drugs.

3.11.3.8. Rate set on infusion pump, when used.” (Page 6)

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Line 13- Coordinate pre-surgery services- **3 minutes**

Total Pre-Service Time- **3 minutes**

Intra-Service Clinical Labor Activities:

Line 22- Review charts by chemo nurse regarding course of treatment and obtain chemotherapy-related medical history- **0 minutes**

Line 22 was decreased from 2 minutes to 0, as this service is frequently reported with an E/M 64% of the time. In addition, this is now combined with line 22.

Line 23- Obtain vital signs- **2 minutes**

Clinical staff obtains five vital signs: blood pressure, respiration, pulse, temperature, and weight. Five vitals equals five minutes. CPT code 99213 includes 3 minutes for obtaining vitals.

Line 24- Provide pre-service education/obtain consent (initial education of 1 hr amortized over average of 6 cycles). Includes a psych assessment and a review of medication list- **5 minutes**

The clinical staff reviews the treatment plan established by the physician and patient. Patient is educated about the regimen prescribed, the drug-specific toxicities and potential hypersensitivities, and reactions that require immediate attention. Clinical staff confirms with the patient the duration of the infusion for each drug. Verifies patient consent.

Line 25- Prepare room, equipment, and supplies- **2 minutes**

Clinical staff gathers the necessary supplies (i.e. medication, syringe with needle, alcohol swab, and bandage strip) and lays them out in the exam room.

Line 27- Prepare and position patient/monitor patient/set up IV- **1 minute**

Clinical staff prepares and positions patient. Ensures patient is prepared for the injection.

*Mix Chemotherapy*

Line 31- Verify medication interaction- **1 minute**

Clinical staff verifies any current medications being taken by patient to assure no negative interactions with medication to be administered by the injection.

Line 32- Verify orders- **1 minute**

Clinical staff verifies physician's order for injection and confirms correct medication has been gathered, consistent with the physician's order.

Line 33- Calculate dose- **1 minute**

Nurse confirms cumulative dose of chemotherapy agents associated with risk of cumulative toxicity.

Line 37- Assemble supplies- **1 minute**

Clinical staff gathers supplies for mixing chemotherapy.

Line 38- Assemble and don personal protective equipment- **1 minute**

Clinical staff dons personal protective equipment per NIOSH guidelines.

Line 39- Prep Labels- **1 minute**

Line 40- Document lot # and expiration date- **1 minute** (increase from 0)

Clinical staff documents lot # and expiration date of medication to be injected in the patient's medical record and other places as needed.

Line 41- Clean hood- **1 minute** (increase from 0)  
The biohazard hood is cleaned by clinical staff.

Line 42- Reconstitute drug- **2 minutes**

Line 43- Maintain MSDS (OSHA requirement)- **0 minutes**  
Clinical staff maintains Material Safety Data Sheets, per OSHA requirements.

**Line 43 was decreased from 1 minute to 0 minutes as this is not typical for this procedure.**

Line 46- Assemble and don personal protective equipment- **1 minute (increase from 0 minutes)**

Line 47- Patient and medication verification before administration (two verifications by two different RNs)- **1 minute (increase from 0 minutes)**  
Clinical staff conducts a patient and medication verification prior to the procedure, as required by ASCO/ONS safety guidelines. The verifications are performed by two different RNs.

Line 48- Clinical staff performs procedure-**1 minute**  
Clinical staff educate patient re: medication and prepares site cleans site where medication will be injected. Clinical staff injects the drug. Clinical staff monitor staff for reactions and documents encounter.

Line 52- Clean room/equipment by physician staff- **1 minute**  
Clinical staff safely disposes of used needle and syringe in sharps container. Clinical staff also cleans up and disposes of other byproducts of procedure (e.g. used alcohol swab).

Line 55- Complete diagnostic forms, lab & X-ray requisitions, and documentation- **3 minutes**  
Clinical staff completes documentation which includes: drug/dose, solution/volumes, and cumulative dose. Lab orders required for interim care and next treatment are prepared. The patient's vital signs and tolerance of treatment are documented. Instructions provided to patient are noted, along with the level of patient understanding. Clinical staff documents prescriptions provided.

Line 57- Check dressings & wound/ individualized education and home care instructions / side effects for which the patient should call office/Safe handling of hazardous body fluids/coordinate office visits /prescriptions/ documentation of educational materials provided to the patient and/or caregiver.- **5 minutes**

Clinical staff reviews with patient drug related toxicities and medication side effects. Advises how to contact the practice or organization and who should be called in specific circumstances. Clinical staff provides overview of symptom management (disease, fever, reactions, nausea) and which symptoms should trigger a call to the physician/practice. Instructions are provided to the patient regarding injection site care. Prescriptions are discussed with patient. Clinical staff provides family education and verifies a follow up visit/appointments. Clinical staff determines need for home health care services.

Total Intra-Service Time: **34 minutes**

Post-Service Clinical Labor Activities:

**CPT Code: 96402**  
**Specialty Society('s): AUA, ASCO, ASH**

(not applicable)

**CPT Code: 96409**

**Specialty Society(s): ASCO, ASH, ASBMT**

**AMA/Specialty Society Update Process**

**Practice Expense Summary of Recommendation**

**Non Facility Direct Inputs**

CPT Long Descriptor: Chemotherapy administration; intravenous, push technique, single or initial substance/drug

Global Period: XXX Meeting Date: January 2017- **Revised 1/12/17**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO, ASH, and ASBMT held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: For CPT code 96409, we are using the current PE inputs for 96409 as a reference.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: There are **6** minutes of pre-service time for CPT code 96409. This accounts for the following work: Coordinating with the physician on the injection, confirming drugs to administered and the dosage, obtaining an update on patient's condition, and ensuring appropriate labwork is ordered. Recent increases in documentation and insurance requirements continue to support the need for these minutes in the pre-service time.
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Line 22- Obtain vital signs. We are adding **5** minutes (an increase from **3** minutes) for obtaining the vital signs, in compliance with the new standards. Five vitals are obtained: blood pressure, respiration, pulse, temperature, and weight. Five vitals equals five minutes.

In the following lines, we are requesting increases based on the 2004 NIOSH Alert: Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs. These standards, along with the OSHA Technical manual: Controlling Occupational Exposure to Hazardous Drugs revised in 1995, are "the most often referred to guidelines in the United States."

(<http://www.cdc.gov/niosh/topics/antineoplastic/pubs.html>) The 2004 NIOSH alert was not available when these codes were originally implemented. The alert is included with the submission, and we have inserted the page numbers as a reference.

Line 37- Assemble and don personal protective equipment. We are adding **1** minute for "assembling and donning personal protective equipment" per the NIOSH safety standards, which are as follows:

"Wear chemotherapy gloves [ASTM in press], protective clothing, and eye protection when opening containers to unpack hazardous drugs. Such PPE protects workers and helps prevent contamination from spreading if damaged containers are found." (Page 12)

**Specialty Society(s): ASCO, ASH, ASBMT**

“Wear protective gloves and gowns if you are involved in preparation activities such as opening drug packaging, handling vials or finished products, labeling hazardous drug containers, or disposing of waste. (Page 12)

Wear PPE (including double gloves and protective gowns) while reconstituting and admixing drugs.” (page 13)

Line 45- Assemble and don personal protective equipment. We are adding **1** minute for “assembling and donning personal protective equipment” per the NIOSH safety standards, which state, “Wear PPE (including double gloves, goggles, and protective gowns) for all activities associated with drug administration—opening the outer bag, assembling the delivery system, delivering the drug to the patient, and disposing of all equipment used to administer drugs.” (Page 14)

Line 46- Patient and medication verification before administration (two verifications by two different RNs). We are adding **1** minute for this task in compliance with ASCO/ONS safety standards, which were updated in 2016. The American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) are engaged in an ongoing collaborative project to use a rigorous, consensus-based process to develop standards for safe administration of chemotherapy. Current ASCO/ONS standards address safety of all routes of chemotherapy administration to adult patients in the outpatient setting and inpatient setting. The ASCO/ONS chemotherapy safety standards are intended to reduce the risk of errors when providing adult patients with chemotherapy, and to provide a framework for best practices in cancer care. Specifically, they can inform practice policies and procedures, internal quality assessment, and external quality monitoring. (<http://www.institutequality.org/qcp/asco-ons-safety-standards>) The updated guidelines have been included with this submission, and we have inserted the page and section numbers as a reference.

“3.11.3 Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements:

- 3.11.3.1. Drug name.
- 3.11.3.2. Drug dose.
- 3.11.3.3. Infusion volume or drug volume when prepared in a syringe.
- 3.11.3.4. Rate of administration.
- 3.11.3.5. Route of administration.
- 3.11.3.6. Expiration dates and/or times.
- 3.11.3.7. Appearance and physical integrity of the drugs.
- 3.11.3.8. Rate set on infusion pump, when used.” (Page 6)

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Line 12- Complete pre-service diagnostic and referral forms- **3 minutes**

Line 13- Coordinate pre-surgery services- **3 minutes**

The clinical staff coordinates with the physician on the injection, confirms drugs to be infused and the dosage, obtains an update on the patient's condition, and ensures appropriate lab work is ordered.

Total Pre-Service Time- **6 minutes**

Intra-Service Clinical Labor Activities:

Line 21- Greet patient, provide gowning, ensure appropriate medical records are available- **2 minutes**  
Clinical staff greets patient and escorts them to the infusion suite/medical recliner. Gowning is provided to the patient. Clinical staff then settles patient in the medical recliner.

Line 22- Review charts by chemo nurse regarding course of treatment and obtain chemotherapy-related medical history- **4 minutes**

The clinical staff verifies patient information and reviews current course of treatment and diagnosis (verifies the treatment cycle day and treatment schedule). Reviews patient and treatment history and looks for any complications or treatment related toxicities noted in medical record. Verifies allergies and any previous reactions or side effects. The clinical staff reviews the list of prescribed medications and reviews lab values/tests that were previously ordered (in pre-service). These include the complete blood count chemistries and imaging studies.

**Lines 20 and 21 are now combined for a total of 6 minutes per RUC instruction.**

Line 23- Obtain vital signs- **5 minutes**

The clinical staff obtains five vital signs: blood pressure, respiration, pulse, temperature, and weight. Five vitals equals five minutes.

Line 24- Provide pre-service education/obtain consent (initial education of 1 hr amortized over average of 6 cycles). Includes a psych assessment and a review of medication list.- **5 minutes**

The clinical staff reviews the treatment plan established by the physician and patient. Patient is educated about the regimen prescribed, the drug-specific toxicities and potential hypersensitivities, and reactions that require immediate attention. Verifies patient consent.

Line 25- Prepare room, equipment, and supplies- **2 minutes**

Clinical staff gathers supplies for drug infusion and personal protective equipment.

Line 27- Prepare and position patient/monitor patient/set up IV- **2 minutes**

*Mix Chemotherapy*

Line 31- Verify medication interaction- **2 minutes**

Clinical staff verifies any current medications being taken by patient to assure no negative interactions with medication to be administered by IV push.

Line 32- Verify orders- **1 minute**

Clinical staff verifies physician's order for injection and confirms correct medication has been gathered, consistent with the physician's order.

Line 33- Calculate dose- **1 minute**

Line 34- Maximum and cumulative dose- **2 minutes**

Clinical staff confirms cumulative dose of chemotherapy agents associated with risk of cumulative toxicity.

Line 35- Calculate BSA- **1 minute**



Line 36- Second verification of orders (performed by another nurse or technician)- **1 minute**  
Orders are reviewed and verified by a second independent practitioner, per ASCO/ONS guidelines

Line 37- Assemble supplies- **1 minute**  
Clinical staff gathers supplies for mixing chemotherapy.

Line 38- Assemble and don personal protective equipment- **1 minute (increase from 0 minutes)**  
Clinical staff dons personal protective equipment per NIOSH guidelines.

Line 39- Prep Labels- **1 minute**

Line 40- Document lot # and expiration date- **1 minute**  
Clinical staff documents lot # and expiration date of medication to be administered in the patient's medical record and other places as needed.

Line 41- Clean hood- **1 minute**  
Clinical staff cleans biohazard hood.

Line 42- Reconstitute drug- **6 minutes**

Line 43- Maintain MSDS- **0 minutes**  
Clinical staff maintains Material Safety Data Sheets, per OSHA requirements.

Line 43 was decreased from 1 minute to 0 minutes.

Line 46- Assemble and don personal protective equipment- **1 minute (increase from 0 minutes)**  
Clinical staff dons personal protective equipment (ex. gown, gloves) per NIOSH guidelines.

Line 47- Patient and medication verification before administration (two verifications by two different RNs)- **1 minute (increase from 0 minutes)**  
Clinical staff conducts a patient and medication verification prior to the procedure, as required by ASCO/ONS safety guidelines. The verifications are performed by two different RNs.

Line 47- Clinical staff performs procedure-**15 minutes**  
The clinical staff accesses the IV and begins the IV push. Clinical staff and assesses the patient's response/tolerance to the push. Interventions are conducted as needed. An IV site assessment is performed. The IV catheter/implanted port or IV catheter/implantable device is then flushed, and the IV is discontinued. The device is removed. The site of the IV access is covered and pressure is maintained. The clinical staff conducts another assessment of the IV site.

Line 48- Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4- **5 minutes**  
Clinical staff monitors patient for adverse reactions.

Line 52- Clean room/equipment by physician staff- **3 minutes**  
Clinical staff safely disposes of used items sharps container. Clinical staff also cleans up and disposes of other byproducts of procedure (e.g. used alcohol swab).

Line 55- Complete diagnostic forms, lab & X-ray requisitions, and documentation- **3 minutes**  
Clinical staff completes documentation which includes: drug/dose, solution/volumes, and cumulative dose. Lab orders required for interim care and next treatment are prepared. The patient's vital signs and tolerance of treatment are documented. Instructions provided to patient are noted, along with the level of

patient understanding. Clinical staff documents prescriptions provided. The IV push start and stop times are documented.

Line 57- Check dressings & wound/ individualized education and home care instructions / side effects for which the patient should call office/Safe handling of hazardous body fluids/coordinate office visits /prescriptions/ documentation of educational materials provided to the patient and/or caregiver.- **5 minutes**

Clinical staff reviews with patient drug related toxicities and medication side effects. Advises how to contact the practice or organization and who should be called in specific circumstances. Clinical staff provides overview of symptom management (disease, fever, reactions, nausea) and which symptoms should trigger a call to the physician/practice. Instructions are provided to the patient regarding injection site care. Prescriptions are discussed with patient. Clinical staff provides family education and verifies a follow up visit/appointments. Clinical staff determines need for home health care services.

Total Intra-Service Time: **72 minutes**

Post-Service Clinical Labor Activities:

Line 65- Conduct phone calls/call in prescriptions- **3 minutes**

Clinical staff conducts follow up phone calls to assess level of toxicity of chemo regimen, need for intervention, offer emotional support and also calls in prescriptions.

Total Post Service Time: **3 minutes**

**Note: The PE Subcommittee recommended the exam table be used for this procedure as opposed to the medical recliner.**

CPT Code: 96411

Specialty Society(s): ASCO, ASH, ASBMT  
**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor: Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

Global Period: ZZZ Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO, ASH, and ASBMT held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. There are two reference codes. Reference code 1: For CPT code 96411, we are using the current PE inputs for 96411 as a reference. Reference code 2 is CPT code 99214, which is reported with an E/M code approximately 52% of the time, 23% with 99214.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

In the following lines, we are requesting increases based on the 2004 NIOSH Alert: Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs. These standards, along with the OSHA Technical manual: Controlling Occupational Exposure to Hazardous Drugs revised in 1995, are “the most often referred to guidelines in the United States.”

(<http://www.cdc.gov/niosh/topics/antineoplastic/pubs.html>) The 2004 NIOSH alert was not available when these codes were originally implemented. The alert is included with the submission, and we have inserted the page numbers as a reference.

Line 37- Assemble and don personal protective equipment. We are adding 1 minute for “assembling and donning personal protective equipment” per the NIOSH safety standards, which are as follows:

“Wear chemotherapy gloves [ASTM in press], protective clothing, and eye protection when opening containers to unpack hazardous drugs. Such PPE protects workers and helps prevent contamination from spreading if damaged containers are found.” (Page 12)

**Specialty Society(s): ASCO, ASH, ASBMT**

“Wear protective gloves and gowns if you are involved in preparation activities such as opening drug packaging, handling vials or finished products, labeling hazardous drug containers, or disposing of waste. (Page 12)

Wear PPE (including double gloves and protective gowns) while reconstituting and admixing drugs.” (page 13)

Line 45- Assemble and don personal protective equipment. We are adding **1** minute for “assembling and donning personal protective equipment” per the NIOSH safety standards, which state, “Wear PPE (including double gloves, goggles, and protective gowns) for all activities associated with drug administration—opening the outer bag, assembling the delivery system, delivering the drug to the patient, and disposing of all equipment used to administer drugs.” (Page 14)

Line 46- Patient and medication verification before administration (two verifications by two different RNs). We are adding **1** minute for this task in compliance with ASCO/ONS safety standards, which were updated in 2016. The American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) are engaged in an ongoing collaborative project to use a rigorous, consensus-based process to develop standards for safe administration of chemotherapy. Current ASCO/ONS standards address safety of all routes of chemotherapy administration to adult patients in the outpatient setting and inpatient setting. The ASCO/ONS chemotherapy safety standards are intended to reduce the risk of errors when providing adult patients with chemotherapy, and to provide a framework for best practices in cancer care. Specifically, they can inform practice policies and procedures, internal quality assessment, and external quality monitoring. (<http://www.institutequality.org/qcp/asco-ons-safety-standards>) The updated guidelines have been included with this submission, and we have inserted the page and section numbers as a reference.

“3.11.3 Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements:

- 3.11.3.1. Drug name.
- 3.11.3.2. Drug dose.
- 3.11.3.3. Infusion volume or drug volume when prepared in a syringe.
- 3.11.3.4. Rate of administration.
- 3.11.3.5. Route of administration.
- 3.11.3.6. Expiration dates and/or times.
- 3.11.3.7. Appearance and physical integrity of the drugs.
- 3.11.3.8. Rate set on infusion pump, when used.” (Page 6)

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

(not applicable)

Intra-Service Clinical Labor Activities:

Line 24- Provide pre-service education/obtain consent (initial education of 1 hr amortized over average of 6 cycles). Includes a psych assessment and a review of medication list.- **2 minutes**

The clinical staff reviews the treatment plan established by the physician and patient. Patient is educated about the drug-specific toxicities and potential hypersensitivities, and reactions that require immediate attention. Verifies patient consent.

*Mix Chemotherapy*

Line 31- Verify medication interaction- **2 minutes**

Clinical staff verifies any current medications being taken by patient to assure no negative interactions with medication to be administered by IV push.

Line 32- Verify orders- **1 minute**

Clinical staff verifies physician's order for injection and confirms correct medication has been gathered, consistent with the physician's order.

Line 33- Calculate dose- **1 minute**

Line 34- Maximum and cumulative dose- **2 minutes**

Clinical staff confirms cumulative dose of chemotherapy agents associated with risk of cumulative toxicity.

Line 35- Calculate BSA- **1 minute**

Line 36- Second verification of orders (performed by another nurse or technician)- **1 minute**

Orders are reviewed and verified by a second independent practitioner, per ASCO/ONS guidelines

Line 37- Assemble supplies- **1 minute**

Clinical staff gathers supplies for mixing chemotherapy.

Line 38- Assemble and don personal protective equipment- **1 minute (increase from 0 minutes)**

Clinical staff dons personal protective equipment per NIOSH guidelines.

Line 39- Prep Labels- **1 minute**

Line 39- Document lot # and expiration date- **1 minute**

Clinical staff documents lot # and expiration date of medication to be administered in the patient's medical record and other places as needed.

Line 40- Clean hood- **1 minute**

Clinical staff cleans biohazard hood.

Line 41- Reconstitute drug- **6 minutes**

Line 42- Maintain MSDS- **0 minutes**

Clinical staff maintains Material Safety Data Sheets, per OSHA requirements.

Line 42 was decreased from 1 minute to 0 minutes.

Line 46- Assemble and don personal protective equipment- **1 minute (increase from 0 minutes)**  
Clinical staff dons personal protective equipment (ex. gown, gloves) per NIOSH guidelines.

Line 47- Patient and medication verification before administration (two verifications by two different RNs)-  
**1 minute (increase from 0 minutes)**  
ASCO/ONS safety guidelines. The verifications are performed by two different RNs.

Line 48- Clinical staff performs procedure-**15 minutes**  
The clinical staff accesses the IV and begins the IV push. Clinical staff and assesses the patient's response/tolerance to the push. Interventions are conducted as needed. An IV site assessment is performed. The IV catheter implanted port is then flushed, and the IV is discontinued. The device is removed. The site of the IV access is covered and pressure is maintained. The clinical staff conducts another assessment of the IV site.

Line 50- Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4- **2 minutes**  
Clinical staff monitors patient for adverse reactions.

Line 55- Complete diagnostic forms, lab & X-ray requisitions, and documentation- **2 minutes**  
Documentation of procedure, patient status and other relative clinical information is done. This includes drug/dose, solution/volumes, and cumulative dose. The patient's vital signs and tolerance of treatment are documented. Instructions provided to patient are noted, along with the level of patient understanding.

Total Intra-Service Time: **42 minutes**

Post-Service Clinical Labor Activities:

(not applicable)

**Note: The PE Subcommittee felt the exam table was the more appropriate equipment rather than the medical recliner.**

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96401	96401			99213		96402		96402 64% with E&M valued as billed with an E&M	
3	Meeting Date: January 2017 Tab: 27 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration, subcutaneous or intramuscular; non- hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; non- hormonal anti- neoplastic			Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		XXX		XXX	
6	TOTAL CLINICAL LABOR TIME (Staff type L037D applies to 99213, 99214, and 96402 only. Staff type 056A applies to 96401, 96409, 96411).	L037D- L056A	RN/LPN/MTA- RN/OCN	59.0	0.0	61.0	0.0	36.0	0.0	45.0	0.0	37.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D- L056A	RN/LPN/MTA- RN/OCN	6.0	0.0	6.0	0.0	0.0	0.0	6.0	0.0	3.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D- L056A	RN/LPN/MTA- RN/OCN	50.0	0.0	52.0	0.0	36.0	0.0	36.0	0.0	34.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D- L056A	RN/LPN/MTA- RN/OCN	3.0	0.0	3.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0
10	PRE-SERVICE												
11	Start: Following visit when decision for surgery or procedure made												
12	Complete pre-service diagnostic & referral forms	L037D- L056A	RN/LPN/MTA- RN/OCN	3		3				3		0	
13	Coordinate pre-surgery services	L037D- L056A	RN/LPN/MTA- RN/OCN	3		3				3		3	
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent												
16	Follow-up phone calls & prescriptions												
17	Other Clinical Activity - specify: Review/read x-ray, lab, pathology reports	L037D- L056A	RN/LPN/MTA- RN/OCN	3									
18	End: When patient enters office/facility for surgery/procedure												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96401		96401		99213		96402		96402 64% with E&M valued as billed with an E&M	
3	Meeting Date: January 2017 Tab: 27 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		XXX		XXX	
19	SERVICE PERIOD												
20	Start: When patient enters office/facility for surgery/procedure:												
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D-L056A	RN/LPN/MTA-RN/OCN	2		2		3		2		0	
22	Review charts by chemo nurse regarding course of treatment & obtain chemotherapy-related medical history	L037D-L056A	RN/LPN/MTA-RN/OCN	4		4		8		2		2	
23	Obtain vital signs	L037D-L056A	RN/LPN/MTA-RN/OCN	3		5		5		3		2	
24	Provide pre-service education/obtain consent (initial education of 1 hr amortized over average of 6 cycles). Includes a psych assessment and a review of medication list.	L037D-L056A	RN/LPN/MTA-RN/OCN	5		5				5		5	
25	Prepare room, equipment, supplies	L037D-L056A	RN/LPN/MTA-RN/OCN	2		2		2		2		2	
26	Setup scope (non facility setting only)												
27	Prepare and position patient/ monitor patient/ set up IV			2		2		2		2		1	
28	Sedate/apply anesthesia												
29	Other Clinical Activity - specify: Mix chemotherapy drug												



	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96401		96401		99213		96402		96402 64% with E&M valued as billed with an E&M	
3	Meeting Date: January 2017 Tab: 27 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		XXX		XXX	
30	Mix Chemotherapy Drug												
31	Verify medication interaction	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
32	Verify orders	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
33	Calculate dose	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
34	Maximum and cumulative dose	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1							
35	Calculate BSA	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1							
36	Second verification of orders (performed by another nurse or technician)	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1							
37	Assemble supplies	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
38	Assemble and don personal protective equipment	L037D-L056A	RN/LPN/MTA-RN/OCN			1						1	
39	Prep labels	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
40	Document lot # and expiration date	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1						1	
41	Clean hood	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1						1	
42	Reconstitute drug	L037D-L056A	RN/LPN/MTA-RN/OCN	2		2				2		2	
43	Maintain MSDS (OSHA Requirement)	L037D-L056A	RN/LPN/MTA-RN/OCN	1		0				1		0	
44													
45	Intra-service												
46	Assemble and don personal protective equipment	L037D-L056A	RN/LPN/MTA-RN/OCN			1						1	

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
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3	Meeting Date: January 2017 Tab: 27 <b>Revised 1-12-2017</b> Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration, subcutaneous or intramuscular; non- hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; non- hormonal anti- neoplastic			Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		XXX		XXX	
47	Patient and medication verification before administration (two verifications by two different RNs)	L037D- L056A	RN/LPN/MTA- RN/OCN			1						1	
48	Clinical staff performs procedure	L037D- L056A	RN/LPN/MTA- RN/OCN	1		1		3		1		1	

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				<b>REFERENCE CODE</b>				<b>E/M REFERENCE CODE</b>		<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>96401</b>	<b>96401</b>			<b>99213</b>		<b>96402</b>		<b>96402</b> <b>64% with E&amp;M</b> <b>valued as billed with an E&amp;M</b>	
3	<b>Meeting Date: January 2017</b> <b>Tab: 27 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH, ACRh, ASBMT, AUA</b>	<b>CMS Code</b>	<b>Staff Type</b>	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic			Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>XXX</b>	
49	<b>Post-Service</b>												
50	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D-L056A	RN/LPN/MTA-RN/OCN	5		5							
51	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1												
52	Clean room/equipment by physician staff	L037D-L056A	RN/LPN/MTA-RN/OCN	3		3		3		3		1	
53	Clean Scope												
54	Clean Surgical Instrument Package												
55	Complete diagnostic forms, lab & X-ray requisitions, and documentation	L037D-L056A	RN/LPN/MTA-RN/OCN	5		3				3		3	
56	Review/read X-ray, lab, and pathology reports												
57	Check dressings & wound/ individualized education and home care instructions / side effects for which the patient should call office/Safe handling of hazardous body fluids/coordinate office visits /prescriptions/ documentation of educational materials provided to the patient and/or caregiver.	L037D-L056A	RN/LPN/MTA-RN/OCN	5		5		5		5		5	
58	Other Clinical Activity - <i>specify: Phone calls between visits with patient, family, pharmacy.</i>							5					
59	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a	
60	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a	
61	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a	
62	<b>End: Patient leaves office</b>												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96401	96401	99213	96402	96402	96402	96402	96402	96402	96402 64% with E&M valued as billed with an E&M
3	Meeting Date: January 2017 Tab: 27 <b>Revised 1-12-2017</b> Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration, subcutaneous or intramuscular; non- hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; non- hormonal anti- neoplastic	Office or other outpatient visit for the evaluation and management of an established patient	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		XXX		XXX	
63	POST-SERVICE Period												
64	Start: Patient leaves office/facility												
65	Conduct phone calls/call in prescriptions	L037D- L056A	RN/LPN/MTA- RN/OCN	3		3		0		3		0	
66	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
67	99211 16 minutes		16										
68	99212 27 minutes		27										
69	99213 36 minutes		36										
70	99214 53 minutes		53										
71	99215 63 minutes		63										
72	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
73	Other Clinical Activity - specify:												
74	End: with last office visit before end of global period												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
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3	Meeting Date: January 2017 Tab: 27 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic			Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		XXX		XXX	
75	MEDICAL SUPPLIES*	CODE	UNIT										
76	pack, minimum multi-specialty visit	SA048	pack					1					
77	paper, exam table	SB036	foot	7		7				7		0	
78	gloves, non sterile	SB022	pair	1		1				1		2	
79	cover, thermometer probe	SB004	item	1		1				1		1	
80	gloves, non sterile, nitrile	SB023	pair	1		1							
81	gown, staff, impervious	SB027	item	1		1				1		1	
82	swab pad, alcohol	SJ053	item	1		2				1		1	
83	bandage, strip 0.75 in X3in	SG021	item	1		1				1		1	
84	syringe with needle, OSHA compliant (SafetyGlide)	SC058	item	1		1				1		0	
85	needle, 19-25g, butterfly	SC030	item										
86	iv infusion set	SC018	item										
87	syringe 10-12ml	SC051	item	1		1				1		0	
88	syringe, 1ml	SC052	item	1		1				1		0	
89	syringe, 20ml	SC053	item										
90	syringe, 50-60 ml	SC056	item										
91	water, sterile inj	SH075	ml	1		0				1		1	
92	angiocatheter 14g-24g	SC001	item							1		0	
93	gauze, non-sterile 2in X2in	SG050	item	2		2				2		2	
94	syringe, 3ml	SC055	item	1		0				1		0	
95	eye shield, non-fog	SG049	item			1						1	
96	bandage, elastic, self-adherent wrap	SG014	item										
97	heparin 1,000 units-ml inj	SH039	ml										
98	tape, surgical paper 1in (Micropore)	SG079	inch										
99	EQUIPMENT	CODE											
100	biohazard hood	EP016	Lines 31-43	13		44						31	
101	exam table	EF023	Lines 27-54	50		64		36		36		31	

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96401	96401			99213		96402		96402 64% with E&M valued as billed with an E&M	
3	Meeting Date: January 2017 Tab: 27 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration, subcutaneous or intramuscular; non- hormonal anti- neoplastic	Chemotherapy administration, subcutaneous or intramuscular; non- hormonal anti- neoplastic			Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti- neoplastic	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		XXX		XXX	
102	chair, medical recliner	EF009	Lines 27-54										
103	otoscope-ophthalmoscope (wall unit)	EQ189	Lines 21-51					36					

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96409		96409		99214		96411		96411	
3	Meeting Date: January 2017 Tab: 27 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		ZZZ		ZZZ	
6	TOTAL CLINICAL LABOR TIME (Staff type L037D applies to 99213, 99214, and 96402 only. Staff type 056A applies to 96401, 96409, 96411).	L037D-L056A	RN/LPN/MTA-RN/OCN	85.0	0.0	81.0	0.0	53.0	0.0	46.0	0.0	42.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D-L056A	RN/LPN/MTA-RN/OCN	6.0	0.0	6.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D-L056A	RN/LPN/MTA-RN/OCN	73.0	0.0	72.0	0.0	44.0	0.0	46.0	0.0	42.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D-L056A	RN/LPN/MTA-RN/OCN	6.0	0.0	3.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE												
11	Start: Following visit when decision for surgery or procedure made												
12	Complete pre-service diagnostic & referral forms	L037D-L056A	RN/LPN/MTA-RN/OCN	3		3							
13	Coordinate pre-surgery services	L037D-L056A	RN/LPN/MTA-RN/OCN	3		3							
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent												
16	Follow-up phone calls & prescriptions												
17	Other Clinical Activity - specify: Review/read x-ray, lab, pathology reports	L037D-L056A	RN/LPN/MTA-RN/OCN					3					
18	End: When patient enters office/facility for surgery/procedure												



	A	B	C	N	O	P	Q	R	S	T	U	V	W
1				<b>REFERENCE CODE</b>				<b>E/M REFERENCE CODE</b>		<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>96409</b>		<b>96409</b>		<b>99214</b>		<b>96411</b>		<b>96411</b>	
3	<b>Meeting Date: January 2017</b> <b>Tab: 27 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH, ACRh, ASBMT, AUA</b>	<b>CMS Code</b>	<b>Staff Type</b>	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>ZZZ</b>		<b>ZZZ</b>	
19	<b>SERVICE PERIOD</b>												
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>												
21	<del>Greet patient, provide gowning, ensure appropriate medical records are available</del>	<del>L037D-L056A</del>	<del>RN/LPN/MTA-RN/OCN</del>	<b>2</b>		<b>2</b>		<b>3</b>					
22	Review charts by chemo nurse regarding course of treatment & obtain chemotherapy-related medical history	L037D-L056A	RN/LPN/MTA-RN/OCN	<b>4</b>		<b>4</b>		<b>13</b>					
23	Obtain vital signs	L037D-L056A	RN/LPN/MTA-RN/OCN	<b>3</b>		<b>5</b>		<b>5</b>		<b>3</b>		<b>0</b>	
24	Provide pre-service education/obtain consent (initial education of 1 hr amortized over average of 6 cycles). Includes a psych assessment and a review of medication list.	L037D-L056A	RN/LPN/MTA-RN/OCN	<b>8</b>		<b>5</b>				<b>2</b>		<b>2</b>	
25	Prepare room, equipment, supplies	L037D-L056A	RN/LPN/MTA-RN/OCN	<b>2</b>		<b>2</b>		<b>2</b>					
26	Setup scope (non facility setting only)												
27	Prepare and position patient/ monitor patient/ set up IV			<b>2</b>		<b>2</b>		<b>2</b>					
28	Sedate/apply anesthesia												
29	Other Clinical Activity - specify: Mix chemotherapy drug												



	A	B	C	N	O	P	Q	R	S	T	U	V	W
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96409		96409		99214		96411		96411	
3	Meeting Date: January 2017 Tab: 27 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		ZZZ		ZZZ	
30	Mix Chemotherapy Drug												
31	Verify medication interaction	L037D-L056A	RN/LPN/MTA-RN/OCN	2		2				2		2	
32	Verify orders	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
33	Calculate dose	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
34	Maximum and cumulative dose	L037D-L056A	RN/LPN/MTA-RN/OCN	2		2				2		2	
35	Calculate BSA	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
36	Second verification of orders (performed by another nurse or technician)	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
37	Assemble supplies	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
38	Assemble and don personal protective equipment	L037D-L056A	RN/LPN/MTA-RN/OCN			1						1	
39	Prep labels	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
40	Document lot # and expiration date	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
41	Clean hood	L037D-L056A	RN/LPN/MTA-RN/OCN	1		1				1		1	
42	Reconstitute drug	L037D-L056A	RN/LPN/MTA-RN/OCN	6		6				6		6	
43	Maintain MSDS (OSHA Requirement)	L037D-L056A	RN/LPN/MTA-RN/OCN	1		0				1		0	
44													
45	Intra-service												
46	Assemble and don personal protective equipment	L037D-L056A	RN/LPN/MTA-RN/OCN			1						1	

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96409		96409		99214		96411		96411	
3	Meeting Date: January 2017 Tab: 27 <b>Revised 1-12-2017</b> Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		ZZZ		ZZZ	
47	Patient and medication verification before administration (two verifications by two different RNs)	L037D-L056A	RN/LPN/MTA-RN/OCN			1						1	
48	Clinical staff performs procedure	L037D-L056A	RN/LPN/MTA-RN/OCN	15		15		5		15		15	

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1				<b>REFERENCE CODE</b>				<b>E/M REFERENCE CODE</b>		<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>96409</b>		<b>96409</b>		<b>99214</b>		<b>96411</b>		<b>96411</b>	
3	<b>Meeting Date: January 2017</b> <b>Tab: 27 Revised 1-12-2017</b> <b>Specialty: ASCO, ASH, ACRh, ASBMT, AUA</b>	<b>CMS Code</b>	<b>Staff Type</b>	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>		<b>XXX</b>		<b>ZZZ</b>		<b>ZZZ</b>	
49	<b>Post-Service</b>												
50	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D-L056A	RN/LPN/MTA-RN/OCN	5		5				5		2	
51	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1												
52	Clean room/equipment by physician staff	L037D-L056A	RN/LPN/MTA-RN/OCN	3		3		3					
53	Clean Scope												
54	Clean Surgical Instrument Package												
55	Complete diagnostic forms, lab & X-ray requisitions, and documentation	L037D-L056A	RN/LPN/MTA-RN/OCN	5		3				2		2	
56	Review/read X-ray, lab, and pathology reports												
57	Check dressings & wound/ individualized education and home care instructions / side effects for which the patient should call office/Safe handling of hazardous body fluids/coordinate office visits /prescriptions/ documentation of educational materials provided to the patient and/or caregiver.	L037D-L056A	RN/LPN/MTA-RN/OCN	5		5		11					
58	Other Clinical Activity - <i>specify: Phone calls between visits with patient, family, pharmacy.</i>												
59	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a	
60	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a	
61	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a	
62	<b>End: Patient leaves office</b>												

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96409		96409		99214		96411		96411	
3	Meeting Date: January 2017 Tab: 27 <b>Revised 1-12-2017</b> Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		ZZZ		ZZZ	
63	POST-SERVICE Period												
64	Start: Patient leaves office/facility												
65	Conduct phone calls/call in prescriptions	<del>L037D</del> L056A	<del>RN/LPN/MTA</del> RN/OCN	6		3		6					
66	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
67	99211 16 minutes		16										
68	99212 27 minutes		27										
69	99213 36 minutes		36										
70	99214 53 minutes		53										
71	99215 63 minutes		63										
72	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
73	Other Clinical Activity - specify:												
74	End: with last office visit before end of global period												

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96409		96409		99214		96411		96411	
3	Meeting Date: January 2017 Tab: 27 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		ZZZ		ZZZ	
75	MEDICAL SUPPLIES*	CODE	UNIT										
76	pack, minimum multi-specialty visit	SA048	pack					1					
77	paper, exam table	SB036	foot										
78	gloves, non sterile	SB022	pair	1		1				1		1	
79	cover, thermometer probe	SB004	item	1		1		1					
80	gloves, non sterile, nitrile	SB023	pair										
81	gown, staff, impervious	SB027	item	1		1							
82	swab pad, alcohol	SJ053	item	2		2				2		2	
83	bandage, strip 0.75 in X3in	SG021	item	1		1							
84	syringe with needle, OSHA compliant (SafetyGlide)	SC058	item	3		1				1		0	
85	needle, 19-25g, butterfly	SC030	item	1		1				1		0	
86	iv infusion set	SC018	item	1		1				1		0	
87	syringe 10-12ml	SC051	item	1		1				1		1	
88	syringe, 1ml	SC052	item	1		1				1		1	
89	syringe, 20ml	SC053	item	1		1						1	
90	syringe, 50-60 ml	SC056	item	1		1						1	
91	water, sterile inj	SH075	ml	2		2				1		2	
92	angiocatheter 14g-24g	SC001	item										
93	gauze, non-sterile 2in X2in	SG050	item										
94	syringe, 3ml	SC055	item	1						1		1	
95	eye shield, non-fog	SG049	item			1						1	
96	bandage, elastic, self-adherent wrap	SG014	item										
97	heparin 1,000 units-ml inj	SH039	ml			1						1	
98	tape, surgical paper 1in (Micropore)	SG079	inch	1		7				1		7	
99	EQUIPMENT	CODE											
100	biohazard hood	EP016	Lines 31-43	19		64				19		38	
101	exam table	EF023	Lines 27-54			84		44				46	

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1				REFERENCE CODE				E/M REFERENCE CODE		REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			96409		96409		99214		96411		96411	
3	Meeting Date: January 2017 Tab: 27 Revised 1-12-2017 Specialty: ASCO, ASH, ACRh, ASBMT, AUA	CMS Code	Staff Type	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Office or other outpatient visit for the evaluation and management of an established patient		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX		ZZZ		ZZZ	
102	chair, medical recliner	EF009	Lines 27-54	73		0				46		0	
103	otoscope-ophthalmoscope (wall unit)	EQ189	Lines 21-51					44					

**AMA/Specialty Society RVS Update Committee  
Practice Expense Subcommittee  
Scope Systems and Endoscopes Workgroup**

In the Proposed Rule for CY2017, CMS outlined a pricing structure that separated out the components for scopes, scope video systems, and scope accessories. CMS also requested comment on the appropriate endoscopic equipment and supplies for endoscopic procedures. Because of the complexity of the issues CMS raised, and the need to incorporate input from all specialty societies, the RUC submitted comments to CMS that the best approach to this issue is to form a Workgroup and review the Agency's issues. The Scope Systems and Endoscopes Workgroup was formed at the October 2016 RUC meeting and met via conference call on November 2, 2016 to discuss the Centers for Medicare and Medicaid Services (CMS) request for standardization within the description of scope equipment and supplies. In advance of the conference call, AMA staff prepared an analysis of all scope equipment and supplies included in the current direct practice expense inputs. The CMS Final Rule with a proposed structure was released after the conference call and CMS finalized the proposal, without offering to delay pending input from the Workgroup.

During the conference call Steve Phurrough, MD represented CMS explained that as CMS has reviewed codes with scopes over the past few years they noted inconsistency in the methods of determining which equipment is utilized. Prospectively, CMS would like the supply descriptions for endoscopic services to be more specific. The following categories were proposed and finalized by CMS:

Scopes

CMS proposed to identify for each anatomical application: (1) a rigid scope; (2) a semi-rigid scope; (3) a non-video flexible scope; (4) a nonchanneled flexible video scope; and (5) a channeled flexible video scope.

System Used to Operate the Scopes

CMS proposed to include the following components to be included in a scope system – Endoscopy video system equipment item (ES031):

- Monitor
- Processor
- Form of Digital Capture
- Printer
- Cart
- Light

Scope Accessories

These items should continue to be described as justified per each individual procedure

**Given that the CMS proposal was finalized in the final rule for 2017 no further action is required of the Workgroup at this time.**

**AMA/Specialty Society RVS Update Committee  
Practice Expense Subcommittee  
Scope Equipment and Supplies Workgroup  
November 2, 2016 Conference Call Report**

Members Present: Gregory Barkley, MD (Chair), Mollie MacCormack, and Steve Sentovic participated on a conference call on November 2, 2016 to discuss the Centers for Medicare and Medicaid Services (CMS) request for standardization with in the description of scope equipment and supplies. In advance of the conference call, AMA staff prepared an analysis of all scope equipment and supplies included in the current direct practice expense inputs. A spreadsheet with these data is attached to this report. A number of RUC participants and CMS staff attended the conference call.

Steve Phurrough, MD explained that as CMS has reviewed codes with scopes over the past few years they noted inconsistency in the methods of determining which equipment is utilized. CMS has expressed in rulemaking that they desire standardization within the scope equipment. CMS suggested that the supply descriptors are not always clear regarding whether the supplies are related to the scope or not. Prospectively, CMS would like the supply descriptions for endoscopic services to be more specific. The Workgroup decided to begin their discussions surrounding the CMS request to standardize scope equipment.

CMS has suggested discussion regarding the following categories:

Scopes

CMS has proposed to identify for each anatomical application: (1) a rigid scope; (2) a semi-rigid scope; (3) a non-video flexible scope; (4) a nonchanneled flexible video scope; and (5) a channeled flexible video scope.

System Used to Operate the Scopes

CMS has proposed to include the following components to be included in a scope system –

Endoscopy video system equipment item (ES031). :

- Monitor
- Processor
- Form of Digital Capture
- Printer
- Cart
- Light

Scope Accessories

These items should continue to be described as justified per each individual procedure

The Workgroup agreed to review the CMS proposed structure. The CMS Final Rule with a proposed structure was released after the conference call. The CMS proposal, articulated in the Final Rule is appended to this report.



**Tab 25:**

**02 Scope Workgroup Analysis excel document is too large to print and is only  
included in the electronic files**

**AMA/Specialty Society RVS Update Committee  
Practice Expense Subcommittee Workgroup Recommendations**

**I. Standard Equipment Related to Non-Moderate Sedation Post-Procedure Monitoring**

The Standard Equipment Related to Non-Moderate Sedation Post-Procedure Monitoring Workgroup met via conference call on October 20, 2016, to discuss post-procedure monitoring that continues to be necessary even as moderate sedation is now a separately billable service. The Workgroup also discussed the issue of the proper allocation of oxygen for services done with moderate sedation. There are a very limited number of services with oxygen as a supply item; however the stand alone moderate sedation codes do not include oxygen in the supplies.

The Workgroup agreed that when a specialty society is able to persuade the PE Subcommittee and RUC that extended monitoring time is required for a code, standardized equipment should be identified. Post-procedure monitoring time following a procedure with sedation has been established to be 60 minutes. Any monitoring time that extends beyond this time would require the continued use of the stretcher only. If the patient is being monitored for an extended period of time to ensure no bleeding, an IV infusion pump and ECG may also be needed.

**The Workgroup recommends that prospectively when extended monitoring beyond one hour for a procedure with moderate sedation is necessary; a stretcher (EF018) should be allocated. When extended monitoring beyond the procedure time is necessary due to concerns regarding bleeding; an ECG, 3-channel (with SpO2, NIBP, temp, resp) (EQ011), IV infusion pump (EQ032) and a stretcher (EF018) should be allocated. Additionally all services that include oxygen and the rationale for its maintenance or deletion is included in the table below:**

<b>CPT Code</b>	<b>CPT Long Descriptor</b>	<b>Rationale for inclusion of oxygen in procedure code</b>
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	No rationale beyond moderate sedation – delete as duplicative
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	No rationale beyond moderate sedation – delete as duplicative
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	No rationale beyond moderate sedation – delete as duplicative
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	No rationale beyond moderate sedation – delete as duplicative
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	No rationale beyond moderate sedation – delete as duplicative

31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	No rationale beyond moderate sedation – delete as duplicative
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	No rationale beyond moderate sedation – delete as duplicative
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	No rationale beyond moderate sedation – delete as duplicative
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with therapeutic aspiration of tracheobronchial tree, initial	No rationale beyond moderate sedation – delete as duplicative
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	No rationale beyond moderate sedation – delete as duplicative
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	No rationale beyond moderate sedation – delete as duplicative
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	No rationale beyond moderate sedation – delete as duplicative
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	No rationale beyond moderate sedation – delete as duplicative
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	Specialty – delete oxygen

52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Specialty – delete oxygen
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	No moderate sedation Related to procedure - Retain
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	Specialty - procedure that is rarely done and if done is more likely to be done in an inpatient/ER setting.  O2 is needed as a precaution – “if you use too much Amytal, you may suppress respiration and need O2.”
90870	Electroconvulsive therapy (includes necessary monitoring)	Rare to be performed in an office setting as the standard of practice is to have an anesthesia provider at hand. Monitoring for ECT, no matter the setting will include EKG, EEG, and pulse oximetry. In addition there is usually a motion sensor which tracks the motor seizure as well as clinical monitoring of motor activity.  Treat similar to other codes that would be rarely performed in the office and if performed, require anesthesia. Remove the oxygen and IV infusion set. Anesthesia expense issue to be handled globally with CPT discussion of separate code.
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	No moderate sedation Related to procedure - Retain
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	No moderate sedation Related to procedure - Retain
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	No moderate sedation Related to procedure - Retain

94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	No moderate sedation Related to procedure - Retain
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	No moderate sedation Related to procedure - Retain
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	No moderate sedation Related to procedure - Retain
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	No moderate sedation Related to procedure - Retain
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	No moderate sedation Related to procedure - Retain

**AMA/Specialty Society RVS Update Committee  
Practice Expense Subcommittee  
Extended Monitoring Equipment and Oxygen as a Supply Item Workgroup  
October 20, 2016 Conference Call Report**

Members Present: Neal H. Cohen, MD (Chair), Joseph Cleveland, MD, Zeke Silva, MD and Bryan Sims, DNP, APRN-BC, FNP

**I. Extended Monitoring Equipment**

The workgroup agreed that when a specialty society is able to persuade the PE Subcommittee and RUC that extended monitoring time is required for a code, standardized equipment should be identified. Post-procedure monitoring time following a procedure with sedation has been established to be 60 minutes. Any monitoring time that extends beyond this time would require the continued use of the stretcher only. If the patient is being monitored for an extended period of time to ensure no bleeding, an IV infusion pump and ECG may also be needed.

**Recommendation:**

Extended monitoring beyond one hour for procedure with moderate sedation:

EF018 stretcher

Extended monitoring beyond procedure due to concerns regarding bleeding:

EQ011 ECG, 3-channel (with SpO2, NIBP, temp, resp)

EQ032 IV infusion pump

EF018 stretcher

**All extended monitoring time must be approved to justify increasing clinical staff and equipment beyond standard time.**

**II. Oxygen as a supply item**

Moderate sedation codes include the following supply item related to oxygen:

SD084 gas, oxygen      0.003/liter    200 liters    = Total cost \$0.60

The quantity was computed using a standard of 5 liters per minute with an assumed typical time of 40 minutes.

The following CPT codes also currently include moderate sedation:

<b>CPT Code</b>	<b>CPT Long Descriptor</b>	<b>Rationale for inclusion of oxygen in procedure code</b>
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	No rationale beyond moderate sedation – delete as duplicative

31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	No rationale beyond moderate sedation – delete as duplicative
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	No rationale beyond moderate sedation – delete as duplicative
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	No rationale beyond moderate sedation – delete as duplicative
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	No rationale beyond moderate sedation – delete as duplicative
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	No rationale beyond moderate sedation – delete as duplicative
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	No rationale beyond moderate sedation – delete as duplicative
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	No rationale beyond moderate sedation – delete as duplicative
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with therapeutic aspiration of tracheobronchial tree, initial	No rationale beyond moderate sedation – delete as duplicative
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	No rationale beyond moderate sedation – delete as duplicative
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	No rationale beyond moderate sedation – delete as duplicative

31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	No rationale beyond moderate sedation – delete as duplicative
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	No rationale beyond moderate sedation – delete as duplicative
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	Specialty – delete oxygen
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Specialty – delete oxygen
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	No moderate sedation Related to procedure - Retain
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	Specialty - procedure that is rarely done and if done is more likely to be done in an inpatient/ER setting.  O2 is needed as a precaution – “if you use too much Amytal, you may suppress respiration and need O2.”



90870	Electroconvulsive therapy (includes necessary monitoring)	<p>Rare to be performed in an office setting as the standard of practice is to have an anesthesia provider at hand. Monitoring for ECT, no matter the setting will include EKG, EEG, and pulse oximetry. In addition there is usually a motion sensor which tracks the motor seizure as well as clinical monitoring of motor activity.</p> <p>Treat similar to other codes that would be rarely performed in the office and if performed, require anesthesia. Remove the oxygen and IV infusion set. Anesthesia expense issue to be handled globally with CPT discussion of separate code.</p>
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	<p>No moderate sedation Related to procedure - Retain</p>
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	<p>No moderate sedation Related to procedure - Retain</p>
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	<p>No moderate sedation Related to procedure - Retain</p>
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	<p>No moderate sedation Related to procedure - Retain</p>

94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	No moderate sedation Related to procedure - Retain
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	No moderate sedation Related to procedure - Retain
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	No moderate sedation Related to procedure - Retain
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	No moderate sedation Related to procedure - Retain

## CPT Codes with Oxygen

SD084 gas, oxygen liter 0.003

CPT Code	Long Desc
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure)
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with therapeutic aspiration of tracheobronchial tree, initial
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, biopsy)
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, biopsy)
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic procedure
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy)
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy)
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90870	Electroconvulsive therapy (includes necessary monitoring)
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval

**Note - Only the Bronchoscopy Codes were included in Appendix G (ie, moderate sedation inherent). The use of oxygen in all non-bronchoscopy codes**

RUC HCPAC Review Board Summary of Recommendations  
*High Volume Growth*

January 2017

**Cognitive Function Intervention**

CPT code 97532 *Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes* was identified in October 2013 through the High Volume Growth screen. At that time the RUC recommended to maintain the current value as the entire Physical Medicine and Rehabilitation (PM&R) code section is under revision. In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The RUC reviewed this list and recommended that the specialty societies submit an action plan for January 2016 explaining the high volume growth. In January 2016, the RAW indicated that this service is part of the CPT PM&R Workgroup under revision and the code was removed from screen. In April 2016 the Relativity Assessment Workgroup reviewed the action plan time line and recommended that the service be referred to CPT for revision to reflect current practice. At the September 2016 CPT Editorial Panel Meeting the panel deleted 97532 and created CPT code 97127 *Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks, direct (one-on-one) patient contact* to describe therapeutic interventions.

CPT code 97127 will replace former code 97532 (work RVU = 0.44), a service that was reported in increments of 15 minutes and typically reported with 4 units of service. The HCPAC reviewed the survey results from 160 speech-language pathologists and psychologists and agreed with the societies on the following time components: a pre-service time of 5 minutes, an intra-service time of 60 minutes and a post-service time of 10 minutes.

The Review Board reviewed the specialty societies recommended work RVU of 1.76, between the 25<sup>th</sup> and 50<sup>th</sup> percentile and disagreed with the specialty societies that it was an appropriate value for the work involved in this service. The Review Board then looked at the survey 25<sup>th</sup> percentile work RVU of 1.31 and determined that it undervalued the work involved in performing this service. The Review Board determined that a direct crosswalk to CPT code 92522 *Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)* (work RVU=1.50 and pre-service time of 5, intra-service time of 60 and post-service time of 20) as both of these service require similar time and work to complete. For additional support the HCPAC compared the surveyed service to the top key reference code 92507 *Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual* (work RVU=1.30, intra-service time of 50 minutes, total time of 60 minutes) and noted that the surveyed service has more intra-service time, is more intense to perform and is appropriately valued higher. **The HCPAC recommends a work value of 1.50 for CPT code 97127.**

### Practice Expense

There is no clinical staff time related to this service. The only inputs are for supplies and equipment for the health care professional's use. 60 minutes of equipment time for the table, instrument, mobile (EF027) and notebook (Dell Latitude D600) (ED038) reflect the work intra-service time. The Review Board approved the practice expense inputs as reviewed and modified by the PE Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Central Nervous System</b> <b>Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)</b>  <i>The following codes are used to report the services provided during testing of the cognitive function of the central nervous system. The testing of cognitive processes, visual motor responses, and abstractive abilities is accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report. A minimum of 31 minutes must be provided to report any per hour code. Services 96101, 96116, 96118 and 96125 report time as face-to-face time with the patient and the time spent interpreting and preparing the report.</i>  (For development of cognitive skills, see <del>97532</del> <u>97127</u> , 97533)  (For <del>mini-mental status examination</del> performed <u>dementia screens, eg, Folstein Mini-Mental State Examination</u> , by a physician <u>or other qualified health care professional</u> , see <b>Evaluation and Management</b> services codes)  (Do not report 96101-96125 in conjunction with 0364T, 0365T, 0366T, 0367T, 0373T, 0374T)  96101 <i>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</i>  <b>Physical Medicine and Rehabilitation</b> <b>Therapeutic Procedures</b>  97110 <i>Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</i>				

●97127	BB1	<p>Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks, direct (one-on-one) patient contact</p> <p><u>(Do not report 97127 in conjunction with 0364T, 0365T, 0368T, 0369T)</u></p> <p><u>(Report 97127 only once per day)</u></p>	XXX	1.50
D 97532		<p><del>Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes</del></p> <p><del>(Do not report 97532 in conjunction with 0364T, 0365T, 0368T, 0369T)</del></p> <p><del>(97532 has been deleted. To report, use 97127)</del></p>	-	0.44

### Category III

*0364T Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time*

*+ 0365T each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*  
*(Use 0365T in conjunction with 0364T)*

*(Do not report 0364T, 0365T in conjunction with 90785-90899, 92507, 96101-96155, ~~97532~~97127)*

*0368T Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time*

*+ 0369T each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)*  
*(Use 0369T in conjunction with 0368T)*

*(Do not report 0368T, 0369T in conjunction with 90791, 90792, 90846, 90847, 90887, 92507, ~~97532~~97127)*

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

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CPT Code: 97127      Tracking Number    BB1

Original Specialty Recommended RVU: **1.76**  
Presented Recommended RVU: **1.76**

Global Period: XXX

RUC Recommended RVU: **1.50**

CPT Descriptor: Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks, direct (one-on-one) patient contact (do not report 97127 in conjunction with 0364T, 0365T, 0368T, 0369T) (report 97127 only once per day)

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### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 30-year-old male presents with traumatic brain injury sustained in a vehicular accident resulting in memory problems, distractibility, depression, inappropriate social interaction, inability to self-monitor, and impaired organizational skills for executive function. He is seen for treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: The clinician reviews the treatment plan and prepares for the session, including selection and set up of materials for therapy, as well as selection of materials and activities and tasks for completion between treatment sessions.

Description of Intra-Service Work: The clinician implements therapeutic activities that may include: attention tasks (eg, gradually increasing levels of distracting background noise); memory tasks (eg, visualization, mnemonics, environmental adaptations); problem solving activities (eg, techniques to define a problem, set a goal, and organize an action); and pragmatic activities to improve social communication skills and increase self-awareness of limitations and disabilities (eg, use of internal dialogue). Tools (eg, technology-assisted activities, role-playing activities) and compensatory strategies (eg, memory log) may be used to accomplish functional outcomes.

Description of Post-Service Work: The clinician reviews session results and progress toward functional goals with the patient and/or caregiver. The clinician also explains, demonstrates, and instructs the patient and/or caregiver in activities and tasks for completion between treatment sessions.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Renee Kinder, MA, CCC-SLP, Neil Pliskin, PhD				
<b>Specialty(s):</b>	Speech-Language Pathology, Psychology				
<b>CPT Code:</b>	97127				
<b>Sample Size:</b>	6436	<b>Resp N:</b>	160	<b>Response:</b> 2.4 %	
<b>Description of Sample:</b>	Random sample of applicable subsets; specifically, members of established specialty society member sections from ASHA and APA were randomly selected to participate.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	<b>40.00</b>	150.00	1900.00
<b>Survey RVW:</b>	0.00	1.31	<b>2.00</b>	3.00	100.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.45	45.00	<b>60.00</b>	64.25	1500.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97127	<b>Recommended Physician Work RVU: 1.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	60.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	0.00	10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92507	XXX	1.30	RUC Time

CPT Descriptor Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90837	XXX	3.00	RUC Time

CPT Descriptor Psychotherapy, 60 minutes with patient and/or family member**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90832	XXX	1.50	RUC Time	2,231,938
<u>CPT Descriptor 1</u> Psychotherapy, 30 minutes with patient				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92004	XXX	1.82	RUC Time	2,282,800

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92640	XXX	1.76	RUC Time

CPT Descriptor Diagnostic analysis with programming of auditory brainstem implant, per hour**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 107  
%

% of respondents: 66.8

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 18  
%

% of respondents: 11.2

### TIME ESTIMATES (Median)

	CPT Code: <u>97127</u>	Top Key Reference CPT Code: <u>92507</u>	2nd Key Reference CPT Code: <u>90837</u>
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	60.00	50.00	60.00
Median Immediate Post-service Time	10.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>75.00</b>	<b>60.00</b>	<b>75.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Top Key  
Ref Code

2<sup>nd</sup> Key  
Ref Code

### Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	0.72	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.76	1.22
Urgency of medical decision making	0.28	0.50

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.71	1.06
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Physical effort required	0.07	0.39
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.21	0.33
---	------	------

Outcome depends on the skill and judgment of physician	0.72	0.94
--	------	------

Estimated risk of malpractice suit with poor outcome	0.14	0.50
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.80	0.94
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:**

At the April 2016 meeting of the Relativity Assessment Workgroup (RAW), CPT 97532—Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes—was referred back to the CPT Editorial Panel for update to reflect current practice as part of the larger family of physical medicine and rehabilitation (PM&R) codes (97101-97799). At its October 2016 meeting, the CPT Editorial Panel approved revisions to the descriptor to more clearly describe the therapeutic interventions for cognitive skills captured in this code, based on current practice, and to remove the 15-minute time element associated with 97532. The service is also being assigned a new code number in order to avoid potential confusion, since the revised code is no longer time-based.

**Survey Sample:**

The survey data and recommendations are based upon random samples of applicable subsets of the APA and ASHA memberships. Specifically, the random samples were drawn from established specialty society member sections from APA and ASHA. The total sample size was 6436 with 160 responses. Of those responses, 134 were provided by speech-language pathologists and 26 by psychologists.

**Expert Panel Recommendations:**

A panel of psychologists and speech-language pathologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

**Qualified Healthcare Provider Time:**

The expert panel recommends a **pre-service time of 5 minutes, an intra-service time of 60 minutes, and a post-service time of 5 minutes for a total of 75 minutes.**

### *Pre-Service Time*

The expert panel reviewed the pre-service times and concluded that the survey median time of 15 minutes should be decreased. Therefore, **the expert panel recommends a reduced pre-service time of 5 minutes.**

### *Intra-Service Time*

The expert panel agreed with the survey respondents regarding the median intra-service time and therefore **recommends an intra-service time of 60 minutes.** The expert panel believes that 60 minutes reflects current clinical practice.

### *Post-Service Time*

The expert panel concluded that the median post-service time of 15 minutes should also be reduced and **recommends a post-service time of 10 minutes.** The expert panel believes that 10 minutes is appropriate due to the complexity of communicating information and instructions to cognitively-impaired patients and their caregivers.

### **RVW**

Upon review of the survey results, the expert panel did not agree with the median RVW of 2.00 and **recommends an RVW of 1.76.**

### *RVW Rationale*

Survey code 97127 (cognitive function intervention) is currently being reported using CPT code 97532 (cognitive skills development). 97532 is a 15-minute, time-based code valued at 0.44 RVW. However, survey code 97127 is an untimed code with a median intra-service time of 60 minutes, which equates to four (4) 15-minute units of 97532 at a total RVW of 1.76. This total RVW calculation for 97532 is significantly lower than the median survey RVW of 2.00. The expert panel did not feel that there is compelling evidence to justify such an increase in work value and believes that decreasing the recommended RVW to 1.76 reflects current practice and represents a fair valuation for cognitive function intervention.

The recommendation for a 1.76 RVW is further supported by a comparison to the key reference code—CPT 92507 (speech/language treatment)—at 1.30 RVW. CPT 92507 includes voice, fluency, speech sound production, and language treatment. Patients requiring cognitive function intervention often have more than one comorbidity, including underlying psychological, speech and/or language impairments.

Of the 107 survey respondents who chose CPT 92507 as the reference service, 61% indicated that the cognitive intervention code was higher in overall intensity/complexity than the reference code across all measures, and most significantly in

- the amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed;
- technical skill required;
- an outcome that is dependent on the skill and judgement of the clinician; and
- overall intensity/complexity.

Given the higher intensity/complexity and intra-service time of 97127, as indicated by survey respondents, the IWP/UT based on the recommended RVW of 1.76 with a pre, intra, and post-service times of 5, 60, and 10 minutes, results in an appropriate rank order when compared to the primary reference service, as illustrated below.

### *Comparison to key reference service*

CPT Code	Descriptor	RVW	IWP/UT	Total Time	PRE	INTRA	POST	Note
----------	------------	-----	--------	------------	-----	-------	------	------

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	1.30	0.0215	60	5	50	5	Key reference service
97127	Cognitive function intervention	1.76	0.0240	75	5	60	10	Survey code

The tables on the following page provide other RUC or HCPAC valued services, including MPC reference codes, to illustrate appropriate rank order and further support the requested values for time and professional work for 97127. The expert panel noted that CPT code 92640 (diagnostic analysis with programming of auditory brainstem implant) provides further support for the recommended value of 97127, with an identical RVW of 1.76 and pre, intra, and post-service times of 4, 60, and 5 minutes, resulting in an IWPUT of 0.0260 as compared to the survey code IWPUT of 0.0240.

### *Comparison to MPC codes*

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
90832	Psychotherapy, 30 minutes with patient	1.50	0.0388	45	5	30	10	HCPAC MPC
97127	Cognitive function intervention	1.76	0.0240	75	5	60	10	Survey code
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	1.82	0.0594	40	5	25	10	HCPAC MPC

### *Comparison to additional reference codes (RVW order)*

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
90853	Group psychotherapy (other than of a multiple-family group)	0.59	0.0261	24	2	14	8	Similar IWPUT for 14 minutes of intra-service time
92526	Treatment of swallowing dysfunction and/or oral function for feeding	1.34	0.0248	55	5	45	5	
97127	Cognitive function intervention	1.76	0.0240	75	5	60	10	Survey code
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	1.76	0.0260	69	4	60	5	Similar in time, RVW, and IWPUT
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	1.85	0.0196	90	10	60	20	
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	2.50	0.0384	76	5	50	21	

## **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was previously reported using CPT code 97532 (cognitive skills development, each 15 minutes).

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Psychology                      How often? Commonly

Specialty Speech-language pathology                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1176781  
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We used the 2015 Medicare utilization and 2012 Medicaid utilization from the RUC database for CPT code 97532 (4,707,123). Since 97532 is per 15-minutes, we estimate that the typical service, based on our survey, is 60 minutes. As such, we divided the combined utilization data by four to estimate the number of same-day sessions provided to Medicare and Medicaid patients on an annual basis. Percentage of utilization is also based on the RUC database information for 97532.

Specialty Psychology                      Frequency 576034                      Percentage 48.94 %

Specialty Speech-language pathology                      Frequency 506016                      Percentage 43.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 77,090 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We used the 2015 utilization from the RUC database for CPT code 97532 (308,359). Since 97532 is per 15-minutes, we estimate that the typical service, based on our survey, is 60 minutes. As such, we divided current utilization by four to estimate the number of same-day sessions provided to Medicare patients on an annual basis. Percentage of utilization is also based on the RUC database information for 97532.

Specialty Psychology                      Frequency 37741                      Percentage 48.95 %

Specialty Speech-language pathology                      Frequency 33149                      Percentage 43.00 %

Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

---

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97532 (cognitive skills development, each 15 minutes)



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	97127	<b># of Respondents:</b>	160
<b>Survey Code Descriptor:</b>	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks, direct (one-on-one) patient contact (do not report 97127 in conjunction with 0364T, 0365T, 0368T, 0369T) (report 97127 only once per day)		

<b>Top Ref Code:</b>	92507	<b># of Respondents:</b>	107	<b>% of Respondents:</b>	66.8%
<b>Top Ref Code Descriptor:</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual				

		Survey Code <b>Compared to</b> Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	39%	41%	20%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 7%	Identical 35%	More 59%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 3%	Identical 36%	More 62%		
	Urgency of medical decision making	Less 8 %	Identical 60%	More 32%		
Technical Skill:		Less 0.94%	Identical 44%	More 55 %		
Physical Effort:		Less 7%	Identical 76%	More 17%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 10%	Identical 59%	More 31%		
	Outcome depends on the skill and judgment of physician	Less 0.94%	Identical 44%	More 55%		
	Estimated risk of malpractice suite with poor outcome	Less 10%	Identical 65%	More 24%		

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	ISSUE: Cognitive Function Intervention																								
14	TAB: 29																								
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
17	1st REF	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	107	0.022			1.30			60	5					50			5					
18	2nd REF	90837	Psychotherapy, 60 minutes with patient and/or family member	18	0.044			3.00			75	5					60			10					
19	CURRENT	97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		0.017			0.44			25	1					22			2					
20	SVY	97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks, direct (one-on-one) patient contact (do not report 97127 in conjunction with 0364T, 0365T, 0368T, 0369T) (report 97127 only once per day)	160	0.022	0.00	1.31	2.00	3.00	100.00	90	15			0	45	60	64	1500	15	0	5	40	150	1900
21	REC	97127			0.019	1.50					75	5					60			10					
22	Psych	97127		26	0.016	1.45	2.50	3.00	3.50	40.00	79	15			30	45	52	60	180	12.5					
23	SLP	97127		134	-0.011	0.00	1.30	1.73	3.00	100.00	90	15			0	45	60	70	1500	15					

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
Signature

**Leisha R. Eiten, AuD, CCC-A**  
Printed Signature

**American Speech-Language-Hearing Association**  
Specialty Society

**December 12, 2016**  
Date

29\_  
Tab Number

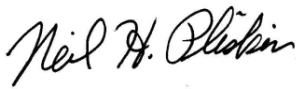
Cognitive Function Intervention  
Issue

\_97X11\_  
Code Range

### Attestation Statement

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\_\_\_\_\_  
Signature

Neil H. Pliskin, Ph.D.\_\_\_\_\_  
Printed Signature

American Psychological Association \_\_\_\_\_  
Specialty Society

December 12, 2016\_\_\_\_\_  
Date

**97127**  
**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor: Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks, direct (one-on-one) patient contact

(Do not report 97127 in conjunction with 0364T, 0365T, 0368T, 0369T)

(Report 97127 only once per day)

Global Period: **XXX** Meeting Date: **January 2017**

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

The practice expense elements were determined by a consensus panel of speech-language pathologists and psychologists. The panel drew upon the current practice expense information from the RUC database for CPT code 97532 (cognitive skills development), which is being replaced by survey code 97127

**2. You must provide reference code(s) for comparison on your spreadsheet. *If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.* You must provide an explanation for the selection of reference codes.**

**Reference Code Rationale:**

CPT code 97532—Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes—is used as the reference code because it is the previously-reported code that will be replaced by 97127.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A**

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

**Compelling Evidence:** PE for current CPT code 97532 includes clinical labor and equipment that are related more typically to physical and occupational therapy practice (PT Aid and OT therapy table), but are not typical for psychology or speech-language pathology. The recommended adjustments to inputs are based on typical practice for psychology and speech-language pathology, the dominant billers of cognitive intervention services. Following on the next page is discussion of the specific recommendations from the consensus panel:

The consensus panel recommends the following adjustments to PE:

- *Clinical labor time: Physical Therapy (L023A) - **Remove***
- *Supply Item: Kit, activity-crafts (SA001) – **Retain (1)***
- *Supply Item: Patient education booklet (SK062) – **Add (1)***
- *Equipment: Computer, desktop, w-monitor (ED021) – **Add (60 minutes)***
- *Equipment: Table, for seated OT therapy (EF025) – **Remove (5 minutes)***
- *Equipment: Table, treatment, hi-lo (EF033) – **Add (60 minutes)***
- *Equipment: Set of 8 Chairs (EF043) – **Add 0.375 = 3 chairs (60 minutes)***

All minutes related to equipment usage were based on the survey median intra-service time of 60 minutes. The consensus panel determined that the clinician is face-to-face with the patient using the equipment in the room 100% of the 60 minutes of total median intra-service time.

***Clinical Labor Time: PT Aid (L023A)***

The consensus panel recommends removing the clinical labor time, as a PT Aid is not typical for cognitive intervention.

***Supply Item: Kit, activity-crafts (SA001)***

The consensus panel recommends retaining this item. The activity kit is used during intervention to work with the patient on specific tasks, such as problem solving, sequencing, and following multi-step commands.

***Supply Item: Patient education booklet (SK062)***

The consensus panel recommends adding this item. A patient education booklet is used during therapy for various purposes, depending on the needs of the patient. For example, it may be used as a memory log for patients who have difficulty recalling the steps for an activity of daily living, such as safe transfer to or from a wheel chair. It can also be used to provide the patient/caregiver with continued tasks and assignments to complete between treatment sessions.

***Equipment: Computer, desktop, w-monitor (ED021)***

The consensus panel recommends adding a desktop computer with monitor available for use in the room for during the treatment session (based on the survey median intra-service time of 60 minutes). A key component of cognitive intervention is working with the patient on tasks necessary for daily functioning, or to allow return to work or school. The computer—technology available in every-day life—is a common part of intervention as a tool to help the patient master activities of daily living or learn compensatory strategies (eg, using a to-do list or calendar as a memory aid).

***Equipment: Table, for seated OT therapy (EF025)***

The consensus panel recommends removing this piece of equipment, as it is not typical for cognitive intervention.

***Equipment: Table, treatment, hi-lo (EF033)***

The consensus panel recommends replacing the table for seated OT therapy with a hi-lo treatment table for 60 minutes of use during the treatment session (based on the survey median intra-service time of 60 minutes). Cognitive function intervention involves a variety of activities and tasks that require a work surface (eg, writing, working with the activity kit and/or other compensatory tools). An adjustable hi-lo mechanism is critical to accommodate patients in wheel chairs.

***Equipment: Set of 8 chairs (EF043)***

The consensus panel recommends the addition of 3 chairs needed for seating for the clinician, patient, and a caregiver for the duration of the treatment session (60 minutes, based on the survey median intra-service time). The consensus panel recommends a quantity of 0.375, which equals 3 chairs out of the set of 8 chairs.

**5. Please describe in detail the clinical activities of your staff:**

This does not apply as we are recommending removal of existing clinical labor time.

Pre-Service Clinical Labor Activities: N/A

Intra-Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>97532</b>		<b>97127</b>	
3	<b>Meeting Date: January 2017</b> <b>Tab: 29 REVISED 1/10/17</b> <b>Specialty: Psychology, Speech-Language Pathology</b>	<b>CMS Code</b>	<b>Staff Type</b>	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks, direct (one-on-one) patient contact (Do not report 97127 in conjunction with 0364T, 0365T, 0368T, 0369T) (Report 97127 only once per day)	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>	
6	<b>TOTAL CLINICAL LABOR TIME</b>	L023A	Physical Therapy Aid	<b>12.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>			<b>12.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Other Clinical Activity - <i>specify:</i>			<b>0</b>			
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	Other Clinical Activity - <i>specify:</i>						
29	<b>Intra-service</b>						
30	Assist physician in performing procedure			<b>12</b>		<b>0</b>	
31	<b>Post-Service</b>						
32	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4						



	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>97532</b>		<b>97127</b>	
3	<b>Meeting Date: January 2017</b> <b>Tab: 29 REVISED 1/10/17</b> <b>Specialty: Psychology, Speech-Language Pathology</b>	<b>CMS Code</b>	<b>Staff Type</b>	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks, direct (one-on-one) patient contact (Do not report 97127 in conjunction with 0364T, 0365T, 0368T, 0369T) (Report 97127 only once per day)	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>		<b>XXX</b>	
33	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Other Clinical Activity - <i>specify:</i>						
41	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			<b>n/a</b>		<b>n/a</b>	
42	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>		<b>n/a</b>	
43	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>		<b>n/a</b>	
44	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			97532		97127	
3	Meeting Date: January 2017 Tab: 29 REVISED 1/10/17 Specialty: Psychology, Speech-Language Pathology	CMS Code	Staff Type	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks, direct (one-on-one) patient contact (Do not report 97127 in conjunction with 0364T, 0365T, 0368T, 0369T) (Report 97127 only once per day)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX	
45	POST-SERVICE Period						
46	Start: Patient leaves office/facility						
47	Conduct phone calls/call in prescriptions			0			
48	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
49	99211 16 minutes		16				
50	99212 27 minutes		27				
51	99213 36 minutes		36				
52	99214 53 minutes		53				
53	99215 63 minutes		63				
54	Total Office Visit Time			0.0	0.0	0.0	0.0
55	Other Clinical Activity - specify:						
56	End: with last office visit before end of global period						
57	MEDICAL SUPPLIES*	CODE	UNIT				
58	pack, minimum multi-specialty visit	SA048	pack				
59	kit, activity-crafts	SA001	kit	1		1	
60	<u>paper, laser printing (each sheet)</u>	<u>SK057</u>	<u>item</u>			<u>10</u>	
61							
62	EQUIPMENT	CODE					
63	<u>table, instrument, mobile</u>	<u>EF027</u>	<u>minutes</u>	<u>5</u>		<u>60</u>	
64	<u>notebook (Dell Latitude D600)</u>	<u>ED038</u>	<u>minutes</u>			<u>60</u>	
65							

RUC HCPAC Review Board Summary of Recommendations  
*\*CMS High Expenditure Procedural Codes\**

January 2017

**Psychological and Neuropsychological Testing – Tab 18**

In the July 2015 Proposed Rule and November 2015 Final Rule, CMS identified high expenditure services for review, including codes related to psychological and neuropsychological testing. In January 2016, the specialty societies requested that the entire family of psychological and neuropsychological testing codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology, including computerized testing. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended that the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions are required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre and post work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for *CPT 2018*. The organizations will submit a new coding proposal for consideration at the June 2017 CPT Editorial Panel meeting for *CPT 2019*. **The RUC HCPAC Review Board supports referral to CPT.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Psychiatry</b>				
<b>Functional Brain Mapping</b>				
96020		<i>Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report</i>		

*(For functional magnetic resonance imaging [fMRI], brain, use 70555)*

*(Do not report 96020 in conjunction with ~~96101-96103~~, 96116-~~96120~~, 96130-96135)*

*(Do not report 96020 in conjunction with 70554)*

*(Evaluation and Management services codes should not be reported on the same day as 96020)*

**Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)**

The following codes are used to report the services provided during testing of ~~the cognitive~~ psychological, neuropsychological and cognitive function of the central nervous system. The testing of cognitive processes, including but not limited to visual motor responses, memory, and abstractive reasoning/problem-solving abilities is accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report. A minimum of 31 minutes must be provided to report any per hour code. ~~Services 96101, 96116, 96118, and 96125 report time as face to face time with the patient and the time spent evaluating, interpreting and preparing the report.~~

*(For development of cognitive skills, see 97532, 97533)*

*(For cognitive performance assessment performed by a physician, see **Evaluation and Management** services codes)*

*(Do not report ~~96101-96125, 96125, 96105, 96110, 96116, 96125~~, 96130-96135 in conjunction with 0364T, 0365T, 0366T, 0367T, 0373T, 0374T)*

Psychological evaluation services in the testing context may include record review, integration of test results with other sources of clinical data, interpretation, clinical decision making, treatment planning and report. Evaluation domains may include emotional and interpersonal functioning, intellectual abilities, thought processes, personality and psychopathology.

Psychological test battery administration is performed via multiple, individually administered paper/pencil test instruments, technical apparatus, and/or interactive electronic platforms.

Neuropsychological evaluation services may include record review, integration of test battery results with other sources of clinical data, interpretation, diagnostic decision making, treatment planning and report. The relevant domains for neuropsychological evaluation include intellectual function, attention, executive function, language and communication, memory, visual-spatial function, sensorimotor function, emotional and personality features, and adaptive behavior.

Neuropsychological test battery administration is performed via multiple, individually administered paper/pencil test instruments, technical apparatus, and/or interactive electronic platforms.

Cognitive performance testing (96125) assesses the patient's ability to complete specific functional tasks applicable to the patient's environment in order to identify or quantify specific cognitive deficits. The results are used to determine impairments and develop therapeutic goals and objectives.

Do not report psychological or neuropsychological testing in conjunction with 96125 for the same service.

~~Neuropsychological test battery administration is performed via multiple, individually administered paper/pencil test instruments, technical apparatus, and/or interactive electronic platforms.~~

Interactive feedback is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when preformed.

<b>D 96101</b>	-	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report  (96101 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician and computer administered tests)  (Do not report 96101 for the interpretation and report of 96102, 96103)	-	1.86
<b>D 96102</b>	-	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	-	0.50

<b>D</b> 96103	-	<del>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report</del>	-	0.51
(96101-96103 have been deleted. To report psychological testing services, see 96130, 96132, 96133, 96134, 96135)				
<b>(f)</b> 96105	DD1	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	XXX	REFER TO CPT (as part of family, no coding changes expected)  (2017: 1.75) HCPAC
<b>(f)</b> 96110	DD2	Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument  (For an emotional/behavioral assessment, use 96127)	XXX	REFER TO CPT (2017: 0.00)
<b>D</b> 96111	-	<del>Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report</del>  (96111 has been deleted. To report developmental testing, see 96136)	-	2.60
<b>(f)</b> 96116	DD3	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	XXX	REFER TO CPT (2017: 1.86)

<b>D 96118</b>	-	<p>Neuropsychological testing (eg, <del>Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test</del>), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</p> <p><i>(96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician and computer-administered tests)</i></p> <p><i>(Do not report 96118 for the interpretation and report of 96119 or 96120)</i></p>	-	1.86
<b>D 96119</b>	-	<p>Neuropsychological testing (eg, <del>Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test</del>), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</p>	-	0.55
<b>D 96120</b>	-	<p>Neuropsychological testing (eg, <del>Wisconsin Card Sorting Test</del>), administered by a computer, with qualified health care professional interpretation and report</p> <p><i>(For functional magnetic resonance imaging [fMRI], brain, use 70555)</i></p> <p><i>(Do not report 96020 in conjunction with 96101-96103, 96116-96120)</i></p> <p><i>(Do not report 96020 in conjunction with 70554)</i></p> <p><i>(Evaluation and Management services codes should not be reported on the same day as 96020)</i></p>	-	0.51
(96118-96120 have been deleted. To report neuropsychological testing services, see 96131, 96132, 96133, 96134, 96135)				

(f) 96125	DD4	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report  (For psychological and neuropsychological testing by a physician or qualified health care professional-psychologist, see 96101-96103, 96118-96120-96130-963X9-96135)	XXX	REFER TO CPT (as part of family, no coding changes expected)  (2017: 1.70) HCPAC
●96130	DD5	Psychological evaluation services by physician, or other qualified health care professional, including record review, interpretation of test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, per hour	XXX	REFER TO CPT HCPAC
●96131	DD6	Neuropsychological evaluation services by physician, or other qualified health care professional, including record review, interpretation of test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s) when performed, per hour	XXX	REFER TO CPT
●96132	DD7	Psychological or neuropsychological test administration and scoring by technician two or more tests administered any method per 30 minutes  (96132 may be reported in conjunction with 96130 or 96131 on the same or different days)	XXX	REFER TO CPT
●96133	DD8	Psychological or neuropsychological test administration and scoring by physician, or other qualified health care professional two or more tests any method, per 30 minutes  (96133 may be reported in conjunction with 96130 or 96131 on the same or different days)	XXX	REFER TO CPT HCPAC
●96134	DD9	Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician, or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed, per day	XXX	REFER TO CPT



●96135	DD10	Psychological or neuropsychological test administration by physician or other qualified health care professional, with single automated instrument via electronic platform, with automated report only	XXX	REFER TO CPT HCPAC
●96136	DD11	Developmental test administration, (including, when performed, assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed) by physician, or other qualified health care professional time with interpretation and report, per 30 minutes	XXX	REFER TO CPT
(f) 96127	DD12	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument  (For developmental screening, use 96110)	XXX	REFER TO CPT (2017: 0.00)
<b>Category III</b> <b>Adaptive Behavior Assessments</b>  <i>Behavior identification assessment (0359T) conducted.....</i> <i>Observational behavioral follow-up assessment .....</i> <i>Codes 0360T and 0361T describe services provided.....</i> <i>Exposure behavioral follow-up assessment (0362T, 0363T).....</i> <i>The typical patients for 0362T and 0363T include.....</i> <i>Codes 0362T and 0363T include exposing the.....</i> <i>Codes 0360T, 0361T, 0362T, and 0363T are reported....</i>  (Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, <del>96101-96104</del> <u>96105, 96110, 96116</u> , 96125, 96150, 96151, 96152, 96153, 96154, 96155 <u>96130, 96131, 96132, 96133, 96134, 96135, 96136</u> on the same date)  (For psychiatric diagnostic evaluation, see 90791, 90792)  (For speech evaluations, see 92521, 92522, 92523, 92524)  0364T <i>Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time</i>				

✚ 0365T                      *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

*(Use 0365T in conjunction with 0364T)*

*(Do not report 0364T, 0365T in conjunction with 90785- 90899, 92507, ~~96101-96155~~ 96105, 96110, 96116, 96125, 96127, 96150-96155, 96130-96136, 97532)*

✚ 0363T                      *each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)*

*(Use 0363T in conjunction with 0362T)*

*(0362T, 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)*

*(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, ~~96101-96155~~ 96105, 96110, 96116, 96125, 96150, 96151, 96152, 96153, 96154, 96155, 96130-96136)*

✚ 0367T                      *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

*(Use 0367T in conjunction with 0366T)*

*(Do not report 0366T, 0367T if the group is larger than eight patients)*

*(Do not report 0366T, 0367T in conjunction with 90785-90899, 92508, ~~96101-96155~~ 96130, 96105, 96110, 96116, 96150-96155, 96130-96136, 97150)*

✚ 0374T                      *each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)*

*(Use 0374T in conjunction with 0373T)*

*(0373T, 0374T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)*

*(Do not report 0373T, 0374T in conjunction with 90785-90899, ~~96101-96155~~ 96105, 96110, 96116, 96150-96155, 96130, 96136)*

December 13, 2016

Peter Smith, MD  
Chair, AMA/Specialty Society RVS Update Committee (RUC)  
American Medical Association  
AMA Plaza  
330 North Wabash Ave.  
Chicago, IL 60611-5885

**RE: Tab 18/29, Psychological and Neuropsychological Evaluation and Testing**

Dear Dr. Smith:

The American Academy of Neurology (AAN), the American Academy of Pediatrics (AAP), the American Psychological Association (APA), the American Psychiatric Association (APA), and the American Speech-Language-Hearing Association (ASHA) are writing you today regarding Tab 18/29, Psychological Evaluation and Testing which is on the agenda for the January 2017 RUC meeting. This tab is made up of the following codes (96105, 96110, 96116, 96125, 96127, and 963X0-X6). We would like to inform the RUC that we have made a request to the CPT Editorial Panel that this code family be referred back to the Panel and as such we would like to request that the RUC remove this issue from the agenda of the January 2017 RUC meeting. The societies will be submitting a Code Change Proposal by the March 1, 2017 deadline for the May/June 2017 CPT Editorial Panel meeting.

Tab 18 is made up of codes that describe psychological and neuropsychological evaluation and testing; developmental testing; aphasia testing; and cognitive testing. They were identified on the CMS High Expenditure Procedural Codes screen and were reviewed at the October 2016 CPT Editorial Panel meeting. The current psychological testing and neuropsychological testing codes were last revised in 2006. Since that time, there have been significant changes in testing practice – particularly concerning the growth of computerized testing. The developmental testing code was surveyed for work relative value units in 2003. Testing had been performed before that year, but 2004 was the first year the service could be tracked.

The societies attempted to survey the codes for the January 2017 RUC meeting. While an adequate number of responses were received, the expert panel of reviewers found the survey results to be quite flawed for a majority of the codes in the tab, which is believed to be a result of survey respondents' confusion about the coding structure of the new family of codes. The family of codes is made up of individual 60-minute and 30-minute codes that will typically be reported multiple times for a battery of tests. These tests and associated pre- and post-work may be provided over multiple days. The high recommended work RVUs and time (pre, intra and post) of the survey results indicated to the expert panel that some survey respondents were not valuing the individual codes but the entire episode of care.

We would note that we did not experience this problem with the two aphasia and cognitive testing codes (96105 and 96125) that are also a part of this tab. While their data were not problematic and we do not believe they need to go back to CPT Editorial Panel, we do believe

December 13, 2016

Peter Smith, MD

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that to avoid rank order within the family and other issues, it is important that the family of codes is valued together. Therefore we have included them as part of this larger request to the RUC and CPT Editorial Panel.

The table below summarizes the RUC survey data for CPT code 963X3 (*Psychological or neuropsychological test administration and scoring by physician, or other qualified health care professional two or more tests any method, per 30 minutes*) and exemplifies the type of problematic data that we encountered with this survey.

		No.	Work RVU			Pre-Service			Intra-Service			Post-Service			Key Ref. Code		Second Ref.	
			25th	Med.	75th	25th	Med.	75th	25th	Med.	75th	25th	Med.	75th	Code	Work RVU	Code	Work RVU
963X3	Test admin & scoring, per 30 min (professional)	149	2.1	3	3.5	15	30	30	45	180	300	15	45	90	99205	3.17	90791	3

As you can see the survey times did not correspond to the code which is defined per 30 minutes. As a result it was unclear to us if respondents were recommending work RVU values for the entire episode of care or for the 30 minutes. We experienced similar intra, pre and post service survey problems with the other per hour and per half hour codes.

In addition to concerns regarding intra-service time, a primary RUC-related concern emerged during the review of the survey data: while these services do contain pre and post time, these codes are reported multiple times, the current survey responses reflect redundant pre- and post-time, because these codes are reported in multiple units. The typical scenario of reporting multiple units of the codes will result in what is often described as “double-dipping” at the RUC. We believe this problem cannot be addressed by just resurveying the codes. The coding structure of the family must be revised to better reflect the actual process of care. The participating societies have already discussed potential alternatives to the coding structure.

We are keenly aware that there is great interest by the Centers for Medicare and Medicaid Services (CMS) and the RUC for these codes to be reviewed and revalued. We agree that these codes are outdated (excepting codes 96105 and 96125) and must be revised; this request is not an attempt to delay their revision. This code family represents significant and critical services provided by not just psychologists but also neurologists, pediatricians and speech-language-hearing specialists and could have a significant impact on the access to these important services. We believe that this compels us to ensure that these codes are appropriately designed and valued.

We appreciate your consideration of our request. Please contact us if you have any questions.

Sincerely,

Marianna Spanaki, MD, PhD

*American Academy of Neurology (AAN)*

Steven E. Krug, MD

*American Academy of Pediatrics (AAP)*

December 13, 2016

Peter Smith, MD

Page 2

Randy Phelps, PhD

*American Psychological Association (APA)*

Jeremey Musher, MD

*American Psychiatric Association (APA)*

Leisha Eiten, AuD, CCC-A

*American Speech-Language-Hearing Association (ASHA)*

December 13, 2016

Kenneth P. Brin, MD, PhD  
Chair, CPT Editorial Panel  
American Medical Association  
AMA Plaza  
330 North Wabash Ave.  
Chicago, IL 60611-5885

**RE: Tab 82, Psychological and Neuropsychological Evaluation and Testing (October 2016 CPT Editorial Panel meeting)**

Dear Dr. Brin:

The American Academy of Neurology (AAN), the American Academy of Pediatrics (AAP), the American Psychological Association (APA), the American Psychiatric Association (APA), and the American Speech-Language-Hearing Association (ASHA) are writing you today regarding Tab 82, Psychological Evaluation and Testing which was reviewed and approved at the October 2016 CPT Editorial Panel meeting. A set of new and revised codes are scheduled to be published in the 2018 CPT book. We would like to request the CPT Editorial Panel that these approved codes be rescinded and that this code family is referred back to the Panel. This code family is also on the agenda for the January 2017 RUC meeting (Tab 18) and we have also submitted a letter to the RUC asking to remove this tab from the agenda of the January 2017 RUC meeting. The codes on the agenda at the RUC meeting are: 96105, 96110, 96116, 96125, 96127, and 963X0-X6. The societies will be submitting a Code Change Proposal by the March 1, 2017 deadline for the May/June 2017 CPT Editorial Panel meeting. We would note that this issue (Tab 40) is on the agenda for the February 2017 CPT meeting for some editorial clean-up. Approval of this request would also result in removing this agenda item from the February 2017 meeting.

We would note that the CPT codes 96105 and 96125 which while part of this family and are on the agenda for the upcoming RUC meeting did not go through the recent CPT Editorial Panel review and are not part of the request to go back to the Panel.

Tab 82 from the October 2016 CPT Editorial Panel meeting is made up of codes that describe psychological and neuropsychological evaluation and testing; developmental testing; and cognitive testing. They were identified on the CMS High Expenditure Procedural Codes screen and were reviewed at the October 2016 CPT Editorial Panel meeting (CPT codes 96105 and 96125 are low volume codes that were not captured by this screen). The current psychological testing and neuropsychological testing codes were last revised in 2006. Since that time, there have been significant changes in testing practice – particularly concerning the growth of computerized testing. The developmental testing code was surveyed for work relative value units in 2003. Testing had been performed before that year, but 2004 was the first year the service could be tracked.

The societies attempted to survey the codes for the January 2017 RUC meeting. While an adequate number of responses were received, the expert panel of reviewers found the survey results to be quite flawed for the majority of codes in the tab, which is believed to be a result of survey respondents' confusion about the coding structure of the new family of codes.. The family of codes is made up of individual 60 minute and 30 minute codes that will typically be reported multiple times for a battery of tests. These tests and associated pre- and post-work may be provided over multiple days. The high recommended work RVUs and time (pre, intra and post) of the survey results indicated to the expert panel that some survey respondents were not valuing the individual codes but the entire episode of care.

We would note that we did not experience this problem with the two aphasia and cognitive testing codes (96105 and 96125) that are also a part of this tab. While their data were not problematic and we do not believe they need to go back to CPT Editorial Panel, we do believe that to avoid rank order within the family and other issues, it is important that the family of codes is valued together. Therefore we have included them as part of this larger request to the RUC and CPT Editorial Panel.

The table below summarizes the RUC survey data for CPT code 963X3 (*Psychological or neuropsychological test administration and scoring by physician, or other qualified health care professional two or more tests any method, per 30 minutes*) and exemplifies the type of problematic data that we encountered with this survey.

		No.	Work RVU			Pre-Service			Intra-Service			Post-Service			Key Ref. Code		Second Ref.	
			25th	Med.	75th	25th	Med.	75th	25th	Med.	75th	25th	Med.	75th	Code	Work RVU	Code	Work RVU
963X3	Test admin & scoring, per 30 min (professional)	149	2.1	3	3.5	15	30	30	45	180	300	15	45	90	99205	3.17	90791	3

As you can see the survey times did not correspond to the code which is defined per 30 minutes. As a result it was unclear to us if respondents were recommending work RVU values for the entire episode of care or for the 30 minutes. We experienced similar intra, pre and post service survey problems with the other per hour and per half hour codes.

In addition to concerns regarding intra-service time, a primary RUC-related concern emerged during the review of the survey data is that while these services do contain pre- and post- time, since these codes are reported multiple times, the current survey responses reflect redundant pre- and post-time and the typical scenario of reporting multiple instances of the codes will result in what is often described as “double-dipping” at the RUC. We believe this problem cannot be addressed by just resurveying the codes. The coding structure of the family must be revised to better reflect the actual process of care. The participating societies have already discussed potential alternatives to the coding structure.

We are keenly aware that there is great interest by the Centers for Medicare and Medicaid Services (CMS), the CPT Editorial Panel and the RUC for these codes to be reviewed and revalued. We agree that these codes are outdated and must be revised and this request is not an attempt to delay their revision. This code family represents significant and critical services provided by not just psychologists but also neurologists, pediatricians and speech-language-

hearing specialists, and could have a significant impact on the access to these important services. We believe that this compels us to ensure that these codes are appropriately designed and valued.

We appreciate your consideration of our request. Please contact us if you have any questions.

Sincerely,

Bruce H. Cohen, MD, FAAN  
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RUC HCPAC Review Board Summary of Recommendations  
*Physical Medicine and Rehabilitation Services – Identified by Multiple CMS and RUC Screens*

January 2017

**Physical Medicine and Rehabilitation Services**

In February 2010, some of the physical medicine and rehabilitation services were identified through the RUC's High Volume Growth screen. Subsequently, some services were identified via the Codes Reported Together 75% of the Time screen and then by CMS via the High Expenditure screen. A CPT Workgroup was formed to address coding for these services, but after several years it was determined by CMS that a new structure was not preferred.

In the NPRM for 2017, CMS indicated that a review of the valuation should move forward for the following codes: 97032, 97035, 97110, 97112, 97113, 97116, 97140, 97530, 97535 and G0283. Eleven codes were added as part of this family of services and were reviewed for work and practice expense at the January 2017 RUC HCPAC Review Board meeting.

For both work and practice expense presentation and discussion, the 19 codes that were surveyed were divided into four categories of similar services: supervised modalities (97012, 97014, 97016, 97018, 97022); attended modalities (97032, 97033, 97034, 97035); therapeutic procedures (97110, 97112, 97113, 97116, 97140); and ADL (97530, 97533, 97535, 97537, 97542). CPT code 97010 was not surveyed and was referred to CPT. HCPCS code G0283 was not surveyed and was instead crosswalked to a similar service.

A survey was conducted that resulted in 50 to 350 responses from physical therapists and occupational therapists to individual codes. In general, both the survey 25<sup>th</sup> percentile and median work relative value unit (RVU) were higher than the current work RVU. Although the specialties provided written compelling evidence for code groups, at the RUC HCPAC Review Board meeting, the RUC HCPAC Review Board required compelling evidence to be presented on a code-by-code basis. In most cases, the RUC HCPAC Review Board recommends the current work value.

In addition to considering compelling evidence for some of the codes, the RUC HCPAC Review Board also considered the typical number of services reported per session. CMS has previously provided data to that indicated a mean of 3.5 codes are reported per session. This mean value of 3.5 units is similar to data APTA provided to CMS in 2010 that showed a median value of 3.0 units based on a review of approximately 3.3 million claims for both Medicare and non-Medicare patient encounters from various practice settings. In developing its recommendations, the RUC HCPAC Review Board considered this information from CMS and the specialties that the typical patient would be scheduled for either a 45 minute or one hour session and typically 3 to 4 codes would be reported. For example, a patient may receive 2 units of 97110 *Therapeutic Exercise* and one modality. The RUC HCPAC Review Board used this information to ensure there was no duplication in the recommended pre or post service time for each individual code.

In most cases, the RUC HCPAC recommends the current work RVU. However, the RUC HCPAC Review Board accepted compelling evidence for some codes to recommend an increase to the survey 25<sup>th</sup> percentile.

### **Supervised Modalities**

#### ***97010 Application of a modality to 1 or more areas; hot or cold packs***

CMS considers 97010 a bundled service and does not make a separate payment for the service. The organizations surveying this family indicated that they are considering deletion or revision of the code. **The RUC HCPAC Review Board recommends that 97010 be referred to the CPT Editorial Panel.**

#### ***97012 Application of a modality to 1 or more areas; traction, mechanical***

Survey responses from 95 physical therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.39 and a median of 0.48. No compelling evidence was presented for this code. The RUC HCPAC Review Board recommends the current work RVU of 0.25, which is slightly less work than 97150 *Therapeutic procedure(s), group (2 or more individuals)* (work RVU = 0.29, total time = 10 minutes) and the same work as 29550 *Strapping; toes* (work RVU = 0.25, total time = 11 minutes). The HCPAC Review Board did not agree that the current total time of 15 minutes or the survey time of 25 minutes to be credible. The HCPAC Review Board recommends that minimal pre and post time of 1 minute each (current time) is appropriate. The RUC HCPAC Review Board recommends the survey 25<sup>th</sup> percentile of 10 minutes intra-service time. The total time of 12 minutes aligns with the total time of 10 minutes for the key reference service 97150 and the corresponding work RVU of 0.25. **The RUC HCPAC Review Board recommends a work RVU of 0.25 and time (1/10/1) for 97012.**

#### ***97014 Application of a modality to 1 or more areas; electrical stimulation (unattended)***

Survey responses from 102 physical therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.23 and a median of 0.30. No compelling evidence was presented for this code. The RUC HCPAC Review Board recommends the current work RVU of 0.18, which is the same work as 99211 *Office visit, established patient* (work RVU = 0.18, total time = 7 minutes). The RUC HCPAC Review Board did not agree that the current total time of 13 minutes or the survey time of 25 minutes to be credible. The RUC HCPAC Review Board recommends that minimal pre and post time of 1 minute each (current time) is required. The RUC HCPAC Review Board recommends the 25<sup>th</sup> percentile of 7 minutes intra-service time. The total time of 9 minutes aligns with the total time of 7 minutes for the key reference service 99211 and the corresponding work RVU of 0.18. **The RUC HCPAC Review Board recommends a work RVU of 0.18 and time (1/7/1) for 97014.**

#### ***97016 Application of a modality to 1 or more areas; vasopneumatic devices***

Survey responses from 50 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.25 and a median of 0.30. No compelling evidence was presented for this code. The RUC HCPAC Review Board recommends the current work RVU of 0.18, which is the same as 99211 *Office visit, established patient* (work RVU = 0.18, total time = 7 minutes). The RUC HCPAC Review Board did not agree that the

current total time of 18 minutes or the survey time of 24 minutes to be credible. The RUC HCPAC Review Board recommends that minimal pre and post time of 1 minute each (current time) is required. The RUC HCPAC Review Board recommends the 25<sup>th</sup> percentile of 8 minutes intra-service time. The total time of 10 minutes aligns with the total time of 7 minutes for the key reference service 99211 and the corresponding work RVU of 0.18. **The RUC HCPAC Review Board recommends a work RVU of 0.18 and time (1/8/1) for 97016.**

***97018 Application of a modality to 1 or more areas; paraffin bath***

Survey responses from 108 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.20 and a median of 0.30. No compelling evidence was presented for this code. The HCPAC Review Board recommends the current work RVU of 0.06, which is less work than any of the unattended modality codes and significantly less than 99211 *Office visit, established patient* (work RVU = 0.18, total time = 7 minutes). The RUC HCPAC Review Board did not agree that the current total time of 13 minutes or the survey time of 22 minutes to be credible. The RUC HCPAC Review Board recommends that minimal pre and post time of 1 minute each (current time) is required. The RUC HCPAC Review Board recommends the 25<sup>th</sup> percentile of 8 minutes intra-service time. **The RUC HCPAC Review Board recommends a work RVU of 0.06 and time (1/8/1) for 97018.**

***97022 Application of a modality to 1 or more areas; whirlpool***

Survey responses from 62 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.29 and a median of 0.35. No compelling evidence was presented for this code. The RUC HCPAC Review Board recommends the current work RVU of 0.17, which is similar to 99211 *Office visit, established patient* (work RVU = 0.18, total time = 7 minutes). The RUC HCPAC Review Board did not agree that the current total time of 15 minutes or the survey time of 25 minutes to be credible. The RUC HCPAC Review Board recommends that minimal pre and post time of 1 minute each (current time) is required. The RUC HCPAC Review Board recommends the 25<sup>th</sup> percentile of 12 minutes intra-service time. The total time of 14 minutes aligns with the total time of 12 minutes for 11719 *Trimming of nondystrophic nails, any number* and work RVU of 0.17. **The RUC HCPAC Review Board recommends a work RVU of 0.17 and time (1/12/1) for 97022.**

**Attended Modalities**

***97032 Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes***

Survey responses from 77 physical therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.40 and a median of 0.48. No compelling evidence was presented for this code. The RUC HCPAC Review Board recommends the current work RVU of 0.25, which accounts for more work and time than 99211 *Office visit, established patient* (work RVU = 0.18, total time = 7 minutes). The code describes 15 minutes of attendance, therefore, the survey intra-time of 15 minutes is credible. The RUC HCPAC Review Board recommends minimal pre-time of 1 minute and post-time of 2 minutes to ensure no duplication when reported with other services. To justify the work RVU of 0.26, the RUC HCPAC Review Board referenced CPT code 97598 *Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part*

thereof (List separately in addition to code for primary procedure) (work RVU=0.24, total time = 14 minutes) and code 29550 *Strapping; toes* (work RVU = 0.25, total time = 11 minutes). **The RUC HCPAC Review Board recommends a work RVU of 0.25 and time (1/15/2) for 97032.**

**97033 *Application of a modality to 1 or more areas; iontophoresis, each 15 minutes***

Survey responses from 87 physical therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.27 and a median of 0.37. No compelling evidence was presented for this code. The HCPAC Review Board recommends the current value of 0.26, which is more work than 99211 *Office visit, established patient* (work RVU = 0.18, total time = 7 minutes). The code describes 15 minutes of attendance, therefore, the survey intra-time of 12 minutes is credible. The RUC HCPAC Review Board recommends minimal pre-time of 1 minute and post-time of 2 minutes to ensure no duplication when reported with other services. To justify the work RVU of 0.26, the RUC HCPAC Review Board referenced CPT code 97598 *Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)* (work RVU=0.24, total time = 14 minutes) and code 29550 *Strapping; toes* (work RVU = 0.25, total time = 11 minutes). **The RUC HCPAC Review Board recommends a work RVU of 0.26 and time (1/12/2) for 97033.**

**97034 *Application of a modality to 1 or more areas; contrast baths, each 15 minutes***

Survey responses from 64 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.25 and a median of 0.33. No compelling evidence was presented for this code. The RUC HCPAC Review Board recommends the current value of 0.21, which is more work than 99211 *Office visit, established patient* (work RVU = 0.18, total time = 7 minutes). The code describes 15 minutes of attendance, therefore, the survey intra-time of 15 minutes is credible. The HCPAC Review Board recommends minimal pre-time of 1 minute and post-time of 2 minutes to ensure no duplication when reported with other services. The service is similar in work to 29550 *Strapping; toes* (work RVU = 0.25, total time = 11 minutes). **The RUC HCPAC Review Board recommends a work RVU of 0.21 and time (1/15/2) for 97034.**

**97035 *Application of a modality to 1 or more areas; ultrasound, each 15 minutes***

Survey responses from 105 physical therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.30 and a median of 0.35. No compelling evidence was presented for this code. The RUC HCPAC Review Board recommends the current value of 0.21, which is more work than 99211 *Office visit, established patient* (work RVU = 0.18, total time = 7 minutes). The code describes 15 minutes of attendance, therefore, the survey intra-time of 10 minutes is credible. The RUC HCPAC Review Board recommends minimal pre-time of 1 minute and post-time of 2 minutes to ensure no duplication when reported with other services. The service is similar in work to 29550 *Strapping; toes* (work RVU = 0.25, total time = 11 minutes). **The RUC HCPAC Review Board recommends a work RVU of 0.21 and time (1/10/2) for 97035.**

## **Therapeutic Procedures**

### ***97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility***

Survey responses from 352 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.45 and a median of 0.50. The specialties did not ask for an increase in work RVU, therefore no compelling evidence was presented for this code. The HCPAC Review Board recommends the current work RVU of 0.45, which is also the survey 25<sup>th</sup> percentile. The code describes 15 minutes of direct one-on-one therapeutic exercise, therefore the survey intra-time of 15 minutes is credible. The RUC HCPAC Review Board reduced the specialty recommended pre- and post-time to a minimal pre-time of 2 minutes and post-time of 2 minutes to ensure no duplication when reported with other services. The RUC HCPAC Review Board determined that code 97110 was less work than key reference code 99212 *Office visit, established patient* (work RVU = 0.48, 2 minutes pre-service time, 10 minutes intra-service time and 4 minutes post-service time). To justify a work RVU of 0.45, the RUC HCPAC Review Board referenced code 97803 *Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes* (work RVU = 0.45, total time = 17). **The RUC HCPAC Review Board recommends a work RVU of 0.45 and time (2/15/2) for 97110.**

### ***97112 Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities***

The RUC HCPAC Review Board agreed that compelling evidence had been met to consider an increase work RVU for this service. To summarize compelling evidence: Patients are referred to physical therapy earlier and are therefore more acute. Patient expectation for a quick and complete recovery has increased in the past decade. The knowledge requirements have increased (eg, Doctoral degree is now required for physical therapy) in concert with an expansion in technology.

Survey responses from 330 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.50 and a median of 0.60. The RUC HCPAC Review Board recommends a work RVU of 0.50, which is the survey 25<sup>th</sup> percentile. The code describes 15 minutes of direct one-on-one therapeutic neuromuscular reeducation, therefore the survey intra-time of 15 minutes is credible. The RUC HCPAC Review Board reduced the specialty recommended pre- and post-time to a minimal pre-time of 2 minutes and post-time of 2 minutes to ensure no duplication when reported with other services. The RUC HCPAC Review Board determined that code 97112 is service is similar in work to 99212 *Office visit, established patient* (work RVU = 0.48, 2 minutes pre-service time, 10 minutes intra-service time, and 4 minutes post-service time); and code 99407 *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes* (work RVU = 0.50, total time = 15 minutes); and 97112 is also similar in work to 29125 *Application of short arm splint (forearm to hand); static* (work RVU = 0.50, 5 minutes pre-service time, 15 minutes intra-service time and 3 minutes post-service time). **The RUC HCPAC Review Board recommends a work RVU of 0.50 and time (2/15/2) for 97112.**

**97113 Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

The RUC HCPAC Review Board agreed that compelling evidence had been met to consider an increase work RVU for this service. To summarize compelling evidence: Patients are referred to physical therapy earlier and are therefore more acute. Patient expectation for a quick and complete recovery has increased in the past decade. The knowledge requirements have increased (eg, Doctoral degree is now required for physical therapy) in concert with an expansion in technology. Risk of falls and water safety also make the service more intense relative to other therapeutic procedures.

Survey responses from 76 physical therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.48 and a median of 0.52. The HCPAC recommends a work RVU of 0.48, which is the 25<sup>th</sup> percentile of this survey. The code describes 15 minutes of direct one-on-one aquatic therapy with therapeutic exercise, therefore the survey intra-time of 15 minutes is credible. The RUC HCPAC Review Board reduced the specialty recommended pre- and post-time to a minimal pre-time of 2 minutes and post-time of 2 minutes to ensure no duplication when reported with other services. The RUC HCPAC Review Board determined that 97113 is similar in work to 99212 *Office visit, established patient* (work RVU = 0.48, time = 2 minutes pre-service time, 10 minutes intra-service time and 4 minutes post-service time) and CPT code 99201 *Office visit, new patient* (work RVU = 0.48, total time = 17 minutes); and code 92542 *Positional nystagmus test, minimum of 4 positions, with recording* (work RVU = 0.48, total time = 16 minutes). 97113 is also similar in work to 29125 *Application of short arm splint (forearm to hand); static* (work RVU = 0.50, 5 minutes pre-service time, 15 minutes intra-service time, 3 minutes post-service time). **The RUC HCPAC Review Board recommends a work RVU of 0.48 and time (2/15/2) for 97113.**

**97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

The RUC HCPAC Review Board agreed that compelling evidence had been met to consider an increase work RVU for this service. To summarize compelling evidence: Patients are referred to physical therapy earlier and are therefore more acute. Patient expectation for a quick and complete recovery has increased in the past decade. The knowledge requirements have increased (eg, Doctoral degree is now required for physical therapy) in concert with an expansion in technology.

Survey responses from 168 physical therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.48 and a median of 0.52. The HCPAC did not agree with the specialty's recommendation of 0.48 and instead recommends a work RVU of 0.45, which is less than the 25<sup>th</sup> percentile of the survey and equal to the recommendation for 97110. The code describes 15 minutes of direct one-on-one gait training, therefore the survey intra-time of 15 minutes is credible. The RUC HCPAC Review Board reduced the specialty recommended pre- and post-time to a minimal pre-time of 2 minutes and post-time of 2 minutes to ensure no duplication when reported with other services. The RUC HCPAC Review Board determined code 97116 should be valued slightly less than key reference code 99212 *Office visit, established patient* (work RVU = 0.48, total time = 16 minutes). To justify a work RVU of 0.45, the RUC HCPAC Review Board referenced code 97803 *Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes* (work RVU = 0.45, total time = 17 minutes). 97116 is also similar in work to 29125 *Application of short arm splint (forearm to hand); static* (work RVU = 0.50, 5 minutes pre-service time, 15 minutes intra-service time and 3 minutes post-service time). The RUC HCPAC Review Board recommends that 97116 be valued the same as 97110 and determined that a

crosswalked to CPT code 93016 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report* (work RVU = 0.45; 2 minutes pre-service time, 15 minutes intra-service time, 2 minutes post-service time) was acceptable. **The RUC HCPAC Review Board recommends a work RVU of 0.45 and time (2/15/2) for 97116.**

***97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes***

Survey responses from 284 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.50 and a median of 0.67. The RUC HCPAC Review Board did not accept compelling evidence to increase the value of the code. The RUC HCPAC Review Board recommends the current work RVU of 0.43 be retained. The code describes 15 minutes of direct one-on-one manual therapy techniques, therefore the survey intra-time of 15 minutes is credible. The RUC HCPAC Review Board reduced the specialty recommended pre- and post-time to a minimal pre-time of 2 minutes and post-time of 2 minutes to ensure no duplication when reported with other services. The service is similar in work to 99212 *Office visit, established patient* (work RVU = 0.48, 2 minutes pre-service time, 10 minutes intra-service time and 4 minutes post-service time). **The RUC HCPAC Review Board recommends a work RVU of 0.43 and time (2/15/2) for 97140.**

**ADL**

***97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes***

Survey responses from 347 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.48 and a median of 0.55. The RUC HCPAC Review Board did not accept compelling evidence to increase the value of the code. The HCPAC Review Board recommends the current value of 0.44 be retained. The code describes 15 minutes of direct one-on-one therapeutic activities, therefore the survey intra-time of 15 minutes is credible. The RUC HCPAC Review Board reduced the specialty recommended pre- and post-time to a minimal pre-time of 2 minutes and post-time of 2 minutes to ensure no duplication when reported with other services. The service is similar in work to 99212 *Office visit, established patient* (work RVU = 0.48, 2 minutes pre-service time, 10 minutes intra-service time and 4 minutes post-service time). **The RUC HCPAC Review Board recommends a work RVU of 0.44 and time (2/15/2) for 97530.**

***97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes***

The RUC HCPAC Review Board agreed that compelling evidence had been met to consider an increase work RVU for this service. To summarize compelling evidence: Patients are referred to physical therapy earlier and are therefore more acute. The typical patient for this service is a child and as children are being identified at a much younger age, the intensity and complexity of the work has increased, along with additional therapists education requirements.

Survey responses from 136 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.48 and a median of 0.55. The RUC HCPAC recommends a value of 0.48, which is the 25<sup>th</sup> percentile of this survey. The code describes 15 minutes of direct one-on-one sensory integrative therapy, therefore the recommended intra-time of 15 minutes is credible. Code 97533 is typically reported with 2 units as the therapist will typically spend 30 minutes with the child. The survey indicated that the session would include pre-service time of 6 minutes; intra-time service time of 30 minutes; and post-service time of 10 minutes. The RUC HCPAC Review Board recommends 3 minutes pre-service time, 15 minutes intra-service time and 5 minutes post-service time as the appropriate time per unit of service as two units are typically reported. A single unit of 97533 is similar in work to 99212 *Office visit, established patient* (work RVU = 0.48, 2 minutes pre-service time, 10 minutes intra-service time and 4 minutes post-service time). To justify a work RVU of 0.48, the RUC HCPAC Review Board referenced code 96151 *Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment* (work RVU = 0.48, total time = 24 minutes); and code 97533 is also similar in work to 29125 *Application of short arm splint (forearm to hand); static* (work RVU = 0.50, 5 minutes pre-service time, 15 minutes intra-service time and 3 minutes post-service time). **The RUC HCPAC Review Board recommends a work RVU of 0.48 and time (3/15/5) for 97533.**

***97535 Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes***

Survey responses from 242 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.48 and a median of 0.55. The RUC HCPAC Review Board did not accept compelling evidence to increase the value of the code. The RUC HCPAC Review Board recommends the current value of 0.45 be retained. The code describes 15 minutes of direct one-on-one self-care/home management training, therefore the recommended intra-time of 15 minutes is credible. The HCPAC Review Board recommends minimal pre-time of 2.5 minutes and post-time of 4 minutes to ensure no duplication when reported with other services. The typical patient for this service is not a Medicare beneficiary. Two units of service is typically reported, therefore the survey time of 5 minutes pre and 8 minutes post were appropriately divided by two units. The service is similar in work to 99212 *Office visit, established patient* (work RVU = 0.48, 2 minutes pre-service time, 10 minutes intra-service time and 4 minutes post-service time). **The RUC HCPAC Review Board recommends a work RVU of 0.45 and time (2.5/15/4) for 97535.**

***97537 Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes***

The RUC HCPAC Review Board agreed that compelling evidence had been met to consider an increase work RVU for this service. To summarize compelling evidence: Patients are referred to physical therapy earlier and are therefore more acute. Patient expectation for a quick and complete recovery has increased in the past decade. Patients expect to remain independent in their home instead of being cared for at a facility.



Survey responses from 127 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.48 and a median of 0.55. The RUC HCPAC Review Board recommends a value of 0.48, which is the 25<sup>th</sup> percentile of this survey. The code describes 15 minutes of community/work reintegration training, therefore, the survey intra-time of 15 minutes is credible. Code 97537 is typically reported with 2 units as the therapist typically spends 30 minutes with the patient. The survey indicated that the session would be pre-service time of 10 minutes; intra-service time of 30 minutes; and post-service time of 10 minutes. The RUC HCPAC Review Board recommends 5 minutes pre-service time, 15 minutes intra-service time and 5 minutes post-service time as the appropriate time per unit of service as two units are typically reported. One unit of the service is similar in work to 99212 *Office visit, established patient* (work RVU = 0.48, 2 minutes pre-service time, 10 minutes intra-service time and 4 minutes post-service time). To justify a work RVU of 0.48, the HCPAC Review Board referenced code 96151 *Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment* (work RVU = 0.48, total time = 24 minutes); and code 29125 *Application of short arm splint (forearm to hand); static* (work RVU = 0.50, 5 minutes pre-service time, 15 minutes intra-service time and 3 minutes post-service time). **The RUC HCPAC Review Board recommends a work RVU of 0.48 and time (5/15/5) for 97537.**

**97542 Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

The HCPAC Review Board agreed that compelling evidence had been met to increase the value for these services as the equipment has dramatically changed over the past decade. Medicare documentation of medical necessity requirements increased substantially, requiring that mobility related activities of daily living and the patient be thoroughly assessed and documented to justify every component of a complex wheelchair. This has resulted in more intense and complex therapist work.

Survey responses from 149 physical therapists and occupational therapists resulted in a 25<sup>th</sup> percentile work RVU of 0.48 and a median of 0.60. The HCPAC Review Board recommends a work RVU of 0.48, which is the survey 25<sup>th</sup> percentile. The code describes 15 minutes of direct one-on-one wheelchair management, therefore, the survey intra-time of 15 minutes is credible. Code 97542 is typically reported with 2 units as the therapist typically spends 30 minutes with the patient. The survey indicated that the session would include pre-service time of 6 minutes and post-service time of 10 minutes. The HCPAC Review Board recommends 3 minutes pre-service time, 15 minutes intra-service time and 5 minutes post-service time (one-half the survey time) as the appropriate pre and post-time per unit of service. The service is similar in work to 99212 *Office visit, established patient* (work RVU = 0.48, 2 minutes pre-service time, 10 minutes intra-service time and 4 minutes post-service time). 97533 is also similar in work to 29125 *Application of short arm splint (forearm to hand); static* (work RVU = 0.50, 5 minutes pre-service time, 15 minutes intra-service time and 3 minutes post-service time). **The RUC HCPAC Review Board recommends a work RVU of 0.48 and time (3/15/5) for 97542.**

**G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

The specialties indicated that CMS generated code G0283 to track a new benefit to report electrical stimulation that is utilized for wounds versus non-wound treatment (reported with code 97014). When CMS created code G0283, they crosswalked the work value and PE details from code 97014. The HCPAC Review Board agrees with the specialties that this relationship is correct and should be maintained. **The RUC HCPAC**

**Review Board recommends a work RVU of 0.18 and time (1/7/1) for G0283, which is crosswalked from the HCPAC Review Board recommendation for 97014.**

### **Practice Expense**

The practice expense inputs were reviewed with the understanding that the multiple procedure payment reduction (MPPR) of 50% is in place for the practice expense component for the second and subsequent reporting of a physical medicine and rehabilitation service on the same date of service. The organizations confirmed that it is typical to bill two units of these services in one session. The PE Subcommittee adjusted the clinical staff time where appropriate to account for the MPPR reduction that would occur when two or more units were reported so that clinical staff time was not over-reported or under-reported. The supplies were reviewed in great detail to ensure accuracy and were adjusted to account for the typical units billed and MPPR reductions in a similar fashion to the clinical staff time recommendations. The equipment time was updated to conform to the CMS formula and standards.

### **RUC Database Notation**

The supervised modalities will be marked "Do not use to validate for work" as the current database time and survey time estimates were not accepted by the RUC HCPAC Review Board as credible. The note will be appended to CPT codes 97012, 97014, 97016, 97018 and 97022 in the RUC database.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
(f) 97010	Application of a modality to 1 or more areas; hot or cold packs	XXX	Refer to CPT
(f) 97012	Application of a modality to 1 or more areas; traction, mechanical	XXX	0.25 (No Change)
(f) 97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	XXX	0.18 (No Change)

(f) 97016	Application of a modality to 1 or more areas; vasopneumatic devices	XXX	0.18 (No Change)
(f) 97018	Application of a modality to 1 or more areas; paraffin bath	XXX	0.06 (No Change)
(f) 97022	Application of a modality to 1 or more areas; whirlpool	XXX	0.17 (No Change)
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	XXX	0.25 (No Change)
(f) 97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	XXX	0.26 (No Change)
(f) 97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	XXX	0.21 (No Change)
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	XXX	0.21 (No Change)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	XXX	0.45 (No Change)
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	XXX	0.50

97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	XXX	0.48
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	XXX	0.45
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	XXX	0.43 (No Change)
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	XXX	0.44 (No Change)
(f) 97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	XXX	0.48
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	XXX	0.45 (No Change)
(f) 97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	XXX	0.48
(f) 97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	XXX	0.48
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	XXX	0.18 (No Change)

**Date:** January 9, 2017

**To:** Michael D. Bishop, MD, HCPAC Chair

**From:** Richard Rausch, PT, MBA, RUC HCPAC Advisor, APTA  
Randy Boldt, PT, RUC HCPAC Alternate Advisor, APTA  
Katie Jordan, OTD, OTR/L, RUC HCPAC Advisor, AOTA,  
Jeremy Furniss, OTD, OTR/L, BCG, CDP, RUC HCPAC Subject Matter  
Expert, AOTA

**Subject:** Updated Compelling Evidence for Work RVW - Tab 29

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### **Compelling Evidence**

The American Occupational Therapy Association (AOTA) and American Physical Therapy Association (APTA) submit the following **updated** compelling evidence to support the increase in work values for the following Physical Medicine and Rehabilitation codes. These codes were valued in 1994 (97110, 97112, 97113, 97530), 1995 (97116, 97535, 97537, 97542), 1996 (97760, 97761), or 1998 (97140) and have not been revalued. Since then there has been significant advances in research related to practice, as exemplified by evidence-based Practice Guidelines, increased use of electronic tools, and increased public health awareness of the effects of cognitive and psychosocial problems on individual daily functioning. As multidisciplinary research and evidence evolved, the educational requirements for occupational and physical therapists have increased. All of these factors have resulted in amplified intensity and complexity of the therapeutic services provided by occupational and physical therapists, resulting in increased work RVUs.

**We present the following arguments for compelling evidence for increases in the work value of codes 97110, 97112, 97113, 97116, 97140, 97530, 97535 and 97537 based on:**

- **Advances in educational and professional standards**
- **Advances in technology**
- **Increased complexity of patient population**
- **Physician (provider) time**
- **Advances in research and practice**

Since the last valuation of these codes, the healthcare landscape has evolved. The change in educational requirements for physical and occupational therapists and the movement to electronic health records are two significant factors impacting the work valuation of these codes. Physical therapists and occupational therapists are more highly trained, educated, and skilled providers based on educational requirements and the profile of the patient's being served. For example, effective January 1, 2016, all physical therapy programs are now at the clinical

doctorate level. The distinct difference in competency is primarily in the area of imaging and pharmacology. Therapists are better able to analyze the impact of the findings noted in radiology studies, incorporating this information into their clinical assessment and utilizing it when developing a plan of care. Health professionals are dealing with many patients presenting with issues of polypharmacy representing more complex clinical assessment, decision making, and factoring in a greater risk for complications associated with the interactions of multiple medications and therapeutic interventions. New OT practitioners are now educated in occupational science and are held to higher educational and practice standards than when these codes were developed.

The second influencing factor is the movement to electronic health records. Although PTs and OTs are not yet required or incentivized to adopt EHR systems for such initiatives as Medicare's Meaningful Use Program, or for MIPS moving forward, physicians and facilities included in these programs expect the therapists with whom they share patients to use compatible ER systems. The rapid movement in the US healthcare system toward effective coordination of care based on access to longitudinal information that follows health care consumers requires adoption of electronic medical records by occupational therapists and physical therapists. The amount of relevant clinical content that EHRs make available to therapists to read, interpret and make clinical decisions on for patient care has increased the work associated with therapy services.

The combined increased level of knowledge of the therapist and the access to, and utilization of, more real time information in the clinical decision making process increases the demand on the therapist while providing a higher level of clinical care to the patient's being served. The enhanced expectations for clinical documentation associated with a number of Medicare regulatory requirements contribute to this increased demand.

Over the years, changes in both systems and practice, as well as changes in patient profiles and characteristics, have had a distinct impact on therapy practice.

Since these codes were first approved, there have been great strides in fields including occupational science, psychology, vision, cognition, neuropsychology and others. Evidence has come from such areas as brain imaging, neurobiological sciences, and interdisciplinary research in critical areas such as cognition, performance, function and participation. These scientific developments, such as the evidence produced by the Well Elderly Study,<sup>1</sup> have resulted in a

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<sup>1</sup> Clark, F., Jackson, J., Carlson, M., Chou, C., Cherry, B.J., Jordan-Marsh, M., Knight, B.G., Lai, M., White, B., Hay, J., Lam, Claudia, Marterella, A. & Azen, S.P. (2011). Effectiveness of a lifestyle intervention in promoting the well-being of independently living older people: results of the Well Elderly 2 Randomised Controlled Trial. *Journal of Epidemiology and Community Health*, doi:10.1136/jech.2009.099754; Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D. & Lipson, L. (1997). Occupational therapy for independent-living older adults: A randomized controlled trial. *JAMA*, 278(16), 1321-1326.

broader scope of inquiry in occupational therapy interventions. The broad clinical input and multidisciplinary physiological data must be analyzed and considered in the course of providing therapy services to a patient. As a result, more work is required to deliver therapy services.

Therapy practitioners are now working with a patient population that is increasingly medically and culturally diverse, living with more chronic comorbidities, living to an older age, and choosing to remain in the home as long as possible and “age in place”, accessing outpatient services with higher levels of need because of the effects of reduced inpatient acute and rehabilitation stays.<sup>2</sup> Although an aging population and increased lifespan has had a widespread effect on all practitioners, therapy practice has been significantly more complex due to increases of clients with cognitive impairments, psychosocial impairments and multiple chronic conditions.

### *Patients with Cognitive Impairments*

According to the Centers for Disease Control and Prevention, the number of persons living with Alzheimer’s disease, the most well-known form of cognitive impairment may rise to over 13 million by 2050.<sup>3</sup> Therapists consider and treat clients for many of the common symptoms of functional cognitive impairment cited by this article (e.g., memory loss, trouble exercising judgment, changes in mood or behavior, difficult planning and carry out tasks, such as following a recipe or keeping track of monthly bills). These conditions and comorbidities require more time and therapist effort during therapy treatment.

Working with a patient with cognitive deficits of any kind presents inherent challenges. The increasing prevalence of older adults with mild to severe cognitive deficits directly impacts the complexity of OT and PT interventions. For instance, when engaging in ADL retraining (meal prep, dressing, grooming, bathing, toileting), patients may need more intense and/or variable strategies of communication and cuing (verbal, non-verbal, tactile, proprioceptive) in order to participate appropriately in the clinical session. Further, patients may have poor impulse control resulting in inter-personal and social deficits and critical deficits in safety awareness (leaning on a hot burner, leaving an electrical device near a full tub of water). Patients may experience poor attention, lack of task initiation, challenges in sequencing, issues with task completion that require more complex and intense intervention from the therapist to not only complete the intervention and create a strategy in which the patient can improve their functional independence through-out the plan of care, but also to protect themselves and the patient in

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<sup>2</sup> MedPAC Hospital Short Stay Policy Issues June 2015 Report. Accessed at: [http://www.medpac.gov/documents/reports/chapter-7-hospital-short-stay-policy-issues-\(june-2015-report\).pdf?sfvrsn=0](http://www.medpac.gov/documents/reports/chapter-7-hospital-short-stay-policy-issues-(june-2015-report).pdf?sfvrsn=0)

<sup>3</sup> Centers for Disease Control. Cognitive Impairment: A Call to Action, Now! Feb. 2011, retrieved Sept. 2015); Herbert LE, Scherr PA, Bienias JL, Bennett DA, Evans DA. Alzheimer’s disease in the U.S. population: Prevalence estimates using the 2000 census. Archives of Neurology 2003;60:1119–1122.

unsafe situations.

For instance, a patient with cognitive deficits can disconnect themselves from their portable oxygen source to use the bathroom could have had serious complications from de-saturation and fall risk. Another example could be where a patient who did not have an identified pre-morbid cognitive impairment suffers a hip fracture. Upon assessment, the therapist noted a decline in functional cognition, especially in safety and judgement during the performance of any dynamic ADL's in standing. While the therapist worked to integrate dressing equipment and toileting adaptations for the home environment, the client's decreased insight into potential risks, more intense services are required to ensure that the client was able to build upon prior routines to incorporate the equipment and maximize ability to participate in self-care.

#### *Patients with Psychosocial and Mental Impairments*

According to a survey from the Substance Abuse and Mental Health Services Administration, 45.6 million adults in the US had a diagnosable mental illness in 2011<sup>4</sup>. The most common of these conditions are depressive and anxiety disorders. When a mental health condition exists, it must be addressed in addition to the other conditions that may need therapy intervention, adding to the clinician work involved in the interventions.

#### *Patients with Multiple Chronic Conditions*

Studies demonstrate that the presence of multiple chronic conditions (MCC), relating to both physical and mental health, adds a layer of complexity to disease management and careprovision; recently the U.S. Department of Health and Human Services established a strategic framework for improving the health of this population.<sup>5</sup> Between 1999–2000 and 2009–2010, the percentage of adults aged 45–64 and 65 and over with two or more of nine selected chronic conditions increased for both men and women, all racial and ethnic groups examined, and most income groups.<sup>6</sup> During the intervening 10-year period, the percentage of adults aged 65 and over with both hypertension and diabetes increased from 9% to 15%; prevalence of hypertension and heart disease increased from 18% to 21%; and prevalence of hypertension and cancer increased from 8% to 11%.

Occupational and physical therapy practice has become more work and time intensive as a result of the impact of these changes in MCCs. Further because these patients are more complex there

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<sup>4</sup> SAMHSA. Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings (Oct. 2012). [http://archive.samhsa.gov/data/NSDUH/2k11MH\\_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm](http://archive.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm).

<sup>5</sup> HHS Initiative on Multiple Chronic Conditions. See: <http://www.hhs.gov/ash/initiatives/mcc/>

<sup>6</sup> Centers for Disease Control. Data from the National Health Interview Survey, 1999–2000 and 2009–2010. See: <http://www.cdc.gov/nchs/data/databriefs/db100.htm>.



are many more performance factors to address in MCC patients. For instance, therapists spend more time with MCC patients because fatigue – both mental and physical--is a frequent limiting factor. Therapists must spend time incorporating energy conservation strategies into treatment plans. Additionally, more intensive monitoring of response to care is required with this patient population.

### *Administrative Changes*

Over the past decades, therapists have been subject to increased documentation requirements, partially due to changes in legislation and regulation as well as to reflect an emphasis on quality of care, outcomes-focused management, and accountability. This has increased the work for both the therapist and the therapy clinical staff.

### **Sensory Integrative Techniques (97533)**

In addition to the changes reviewed above, outcome measures are more complex requiring increased costs for purchase of tests and training needed to evaluate outcomes. The diagnostic criteria for autism changed in 2013, contributing to increase in prevalence. Due to this change, more children are diagnosed earlier, adding complexity in early interventions for ages 0-3. Additionally, opening the diagnostic criteria led to an increased emphasis on spectrum. Therefore, therapists are treating a wide range of children, from those who are severely impaired in performance skills all the way to those who are less impaired, but have severe interpersonal and communication deficits. The intervention must be more targeted.

A measure of Fidelity for the provision of sensory integration in OT has been established which states the need for a large space and specialized equipment. Additional costs associated with increases in rent and materials are reflected. In addition, the training component requires additional education. Occupational therapists delivering sensory integration intervention require a Master's degree and post-professional training in occupational therapy and certification in sensory integration. Finally, there is an increased prevalence of children with ASD (1 in 68) and sensory needs are now recognized as being a core feature of autism (DSM-5), making this a population that requires the expertise of occupational therapy. Moreover, children with autism often have complex physical, communication and psychosocial needs. As a result of the enhanced educational requirements, the application of sophisticated, evidenced based, outcomes and more complex patients, the work required to provide therapy services has increased

### **Wheelchair Management Training (CPT 97542)**

This intervention is used when training the patient with continued assessment is used when training and continued assessment for components of a wheelchair, the most appropriate seating system, the most appropriate maneuvering system.

In addition to the changes reviewed above, there is compelling evidence for increases to work values for the wheelchair management and training code. CPT code 97542 was last in 2001. Since then many advances have been made related to a wheelchair assessment. According to CPT Changes 2006 – An Insider’s View, a wheelchair assessment may include but is not limited to the patient’s strength, endurance, living situation, and ability to transfer in and out of the chair, level of independence, weight, skin integrity, muscle tone, and sitting balance. Following verification of the patient’s need, measurements are taken prior to ordering the equipment. This measurement occasionally involves testing the patient’s abilities with various chair functions including propulsion, transferring from the chair to other surfaces (bed, toilet, car), and use of the chair’s locking mechanism on various types of equipment for optimal determination of the appropriate equipment by the patient and caregiver. Over a decade ago, Medicare program documentation of medical necessity requirements increased substantially, requiring that mobility related activities of daily living (MRADLs) be assessed to identify how the equipment will impact the client’s life. Medicare requires that documentation be specific, with justification for every component of a complex wheelchair recorded. Medicare documentation for a skilled wheelchair assessment often includes the following:

*\*What recent event prompted the need for a skilled wheelchair assessment;*

*\*What previous wheelchair assessments have been completed, such as during a Part A SNF stay;*

*\*Most recent prior functional level;*

*\*What intervention was tried by nursing staff, caregivers or the patient themselves;*

*\*Functional deficit due to poor seating or positioning;*

*\*Objective assessments of applicable impairments such as range of motion (ROM), strength, sitting balance, skin integrity, sensation and tone.*

*\*Documentation must relate the training to expected functional goals that are attainable by the patient and/or caregiver.*

*\*The response of the patient to the instruction or fitting*

*\*The cognitive ability of the client to use a complex chair.*

The work involved in the wheelchair training component has only increased as the diversity and complexity of wheelchair technology, both manual and motorized, has evolved substantially. Technology now necessitates that therapists consider the use of augmentative communication and environmental control systems that clients will be using in order to select a complex wheelchair that will be compatible with those devices. From the selection of wheelchair

cushions to augmentative communication devices, environmental control systems and tie-down systems for safety in driving and community mobility; all these factors must be considered when selecting the appropriate mobility device. In addition, patients present with multiple chronic conditions, cognitive and psychosocial impairments; the Medicare population is living longer. Patients whose only means of independent mobility is a wheelchair need to learn how to manipulate the wheelchair parts, including adapting to new technology, propel and maneuver a wheelchair on different types of surfaces including ramps and uneven terrain, curbs and stairs. The training in wheelchair management is often extensive. Technological advances have greatly increased the demands on therapists who address wheelchair evaluation and management.

In May 2005, through the National Coverage Determination (NCD) process, CMS issued function-based criteria for Mobility Assistive Equipment (MAE), including wheelchairs, an algorithmic process called the Clinical Criteria for MAE Coverage. This work intensive and complex assessment process increased the work of 97542 because it expanded the types of health professionals who may order certain types of PMDs and required a face-to-face examination by occupational therapists and physical therapists. Clinician must demonstrate that MAE is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home.

The Clinical Criteria for MAE Coverage NCD has a complex flow chart that requires the following questions be asked to make the above determination:

*\*Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs in the home? A mobility limitation is on that:*

*\*Are there other conditions that limit the beneficiary's ability to participate in MRADLs at home?*

*\*If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the beneficiary's ability to perform or obtain assistance to participate in MRADLs in the home?*

*\*Does the beneficiary or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?*

*\*Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker?*

*\*Does the beneficiary's typical environment support the use of wheelchairs including scooters/power-operated vehicles (POVs)?*

*\*Does the beneficiary have sufficient upper extremity function to propel a manual wheelchair in the home to participate in MRADLs during a typical day? The manual wheelchair should be optimally configured (seating options, wheelbase, device weight, and other appropriate accessories) for this determination.*

*\*Does the beneficiary have sufficient strength and postural stability to operate a POV/scooter?<sup>78</sup>*

### **Orthotics Management and Training and Prosthetic Training Codes (97760, 97761, 9776X1)**

In addition to the changes reviewed above, there is compelling evidence for increases to work values for the orthotic management and training and prosthetic training codes. First, many orthotics and prosthetics require increasingly complex and critical adjustments based on changes in the status of a post-operative client. For example, a client who underwent a joint replacement procedure of their hand will require an orthotic re-fitting as swelling is reduced, and re-adjustment of angles of pull from external outrigger structures. This could require a great deal of time and expertise on the part of the therapist. In addition, pre-fabricated orthotic devices that are dynamic in nature (versus static) and used for enhancing proper movement of a weakened hand after a stroke or other nerve injury will need regular adjustments to ensure that fit and angles are correct. Orthotics and prosthetics management and training technology has grown since these codes were last valued, adding to the complexity of the required specialized training of the therapist. For instance, some devices now have embedded electrical components that facilitate muscle contractions of limbs weakened by stroke. These devices require expert knowledge of the clinician and time to ensure that the electrodes are in the proper place to work effectively.

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<sup>7</sup> [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PMDFactSheet07\\_Quark19.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PMDFactSheet07_Quark19.pdf)

<sup>8</sup> [http://www.cms.hhs.gov/CoverageGenInfo/06\\_wheelchair.asp](http://www.cms.hhs.gov/CoverageGenInfo/06_wheelchair.asp)

Date: December 15, 2016

To: Michael D. Bishop, MD, HCPAC Chair

From: Richard Rausch, PT, MBA, RUC HCPAC Advisor, APTA  
Randy Boldt, PT, RUC HCPAC Alternate Advisor, APTA  
Katie Jordan, OTD, OTR/L, RUC HCPAC Advisor, AOTA  
Jeremy Furniss, OTD, OTR/L, BCG, CDP, RUC HCPAC Alternate Advisor, AOTA

Subject: Physical Medicine and Rehabilitation Codes

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The American Occupational Therapy Association (AOTA) and American Physical Therapy Association (APTA) provide the following information about codes 97010 and G0283 that were not surveyed.

Code 97010 has a bundled status and is not paid by CMS. Given its non-payment, this code was not identified as potentially misvalued by CMS. APTA believes code 97010 may be sent to CPT for revision or deletion or be left to CMS discretion for change in payment status.

Code G0283 is a CMS generated code developed to track a new benefit for when electrical stimulation is utilized for wounds versus non-wound treatment. APTA believes the work related to code G0283 is identical to code 97014 and as such, our recommendation for 97014 (both work and practice expense) should be cross-walked to CPT code 97014.

APTA surveyed all the codes in this tab. AOTA used two criteria to select codes for survey. First, the overall specialty utilization was reviewed and codes were selected where occupational therapy showed a utilization of 10% or more and/or codes with a high absolute utilization (ie, even if the percentage utilization by occupational therapists was low, the absolute utilization was significant.)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97012      Tracking Number

Original Specialty Recommended RVU: **0.25**  
Presented Recommended RVU: **0.25**  
RUC Recommended RVU: **0.25**

Global Period: XXX

CPT Descriptor: Application of a modality to 1 or more areas; traction, mechanical

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with lumbar radiculopathy. Traction is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&amp;M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's pain levels, sensory distribution, and muscle guarding. Patient is positioned and traction apparatus is applied. Treatment settings are determined including time, intensity, type, and angle of traction. At end of treatment, patient removed from traction apparatus and post treatment status check of patient's pain levels, sensory distribution, and muscle guarding is performed.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch PT, MBA				
<b>Specialty(s):</b>	physical therapy				
<b>CPT Code:</b>	97012				
<b>Sample Size:</b>	4000	<b>Resp N:</b>	95	<b>Response:</b> 2.3 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty) membership				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	5.00	<b>15.00</b>	50.00	600.00
<b>Survey RVW:</b>	0.10	0.39	<b>0.48</b>	0.51	1.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	10.00	<b>15.00</b>	20.00	45.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97012	<b>Recommended Physician Work RVU: 0.25</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>1.00</b>	<b>0.00</b>	<b>1.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>10.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>1.00</b>	<b>0.00</b>	<b>1.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97150	XXX	0.29	RUC Time

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92567	XXX	0.20	RUC Time	772,249
<u>CPT Descriptor 1</u> Tympanometry (impedance testing)				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
97150	XXX	0.29	RUC Time	914,212

CPT Descriptor 2 Therapeutic procedure(s), group (2 or more individuals)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 39      % of respondents: 41.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 9.4 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>97012</u></b>	<b>Top Key Reference CPT Code: <u>99212</u></b>	<b>2nd Key Reference CPT Code: <u>97150</u></b>
Median Pre-Service Time	1.00	2.00	0.00
Median Intra-Service Time	15.00	10.00	10.00
Median Immediate Post-service Time	1.00	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>17.00</b>	<b>16.00</b>	<b>10.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.38	-0.22
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Work RVU**

The expert panel does not have compelling evidence that the work for the modality services have changed. We recommend maintaining the current work RVU for all nine modality codes.

**Intra-service Time**

Given the robust number of responses to these surveys, we recommend the survey median intra-service time as an accurate current reflection of the therapist time for these modality services.

**Pre-service and Post-service Time**

Our expert panel believes that the respondents overestimated the pre/post time required for a modality which is likely to be performed ancillary to a therapeutic intervention. We believe this was discussed during the last review of these codes where the survey pre- and post-time data were five minutes or greater. At that time, the specialties and the HCPAC agreed that a minimal amount of time would be required related to the modality. Specifically, one minute of pre-service and one minute of post-service for supervised modalities and one minute of pre-service and two minutes of post-service for attended direct one-on-one modalities. The rationale for an additional minute of post-service time for the attended modalities is related to removing the patient after the modality (eg, removing gels, electrodes), post-service monitoring, and educating the patient about possible side effects to be aware of from the modality service.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

565,044 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 476163	Percentage 84.27 %
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Specialty occupational therapy	Frequency 1356	Percentage 0.23 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97012

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97014      Tracking Number

Original Specialty Recommended RVU: **0.18**

Global Period: XXX

Presented Recommended RVU: **0.18**RUC Recommended RVU: **0.18**

CPT Descriptor: Application of a modality to 1 or more areas; electrical stimulation (unattended)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with a sprain of the lateral ankle. Electrical stimulation is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&amp;M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's pain levels, swelling, and range of motion. Patient is positioned and electric stimulation electrodes applied as appropriate. Stimulation treatment settings are made and patient status is checked on periodically during treatment. At end of treatment electrodes are removed and post treatment status check of patient's pain levels, swelling, and range of motion is performed.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		01/2017			
Presenter(s):	Richard Rausch PT, MBA				
Specialty(s):	physical therapy				
CPT Code:	97014				
Sample Size:	4000	Resp N:	102	Response: 2.5 %	
Description of Sample:	Random: APTA (including self-designated hand and/or aquatic specialty) membership				
		<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75th pctl</u>
Service Performance Rate		0.00	16.00	51.00	250.00
Survey RVW:		0.05	0.23	0.30	0.39
Pre-Service Evaluation Time:				5.00	
Pre-Service Positioning Time:				0.00	
Pre-Service Scrub, Dress, Wait Time:				0.00	
Intra-Service Time:		1.00	7.00	15.00	15.00
Immediate Post Service-Time:	5.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97014	<b>Recommended Physician Work RVU: 0.18</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>1.00</b>	<b>0.00</b>	<b>1.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>7.00</b>		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>1.00</b>	<b>0.00</b>	<b>1.00</b>

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
99211	XXX	0.18	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
97610	XXX	0.35	RUC Time

CPT Descriptor Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93040	XXX	0.15	RUC Time	119,439

CPT Descriptor 1 Rhythm ECG, 1-3 leads; with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92567	XXX	0.20	RUC Time	772,249

CPT Descriptor 2 Tympanometry (impedance testing)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33      % of respondents: 32.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 23      % of respondents: 22.5 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>97014</u>	Top Key Reference CPT Code: <u>99211</u>	2nd Key Reference CPT Code: <u>97610</u>
Median Pre-Service Time	1.00	0.00	4.00
Median Intra-Service Time	15.00	5.00	12.00
Median Immediate Post-service Time	1.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>17.00</b>	<b>7.00</b>	<b>18.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.03	0.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Work RVU**

The expert panel does not have compelling evidence that the work for the modality services have changed. We recommend maintaining the current work RVU for all nine modality codes.

**Intra-service Time**

Given the robust number of responses to these surveys, we recommend the survey median intra-service time as an accurate current reflection of the therapist time for these modality services.

**Pre-service and Post-service Time**

Our expert panel believes that the respondents overestimated the pre/post time required for a modality which is likely to be performed ancillary to a therapeutic intervention. We believe this was discussed during the last review of these codes where the survey pre- and post-time data were five minutes or greater. At that time, the specialties and the HCPAC agreed that a minimal amount of time would be required related to the modality. Specifically, one minute of pre-service and one minute of post-service for supervised modalities and one minute of pre-service and two minutes of post-service for attended direct one-on-one modalities. The rationale for an additional minute of post-service time for the attended modalities is related to removing the patient after the modality (eg, removing gels, electrodes), post-service monitoring, and educating the patient about possible side effects to be aware of from the modality service.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97014

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database - code is not paid by Medicare

Specialty physical therapy	Frequency 0	Percentage 0.00 %
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Specialty occupational therapy	Frequency 0	Percentage 0.00 %
--------------------------------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97014

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97016      Tracking Number

Original Specialty Recommended RVU: **0.18**

Global Period: XXX

Presented Recommended RVU: **0.18**RUC Recommended RVU: **0.18**

CPT Descriptor: Application of a modality to 1 or more areas; vasopneumatic devices

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with a crush injury to the left hand. A vasopneumatic device is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 52%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&amp;M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's pain levels, swelling, sensory distribution, and range of motion. Device apparatus is applied. Patient is properly positioned. Device settings for treatment are applied. At end of treatment device apparatus removed and post treatment status check of patient's pain levels, swelling, sensory distribution, and range of motion is performed.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch PT, MBA				
<b>Specialty(s):</b>	physical therapy				
<b>CPT Code:</b>	97016				
<b>Sample Size:</b>	4000	<b>Resp N:</b>	50	<b>Response:</b> 1.2 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty) membership				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	0.00	<b>12.00</b>	188.00	1500.00
<b>Survey RVW:</b>	0.14	0.25	<b>0.30</b>	0.45	0.75
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	2.00	8.00	<b>14.00</b>	15.00	45.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97016	<b>Recommended Physician Work RVU: 0.18</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>1.00</b>	<b>0.00</b>	<b>1.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>8.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>1.00</b>	<b>0.00</b>	<b>1.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99211	XXX	0.18	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93040	XXX	0.15	RUC Time	119,439
<u>CPT Descriptor 1</u> Rhythm ECG, 1-3 leads; with interpretation and report				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92567	XXX	0.20	RUC Time	772,249

CPT Descriptor 2 Tympanometry (impedance testing)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 15      % of respondents: 30.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 16.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>97016</u></b>	<b>Top Key Reference CPT Code: <u>99211</u></b>	<b>2nd Key Reference CPT Code: <u>99212</u></b>
Median Pre-Service Time	2.00	0.00	2.00
Median Intra-Service Time	14.00	5.00	10.00
Median Immediate Post-service Time	2.00	2.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>18.00</b>	<b>7.00</b>	<b>16.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.13	-0.63
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Work RVU**

The expert panel does not have compelling evidence that the work for the modality services have changed. We recommend maintaining the current work RVU for all nine modality codes.

**Intra-service Time**

Given the robust number of responses to these surveys, we recommend the survey median intra-service time as an accurate current reflection of the therapist time for these modality services.

**Pre-service and Post-service Time**

Our expert panel believes that the respondents overestimated the pre/post time required for a modality which is likely to be performed ancillary to a therapeutic intervention. We believe this was discussed during the last review of these codes where the survey pre- and post-time data were five minutes or greater. At that time, the specialties and the HCPAC agreed that a minimal amount of time would be required related to the modality. Specifically, one minute of pre-service and one minute of post-service for supervised modalities and one minute of pre-service and two minutes of post-service for attended direct one-on-one modalities. The rationale for an additional minute of post-service time for the attended modalities is related to removing the patient after the modality (eg, removing gels, electrodes), post-service monitoring, and educating the patient about possible side effects to be aware of from the modality service.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)



- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97016

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

480,543 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 434171	Percentage 90.35 %
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Specialty occupational therapy	Frequency 12879	Percentage 2.68 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Other

BETOS Sub-classification:

BETOS Sub-classification Level II:  
Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97016

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97018      Tracking Number

Original Specialty Recommended RVU: **0.06**

Global Period: XXX

Presented Recommended RVU: **0.06**RUC Recommended RVU: **0.06**

CPT Descriptor: Application of a modality to 1 or more areas; paraffin bath

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents status post fracture dislocation of the proximal interphalangeal (PIP) joints of the index and middle fingers. A paraffin wrap is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 62%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status checks of patient's pain levels and range of motion. Patients skin is prepared for paraffin application. Patient is instructed in application of paraffin and area of application is then wrapped and positioned appropriately. At the end of the treatment time, wraps and paraffin is removed and post treatment status check of patient's pain levels and range of motion is performed.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch, PT, MBA; Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP				
<b>Specialty(s):</b>	physical therapy, occupational therapy				
<b>CPT Code:</b>	97018				
<b>Sample Size:</b>	9000	<b>Resp N:</b>	108	<b>Response:</b> 1.2 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty), AOTA, ASHT membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	5.00	20.00	1200.00
<b>Survey RVW:</b>	0.10	0.20	0.30	0.38	1.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	8.00	12.00	15.00	45.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97018	<b>Recommended Physician Work RVU: 0.06</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	8.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
97610	XXX	0.35	RUC Time

CPT Descriptor Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
99211	XXX	0.18	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93040	XXX	0.15	RUC Time	119,439

CPT Descriptor 1 Rhythm ECG, 1-3 leads; with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00	RUC Time	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 39      % of respondents: 36.1 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 28      % of respondents: 25.9 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>97018</u>	Top Key Reference CPT Code: <u>97610</u>	2nd Key Reference CPT Code: <u>99211</u>
Median Pre-Service Time	1.00	4.00	0.00
Median Intra-Service Time	12.00	12.00	5.00
Median Immediate Post-service Time	1.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>14.00</b>	<b>18.00</b>	<b>7.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.56	-0.54
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Work RVU**

The expert panel does not have compelling evidence that the work for the modality services have changed. We recommend maintaining the current work RVU for all nine modality codes.

**Intra-service Time**

Given the robust number of responses to these surveys, we recommend the survey median intra-service time as an accurate current reflection of the therapist time for these modality services.

**Pre-service and Post-service Time**

Our expert panel believes that the respondents overestimated the pre/post time required for a modality which is likely to be performed ancillary to a therapeutic intervention. We believe this was discussed during the last review of these codes where the survey pre- and post-time data were five minutes or greater. At that time, the specialties and the HCPAC agreed that a minimal amount of time would be required related to the modality. Specifically, one minute of pre-service and one minute of post-service for supervised modalities and one minute of pre-service and two minutes of post-service for attended direct one-on-one modalities. The rationale for an additional minute of post-service time for the attended modalities is related to removing the patient after the modality (eg, removing gels, electrodes), post-service monitoring, and educating the patient about possible side effects to be aware of from the modality service.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97018

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Sometimes

Specialty occupational therapy                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

133,725 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 43969	Percentage 32.88 %
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Specialty occupational therapy	Frequency 77039	Percentage 57.61 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.



Main BETOS Classification:  
Other

BETOS Sub-classification:

BETOS Sub-classification Level II:  
Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97018

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 97022      Tracking Number

Original Specialty Recommended RVU: **0.17**  
Presented Recommended RVU: **0.17**  
RUC Recommended RVU: **0.17**

Global Period: XXX

CPT Descriptor: Application of a modality to 1 or more areas; whirlpool

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with a right Colles fracture and recent cast removal. Upper extremity whirlpool treatment is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 69%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status checks of patient's pain levels and range of motion. Patient's upper extremity from elbow to hand is placed into whirlpool. Agitation of water is adjusted appropriately. At the end of the treatment time, patient's upper extremity is removed from whirlpool and dried and post treatment status check of patient's pain levels and range of motion is performed.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch, PT, MBA; Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP				
<b>Specialty(s):</b>	physical therapy, occupational therapy				
<b>CPT Code:</b>	97022				
<b>Sample Size:</b>	9000	<b>Resp N:</b>	62	<b>Response:</b> 0.6 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty), AOTA, ASHT membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	44.00	2080.00
<b>Survey RVW:</b>	0.15	0.29	0.35	0.48	1.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	12.00	15.00	20.00	45.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97022	<b>Recommended Physician Work RVU: 0.17</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	12.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97610	XXX	0.35	RUC Time

CPT Descriptor Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97597	000	0.51	RUC Time

CPT Descriptor Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93040	XXX	0.15	RUC Time	119,439
<u>CPT Descriptor 1</u> Rhythm ECG, 1-3 leads; with interpretation and report				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	4,853,590

CPT Descriptor 2 may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 19      % of respondents: 30.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 24.1 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>97022</u></b>	<b>Top Key Reference CPT Code: <u>97610</u></b>	<b>2nd Key Reference CPT Code: <u>97597</u></b>
Median Pre-Service Time	1.00	4.00	5.00
Median Intra-Service Time	15.00	12.00	14.00
Median Immediate Post-service Time	1.00	2.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>17.00</b>	<b>18.00</b>	<b>24.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.47	0.13
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Work RVU**

The expert panel does not have compelling evidence that the work for the modality services have changed. We recommend maintaining the current work RVU for all nine modality codes.

**Intra-service Time**

Given the robust number of responses to these surveys, we recommend the survey median intra-service time as an accurate current reflection of the therapist time for these modality services.

**Pre-service and Post-service Time**

Our expert panel believes that the respondents overestimated the pre/post time required for a modality which is likely to be performed ancillary to a therapeutic intervention. We believe this was discussed during the last review of these codes where the survey pre- and post-time data were five minutes or greater. At that time, the specialties and the HCPAC agreed that a minimal amount of time would be required related to the modality. Specifically, one minute of pre-service and one minute of post-service for supervised modalities and one minute of pre-service and two minutes of post-service for attended direct one-on-one modalities. The rationale for an additional minute of post-service time for the attended modalities is related to removing the patient after the modality (eg, removing gels, electrodes), post-service monitoring, and educating the patient about possible side effects to be aware of from the modality service.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97022

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Sometimes

Specialty occupational therapy                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

176,554 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 49329	Percentage 27.93 %
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Specialty occupational therapy	Frequency 82769	Percentage 46.88 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Other

BETOS Sub-classification:

BETOS Sub-classification Level II:  
Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97022

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97032      Tracking Number

Original Specialty Recommended RVU: **0.25**  
Presented Recommended RVU: **0.25**  
RUC Recommended RVU: **0.25**

Global Period: XXX

CPT Descriptor: Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents after a reconstruction procedure for patellofemoral dysfunction. Electrical stimulation is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform a status check of patient's sensation, skin integrity, and range of motion. Patient positioned and use of direct contact techniques are performed, including manual probe stimulation to find motor points of quadriceps to obtain effective muscle contraction. Post treatment status check of patient's pain levels, and active assistive range of motion is performed.

Description of Post-Service Work: Remove patient from modality, monitor patient and provide education about possible side effects to be aware of from the modality service. Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch PT, MBA				
<b>Specialty(s):</b>	physical therapy				
<b>CPT Code:</b>	97032				
<b>Sample Size:</b>	4000	<b>Resp N:</b>	77	<b>Response:</b> 1.9 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty) membership				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	2.00	<b>10.00</b>	50.00	750.00
<b>Survey RVW:</b>	0.15	0.40	<b>0.48</b>	0.54	1.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	12.00	<b>15.00</b>	20.00	45.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97032	<b>Recommended Physician Work RVU: 0.25</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>1.00</b>	<b>0.00</b>	<b>1.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>15.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97610	XXX	0.35	RUC Time

CPT Descriptor Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92567	XXX	0.20	RUC Time	772,249
<u>CPT Descriptor 1</u> Tympanometry (impedance testing)				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
97150	XXX	0.29	RUC Time	914,212

CPT Descriptor 2 Therapeutic procedure(s), group (2 or more individuals)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 27      % of respondents: 35.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 11.6 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>97032</u></b>	<b>Top Key Reference CPT Code: <u>99212</u></b>	<b>2nd Key Reference CPT Code: <u>97610</u></b>
Median Pre-Service Time	1.00	2.00	4.00
Median Intra-Service Time	15.00	10.00	12.00
Median Immediate Post-service Time	2.00	4.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>18.00</b>	<b>16.00</b>	<b>18.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.22	0.67
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Work RVU**

The expert panel does not have compelling evidence that the work for the modality services have changed. We recommend maintaining the current work RVU for all nine modality codes.

**Intra-service Time**

Given the robust number of responses to these surveys, we recommend the survey median intra-service time as an accurate current reflection of the therapist time for these modality services.

**Pre-service and Post-service Time**

Our expert panel believes that the respondents overestimated the pre/post time required for a modality which is likely to be performed ancillary to a therapeutic intervention. We believe this was discussed during the last review of these codes where the survey pre- and post-time data were five minutes or greater. At that time, the specialties and the HCPAC agreed that a minimal amount of time would be required related to the modality. Specifically, one minute of pre-service and one minute of post-service for supervised modalities and one minute of pre-service and two minutes of post-service for attended direct one-on-one modalities. The rationale for an additional minute of post-service time for the attended modalities is related to removing the patient after the modality (eg, removing gels, electrodes), post-service monitoring, and educating the patient about possible side effects to be aware of from the modality service.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97032

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,149,079 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 675314	Percentage 58.77 %
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Specialty occupational therapy	Frequency 30795	Percentage 2.67 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97032

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97033      Tracking Number

Original Specialty Recommended RVU: **0.26**

Global Period: XXX

Presented Recommended RVU: **0.26**RUC Recommended RVU: **0.26**

CPT Descriptor: Application of a modality to 1 or more areas; iontophoresis, each 15 minutes

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with non-resolving lateral epicondylitis. Iontophoresis is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&amp;M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform a status check of patient's skin integrity, sensation, ROM, strength and pain levels. Clean and prepare the skin over the area and place the electrodes appropriately. Use appropriate ionic compounds with a disposable electrode. Using direct contact techniques begin treatment by setting the unit for correct sensory input and recheck the patient after several minutes to monitor adverse skin reactions. Adjust unit settings at appropriate time for desired outcome. At end of treatment remove electrodes and perform post treatment status check of patient's skin integrity, sensation, pain levels, range of motion and strength.

Description of Post-Service Work: Remove patient from modality, monitor patient and provide education about possible side effects to be aware of from the modality service. Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.



**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		01/2017			
Presenter(s):	Richard Rausch PT, MBA				
Specialty(s):	physical therapy				
CPT Code:	97033				
Sample Size:	4000	Resp N:	87	Response: 2.1 %	
Description of Sample:	Random: APTA (including self-designated hand and/or aquatic specialty) membership				
		Low	25 <sup>th</sup> pctl	Median*	75 <sup>th</sup> pctl
Service Performance Rate		0.00	1.00	10.00	25.00
Survey RVW:		0.10	0.27	0.37	0.50
Pre-Service Evaluation Time:				5.00	
Pre-Service Positioning Time:				0.00	
Pre-Service Scrub, Dress, Wait Time:				0.00	
Intra-Service Time:		1.00	5.00	12.00	15.00
Immediate Post Service-Time:	5.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97033	<b>Recommended Physician Work RVU: 0.26</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>1.00</b>	<b>0.00</b>	<b>1.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>12.00</b>		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>2.00</b>	<b>0.00</b>	<b>2.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97610	XXX	0.35	RUC Time

CPT Descriptor Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
97804	XXX	0.20	RUC Time	5,528

CPT Descriptor 1 Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92568	XXX	0.29	RUC Time	8,899

CPT Descriptor 2 Acoustic reflex testing, threshold

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97150	XXX	0.29	RUC Time

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 27      % of respondents: 31.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 17      % of respondents: 19.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>97033</u></b>	<b>Top Key Reference CPT Code: <u>99212</u></b>	<b>2nd Key Reference CPT Code: <u>97610</u></b>
Median Pre-Service Time	1.00	2.00	4.00
Median Intra-Service Time	12.00	10.00	12.00
Median Immediate Post-service Time	2.00	4.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>15.00</b>	<b>16.00</b>	<b>18.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.08	0.24
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Work RVU**

The expert panel does not have compelling evidence that the work for the modality services have changed. We recommend maintaining the current work RVU for all nine modality codes.

**Intra-service Time**

Given the robust number of responses to these surveys, we recommend the survey median intra-service time as an accurate current reflection of the therapist time for these modality services.

**Pre-service and Post-service Time**

Our expert panel believes that the respondents overestimated the pre/post time required for a modality which is likely to be performed ancillary to a therapeutic intervention. We believe this was discussed during the last review of these codes where the survey pre- and post-time data were five minutes or greater. At that time, the specialties and the HCPAC agreed that a minimal amount of time would be required related to the modality. Specifically, one minute of pre-service and one minute of post-service for supervised modalities and one minute of pre-service and two minutes of post-service for attended direct one-on-one modalities. The rationale for an additional minute of post-service time for the attended modalities is related to removing the patient after the modality (eg, removing gels, electrodes), post-service monitoring, and educating the patient about possible side effects to be aware of from the modality service.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97033

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Sometimes

Specialty occupational therapy                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

109,729 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 88979	Percentage 81.08 %
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Specialty occupational therapy	Frequency 8559	Percentage 7.80 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97033

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97034      Tracking Number

Original Specialty Recommended RVU: **0.21**  
Presented Recommended RVU: **0.21**  
RUC Recommended RVU: **0.21**

Global Period: XXX

CPT Descriptor: Application of a modality to 1 or more areas; contrast baths, each 15 minutes

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents for conservative management of ongoing carpal tunnel symptoms. Contrast bath is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 56%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform a status check of patient's skin integrity, sensation, pain levels, edema and range of motion. Using direct contact techniques, patient is positioned in front of two receptacles of water (one hot, one cold) and is instructed to immerse his/her foot and ankle first in hot water for several minutes, then cold for several minutes, and to continue in this manner until the desired effects are achieved. At end of treatment the foot is dried and post treatment status check of patient's skin integrity, pain levels, edema and range of motion is performed.

Description of Post-Service Work: Remove patient from modality, monitor patient and provide education about possible side effects to be aware of from the modality service. Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch, PT, MBA; Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP				
<b>Specialty(s):</b>	physical therapy, occupational therapy				
<b>CPT Code:</b>	97034				
<b>Sample Size:</b>	9000	<b>Resp N:</b>	64	<b>Response:</b> 0.7 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty), AOTA, ASHT membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	5.00	675.00
<b>Survey RVW:</b>	0.15	0.25	0.33	0.40	1.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	3.00	10.00	15.00	18.00	45.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97034	<b>Recommended Physician Work RVU: 0.21</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
97610	XXX	0.35	RUC Time

CPT Descriptor Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
97150	XXX	0.29	RUC Time

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92567	XXX	0.20	RUC Time	772,249

CPT Descriptor 1 Tympanometry (impedance testing)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97804	XXX	0.25	RUC Time	5,528

CPT Descriptor 2 Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29      % of respondents: 45.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 13      % of respondents: 20.3 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>97034</u>	Top Key Reference CPT Code: <u>97610</u>	2nd Key Reference CPT Code: <u>97150</u>
Median Pre-Service Time	1.00	4.00	0.00
Median Intra-Service Time	15.00	12.00	10.00
Median Immediate Post-service Time	2.00	2.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>18.00</b>	<b>18.00</b>	<b>10.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
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Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.72	0.15
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Work RVU**

The expert panel does not have compelling evidence that the work for the modality services have changed. We recommend maintaining the current work RVU for all nine modality codes.

**Intra-service Time**

Given the robust number of responses to these surveys, we recommend the survey median intra-service time as an accurate current reflection of the therapist time for these modality services.

**Pre-service and Post-service Time**

Our expert panel believes that the respondents overestimated the pre/post time required for a modality which is likely to be performed ancillary to a therapeutic intervention. We believe this was discussed during the last review of these codes where the survey pre- and post-time data were five minutes or greater. At that time, the specialties and the HCPAC agreed that a minimal amount of time would be required related to the modality. Specifically, one minute of pre-service and one minute of post-service for supervised modalities and one minute of pre-service and two minutes of post-service for attended direct one-on-one modalities. The rationale for an additional minute of post-service time for the attended modalities is related to removing the patient after the modality (eg, removing gels, electrodes), post-service monitoring, and educating the patient about possible side effects to be aware of from the modality service.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97034

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Rarely

Specialty occupational therapy                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,932

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 5090	Percentage 64.17 %
Specialty occupational therapy	Frequency 1480	Percentage 18.65 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:  
Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97034

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:97035      Tracking Number

Original Specialty Recommended RVU: **0.21**  
Presented Recommended RVU: **0.21**  
RUC Recommended RVU: **0.21**

Global Period: XXX

CPT Descriptor: Application of a modality to 1 or more areas; ultrasound, each 15 minutes

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with acute shoulder adhesive capsulitis. Ultrasound is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 71%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&amp;M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform a status check of patient's skin integrity, sensation, pain and range of motion. Patient is positioned and ultrasound is applied, using a coupling gel, first to anterior joint capsule and then to the inferior joint capsule using direct contact techniques. The provider is with patient for the entire time. At end of treatment ultrasound gel is removed and post treatment status check of patient's skin integrity, sensation, pain and range of motion is performed.

Description of Post-Service Work: Remove patient from modality, monitor patient and provide education about possible side effects to be aware of from the modality service. Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch PT				
<b>Specialty(s):</b>	physical therapy				
<b>CPT Code:</b>	97035				
<b>Sample Size:</b>	4000	<b>Resp N:</b>	105	<b>Response:</b> 2.6 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty) membership				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	8.00	<b>30.00</b>	200.00	2000.00
<b>Survey RVW:</b>	0.05	0.30	<b>0.35</b>	0.48	1.44
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	2.00	8.00	<b>10.00</b>	15.00	45.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97035	<b>Recommended Physician Work RVU: 0.21</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>1.00</b>	<b>0.00</b>	<b>1.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>10.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97610	XXX	0.38	RUC Time

CPT Descriptor Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92567	XXX	0.20	RUC Time	772,249
<u>CPT Descriptor 1</u> Tympanometry (impedance testing)				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
97804	XXX	0.25	RUC Time	5,528

CPT Descriptor 2 Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 54      % of respondents: 51.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 25      % of respondents: 23.8 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>97035</u>	Top Key Reference CPT Code: <u>97610</u>	2nd Key Reference CPT Code: <u>99212</u>
Median Pre-Service Time	1.00	4.00	2.00
Median Intra-Service Time	10.00	12.00	10.00
Median Immediate Post-service Time	2.00	2.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>13.00</b>	<b>18.00</b>	<b>16.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.04	0.12
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Work RVU**

The expert panel does not have compelling evidence that the work for the modality services have changed. We recommend maintaining the current work RVU for all nine modality codes.

**Intra-service Time**

Given the robust number of responses to these surveys, we recommend the survey median intra-service time as an accurate current reflection of the therapist time for these modality services.

**Pre-service and Post-service Time**

Our expert panel believes that the respondents overestimated the pre/post time required for a modality which is likely to be performed ancillary to a therapeutic intervention. We believe this was discussed during the last review of these codes where the survey pre- and post-time data were five minutes or greater. At that time, the specialties and the HCPAC agreed that a minimal amount of time would be required related to the modality. Specifically, one minute of pre-service and one minute of post-service for supervised modalities and one minute of pre-service and two minutes of post-service for attended direct one-on-one modalities. The rationale for an additional minute of post-service time for the attended modalities is related to removing the patient after the modality (eg, removing gels, electrodes), post-service monitoring, and educating the patient about possible side effects to be aware of from the modality service.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97035

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,790,964 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 2261239	Percentage 81.01 %
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Specialty occupational therapy	Frequency 178064	Percentage 6.38 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97035

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97110      Tracking Number

Original Specialty Recommended RVU: **0.45**  
Presented Recommended RVU: **0.45**  
RUC Recommended RVU: **0.45**

Global Period: XXX

CPT Descriptor: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents after repair of torn rotator cuff resulting in decreased functional use of the arm and shoulder. Direct one-on-one therapeutic exercises are provided.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's pain, range of motion and muscle strength and functional use of upper extremity. Using direct contact (one on one) techniques, initiate and modify as needed, therapeutic exercises including active-assistive range of motion and manual progressive resistive exercises. Instruct patient in performance of select exercises to be continued at home requiring return demonstration to ensure patient safety.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch, PT, MBA; Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP				
<b>Specialty(s):</b>	physical therapy, occupational therapy				
<b>CPT Code:</b>	97110				
<b>Sample Size:</b>	14000	<b>Resp N:</b>	352	<b>Response:</b> 2.4 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty) and AOTA membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	200.00	1000.00	2000.00	40000.00
<b>Survey RVW:</b>	0.10	0.45	0.50	0.68	3.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	15.00	15.00	30.00	90.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97110	<b>Recommended Physician Work RVU: 0.45</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	2.00	0.00	2.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97150	XXX	0.29	RUC Time

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
29530	000	0.39	RUC Time	47,196
<u>CPT Descriptor 1</u> Strapping; knee				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96152	XXX	0.46	RUC Time	133,653

CPT Descriptor 2 Health and behavior intervention, each 15 minutes, face-to-face; individual

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
98925	000	0.46	RUC Time

CPT Descriptor Osteopathic manipulative treatment (OMT); 1-2 body regions involved**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 137      **% of respondents:** 40.6 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 77      **% of respondents:** 22.8 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <b><u>97110</u></b>	<b>Top Key Reference CPT Code:</b> <b><u>99212</u></b>	<b>2nd Key Reference CPT Code:</b> <b><u>97150</u></b>
Median Pre-Service Time	2.00	2.00	0.00
Median Intra-Service Time	15.00	10.00	10.00
Median Immediate Post-service Time	2.00	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>19.00</b>	<b>16.00</b>	<b>10.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality

Outcome depends on the skill and judgment of physician

Estimated risk of malpractice suit with poor outcome

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity

0.48

0.47

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**The American Physical Therapy Association and the American Occupational Therapy Association surveyed a random sample of members who perform this procedure. These survey results were thoroughly and exhaustively reviewed by an expert panel.**

**The 25<sup>th</sup> percentile survey data support selection of the 0.45 RVW, which is representative of the current RVW. The median intra-service time, based on survey results, is reflective of current RVW and practice. However, we are requesting 2.5 minutes for pre- and post-service time which is an increase in current time which is pre-service 1 minute and post-service, 2 minutes. This code is typically reported at least twice per visit per patient. The survey median for pre- and post-service time is 5 minutes, however, we recommend 2.5 minutes as appropriate. The survey median supports an intra-service time of 15 minutes.**

**As there is no compelling evidence to increase the value of this code, the specialty society recommends the current RVU value of 0.45. The calculated IWP/UT for 97110 is 0.023.**

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97110

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 49,007,989 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 43122130	Percentage 87.99 %
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Specialty occupational therapy	Frequency 2538614	Percentage 5.18 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97110

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97112      Tracking Number

Original Specialty Recommended RVU: **0.50**  
Presented Recommended RVU: **0.50**  
RUC Recommended RVU: **0.50**

Global Period: XXX

CPT Descriptor: Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents status post right CVA resulting in left spastic hemiplegia with trunk instability, decreased sitting and standing balance, and functional limitations. Direct one-on-one therapeutic services are provided.

Percentage of Survey Respondents who found Vignette to be Typical: 71%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's muscle tone, sensation, and active tight and left upper extremity movement patterns. Using direct contact (one on one), initiate and modify as needed, neuromuscular re-education techniques including proprioceptive neuromuscular facilitation to upper extremity. Instruct patient in performance of select exercises to be continued at home, requiring return demonstration to ensure patient safety.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch, PT, MBA; Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP				
<b>Specialty(s):</b>	physical therapy, occupational therapy				
<b>CPT Code:</b>	97112				
<b>Sample Size:</b>	14000	<b>Resp N:</b>	330	<b>Response:</b> 2.3 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty) and AOTA membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	<b>438.00</b>	1000.00	25000.00
<b>Survey RVW:</b>	0.10	0.50	<b>0.60</b>	0.75	4.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	4.00	15.00	<b>15.00</b>	30.00	90.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97112	<b>Recommended Physician Work RVU: 0.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>15.00</b>			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95992	XXX	0.75	RUC Time

CPT Descriptor Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76882	XXX	0.49	RUC Time	242,285
<u>CPT Descriptor 1</u> Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
97597	000	0.51	RUC Time	1,037,269

CPT Descriptor 2 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 117      **% of respondents:** 35.4 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 88      **% of respondents:** 26.6 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>97112</u>	<b>Top Key Reference CPT Code:</b> <u>99212</u>	<b>2nd Key Reference CPT Code:</b> <u>95992</u>
Median Pre-Service Time	2.50	2.00	0.00
Median Intra-Service Time	15.00	10.00	20.00
Median Immediate Post-service Time	2.50	4.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>16.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
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Physical effort required		
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
---	--	--

Outcome depends on the skill and judgment of physician		
--	--	--

Estimated risk of malpractice suit with poor outcome		
--	--	--

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.83	0.70
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**The American Physical Therapy Association and the American Occupational Therapy Association surveyed a random sample of members who perform this procedure. These survey results were thoroughly and exhaustively reviewed by an expert panel.**

**The 25<sup>th</sup> percentile survey data support selection of the recommended 0.50 RVW, which is an increase of current RVW, 0.45. The median intra-service time, based on survey results, is reflective of current RVW and practice. However, we are requesting 2.5 minutes for pre- and post-service time which is an increase in current time which is pre-service 1 minute and post-service, 2 minutes. The survey median for pre- and post-service time is 5 minutes, however, we recommend 2.5 minutes as appropriate. The survey median supports an intra-service time of 15 minutes.**

**The compelling evidence to increase the value of this code reflects changes in technology and provider knowledge. (see separate compelling evidence document). The specialty society recommends the RVU value of 0.50. The calculated IWP/UT for 97112 is 0.026.**

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)



- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97112

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,838,766 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 8901132	Percentage 90.47 %
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Specialty occupational therapy	Frequency 518503	Percentage 5.27 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97112

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97113      Tracking Number

Original Specialty Recommended RVU: **0.48**

Global Period: XXX

Presented Recommended RVU: **0.48**RUC Recommended RVU: **0.48**

CPT Descriptor: Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with a diagnosis of rheumatoid arthritis affecting all extremities resulting in pain, restricted movement, and difficulty tolerating land-based exercise. Direct one-on-one aquatic therapy services are provided.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's pain, range of motion, muscle strength, and weight bearing tolerance. Using direct contact (one on one) techniques, initiate and modify as needed, therapeutic exercise in the pool including use of resistance of water and manual contact to improve strength, and range of motion of involved soft tissues. Instruct patient in performance of select exercises to be continued at home requiring return demonstration to ensure patient safety.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		01/2017				
Presenter(s):	Richard Rausch PT, MBA					
Specialty(s):	physical therapy					
CPT Code:	97113					
Sample Size:	4000	Resp N:	76	Response: 1.9 %		
Description of Sample:	Random: APTA (including self-designated hand and/or aquatic specialty) membership					
		<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75th pctl</u>	<u>High</u>
Service Performance Rate		0.00	0.00	20.00	200.00	3760.00
Survey RVW:		0.18	0.48	0.52	0.73	2.00
Pre-Service Evaluation Time:				5.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		5.00	15.00	15.00	30.00	60.00
Immediate Post Service-Time:	<u>5.00</u>					
<u>Post Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>				
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00		
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00	15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00		

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97113	<b>Recommended Physician Work RVU: 0.48</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>2.00</b>	<b>0.00</b>	<b>2.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>15.00</b>		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>2.00</b>	<b>0.00</b>	<b>2.00</b>

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
97150	XXX	0.29	RUC Time

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96152	XXX	0.46	RUC Time	133,653
<u>CPT Descriptor 1</u> Health and behavior intervention, each 15 minutes, face-to-face; individual				
MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76882	XXX	0.49	RUC Time	242,285

CPT Descriptor 2 Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 31      % of respondents: 40.7 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 16      % of respondents: 21.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>97113</u></b>	<b>Top Key Reference CPT Code: <u>99212</u></b>	<b>2nd Key Reference CPT Code: <u>97150</u></b>
Median Pre-Service Time	2.50	2.00	0.00
Median Intra-Service Time	15.00	10.00	10.00
Median Immediate Post-service Time	2.50	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>16.00</b>	<b>10.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.81	0.69
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPOT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**The American Physical Therapy Association surveyed a random sample of members who perform this procedure. These survey results were thoroughly and exhaustively reviewed by an expert panel.**

**The 25<sup>th</sup> percentile survey data support selection of the recommended 0.48 RVW, which is an increase of current RVW, 0.44. The median intra-service time, based on survey results, is reflective of current RVW and practice. However, we are requesting 2.5 minutes for pre- and post-service time which is an increase in current time which is pre-service 1 minute and post-service, 2 minutes. The survey median for pre- and post-service time is 5 minutes, however, we recommend 2.5 minutes as appropriate. The survey median supports an intra-service time of 15 minutes.**

**The compelling evidence to increase the value of this code reflects changes in technology and provider work (see separate compelling evidence document). The specialty society recommends the RVU value of 0.48. The calculated IWPOT for 97113 is 0.025.**

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97113

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

1,641,331 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 1594225	Percentage 97.13 %
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Specialty occupational therapy	Frequency 19532	Percentage 1.19 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other



**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97113

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97116      Tracking Number

Original Specialty Recommended RVU: **0.48**

Global Period: XXX

Presented Recommended RVU: **0.48**RUC Recommended RVU: **0.45**

CPT Descriptor: Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents after an ACL repair resulting in difficulty with ambulation. Direct one-on-one gait training is provided.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's weight bearing, gait patterns, muscle strength, and range of motion. Using direct contact (one on one) techniques, initiate and modify as needed, gait training including weight shifting, resistive strength techniques to recruit muscle action to correct for gait deviations. Instruct patient in performance of select training techniques to be continued at home requiring return demonstration to ensure patient safety.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		01/2017				
Presenter(s):	Richard Rausch PT, MBA					
Specialty(s):	physical therapy					
CPT Code:	97116					
Sample Size:	4000	Resp N:	168	Response: 4.2 %		
Description of Sample:	Random: APTA (including self-designated hand and/or aquatic specialty) membership					
		<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75th pctl</u>	<u>High</u>
Service Performance Rate		0.00	34.00	100.00	705.00	30000.00
Survey RVW:		0.18	0.48	0.52	0.74	2.00
Pre-Service Evaluation Time:				5.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		2.00	12.00	15.00	15.00	60.00
Immediate Post Service-Time:	<u>5.00</u>					
<u>Post Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>				
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00		
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00	15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00		

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97116	<b>Recommended Physician Work RVU: 0.45</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		2.00	0.00	2.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		15.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		2.00	0.00	2.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
95992	XXX	0.75	RUC Time

CPT Descriptor Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96152	XXX	0.46	RUC Time	133,653
<u>CPT Descriptor 1</u> Health and behavior intervention, each 15 minutes, face-to-face; individual				
MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76882	XXX	0.49	RUC Time	242,285

CPT Descriptor 2 Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 77      % of respondents: 45.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 24      % of respondents: 14.2 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>97116</u>	Top Key Reference CPT Code: <u>99212</u>	2nd Key Reference CPT Code: <u>95992</u>
Median Pre-Service Time	2.50	2.00	0.00
Median Intra-Service Time	15.00	10.00	20.00
Median Immediate Post-service Time	2.50	4.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>16.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.39	0.54
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**The American Physical Therapy Association surveyed a random sample of members who perform this procedure. These survey results were thoroughly and exhaustively reviewed by an expert panel.**

**The 25<sup>th</sup> percentile survey data support selection of the recommended 0.48 RVW, which is an increase of current RVW, 0.40. The median intra-service time, based on survey results, has an increase from 13 minutes to 15 minutes. We are requesting 2.5 minutes for pre- and post-service time which is an increase in current time which is pre-service 1 minute and post-service, 2 minutes. The survey median for pre- and post-service time is 5 minutes, however, we recommend 2.5 minutes as appropriate. The survey median data supports an intra-service time of 15 minutes.**

**The compelling evidence to increase the value of this code reflects changes in technology and provider work (see separate compelling evidence document). The specialty society recommends the RVU value of 0.48. The calculated IWP/UT for 97116 is 0.025.**

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97116

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,879,655 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 1835107	Percentage 97.62 %
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Specialty occupational therapy	Frequency 4323	Percentage 0.22 %
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Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97116

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97140      Tracking Number

Original Specialty Recommended RVU: **0.50**  
Presented Recommended RVU: **0.50**  
RUC Recommended RVU: **0.43**

Global Period: XXX

CPT Descriptor: Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with two month history of pain in neck, shoulder, and upper back with soft tissue tightness and hypo-mobility in the cervical and upper thoracic spine. Direct one-on-one manual therapy services are provided.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's pain, soft tissue extensibility, range of motion (joint and capsular), and strength. Using direct contact (one on one) techniques, initiate and modify as needed, manual therapy techniques involving both soft tissue and joint structures after identifying level and type of restrictions. Instruct patient in performance of select training techniques to be continued at home requiring return demonstration to ensure patient safety.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch, PT, MBA; Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP				
<b>Specialty(s):</b>	physical therapy, occupational therapy				
<b>CPT Code:</b>	97140				
<b>Sample Size:</b>	14000	<b>Resp N:</b>	284	<b>Response:</b> 2.0 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty) and AOTA membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	<b>535.00</b>	1818.00	40000.00
<b>Survey RVW:</b>	0.15	0.50	<b>0.67</b>	0.76	2.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	15.00	<b>15.00</b>	21.00	90.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97140	<b>Recommended Physician Work RVU: 0.43</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>15.00</b>			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95992	XXX	0.75	RUC Time

CPT Descriptor Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76882	XXX	0.49	RUC Time	242,285
<u>CPT Descriptor 1</u> Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
97597	000	0.51	RUC Time	1,037,269

CPT Descriptor 2 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 86      % of respondents: 30.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 86      % of respondents: 30.2 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>97140</u></b>	<b>Top Key Reference CPT Code: <u>95992</u></b>	<b>2nd Key Reference CPT Code: <u>99212</u></b>
Median Pre-Service Time	2.50	0.00	2.00
Median Intra-Service Time	15.00	20.00	10.00
Median Immediate Post-service Time	2.50	10.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>30.00</b>	<b>16.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key  
Ref Code**

**2<sup>nd</sup> Key  
Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
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Physical effort required		
--------------------------	--	--

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
---	--	--

Outcome depends on the skill and judgment of physician		
--	--	--

Estimated risk of malpractice suit with poor outcome		
--	--	--

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.02	1.01
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**The American Physical Therapy Association and the American Occupational Therapy Association surveyed a random sample of members who perform this procedure. These survey results were thoroughly and exhaustively reviewed by an expert panel.**

**The 25<sup>th</sup> percentile survey data support selection of the recommended 0.50 RVW, which is an increase of current RVW, 0.43. The median intra-service time, based on survey results, reflects a slight increase from 14 minutes to 15 minutes. We are requesting 2.5 minutes for pre- and post-service time which is an increase in current time which is pre-service 2 minutes and post-service, 2 minutes. The survey median for pre- and post-service time is 5 minutes, however, we recommend 2.5 minutes as appropriate. The survey median supports an intra-service time of 15 minutes.**

**The compelling evidence to increase the value of this code reflects changes in technology and provider work (see separate compelling evidence document). The specialty society recommends the RVU value of 0.50. The calculated IWP/UT for 97140 is 0.026.**

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97140

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 23,114,335 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 20802902	Percentage 90.00 %
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Specialty occupational therapy	Frequency 1116422	Percentage 4.82 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Other

BETOS Sub-classification:

BETOS Sub-classification Level II:  
Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97140

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97530      Tracking Number

Original Specialty Recommended RVU: **0.48**Presented Recommended RVU: **0.48**

Global Period: XXX

RUC Recommended RVU: **0.44**

CPT Descriptor: Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with multiple traumatic injuries including bilateral wrist fractures and a left ankle fracture with decreased upper extremity strength and coordination, and poor weight bearing tolerance during task performance. Direct one-on-one dynamic activities are provided.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's muscle strength, weight bearing tolerance, balance, and functional level, including if appropriate cognitive function status.

Using direct contact (one on one) techniques, design, initiate and modify as needed, activity-based interventions for optimal functional performance. Focus of treatment is dynamic function to improve independence and/or performance of patient. Grading of activity is provided to enhance remediation of skills and/or development of compensatory strategies. Return demonstration performed to ensure patient safety in conducting activities. Instruct patient in performance of select techniques to be continued at home

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP; Richard Rausch, PT, MBA				
<b>Specialty(s):</b>	American Occupational Therapy (AOTA); American Physical Therapy (APTA)				
<b>CPT Code:</b>	97530				
<b>Sample Size:</b>	14000	<b>Resp N:</b>	347	<b>Response:</b> 2.4 %	
<b>Description of Sample:</b>	Random: APTA and AOTA membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	<b>500.00</b>	1000.00	15360.00
<b>Survey RVW:</b>	0.10	0.48	<b>0.55</b>	0.74	4.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	15.00	<b>15.00</b>	30.00	90.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97530	<b>Recommended Physician Work RVU: 0.44</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>15.00</b>			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97150	XXX	0.29	RUC Time

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96152	XXX	0.46	RUC Time	133,653
<u>CPT Descriptor 1</u> Health and behavior intervention, each 15 minutes, face-to-face; individual				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76882	XXX	0.49	RUC Time	242,285

CPT Descriptor 2 Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 144      **% of respondents:** 41.4 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 52      **% of respondents:** 14.9 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>97530</u>	<b>Top Key Reference CPT Code:</b> <u>99212</u>	<b>2nd Key Reference CPT Code:</b> <u>97150</u>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	0.00	10.00	10.00
Median Immediate Post-service Time	0.00	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>0.00</b>	<b>16.00</b>	<b>10.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.75	0.69
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CPT code 97530 is currently valued at 0.44 WRVUs, with 1 min pre-service, 15 min intra-service and 2 min immediate post-service time.

The primary selected reference service was 99212 which has 0.48 WRVUs with 10 min of intra-service work and the secondary selected reference service was 97150 which has 0.29 WRVUs with 10 min of intra-service work. Both reference services have intra-service times that are lower than the median of 15 min for the surveyed code.

The recommended WRVU is 0.48 which corresponds to the median WRVU of the top reference code and the 25<sup>th</sup> percentile of the surveyed code

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97530

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,559,035 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 7935911	Percentage 83.02 %
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Specialty occupational therapy	Frequency 1316279	Percentage 13.76 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97530

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97533      Tracking Number

Original Specialty Recommended RVU: **0.48**Presented Recommended RVU: **0.48**

Global Period: XXX

RUC Recommended RVU: **0.48**

CPT Descriptor: Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient who startles easily at unexpected noises presents with poor balance and difficulty organizing simple tasks. Direct one-on-one sensory integrative services are provided.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's response to stimuli, distractibility, reflex testing, balance, test/measure pre-treatment/movement observation.

Using direct contact (one on one) techniques, treatment may include work on task organization; appropriate response to and use of sensory opportunities that include varied vestibular, tactile, and proprioceptive sensations; activities to promote movement through physical obstacles; performance of motor sequencing tasks; and use of controlled sensory inputs to elicit an adaptive response. Ongoing sequencing and grading of interventions provided to enable continuing but gradual success.

Provide progressing changes to stimulation and activities as patient is able to tolerate extended time and increased environmental stimulation while regulating adaptive response. Instruct patient in performance of select techniques to be continued at home and requires return demonstration to ensure patient safety.

Description of Post-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP; Richard Rausch, PT, MBA				
<b>Specialty(s):</b>	American Occupational Therapy (AOTA); American Physical Therapy (APTA)				
<b>CPT Code:</b>	97533				
<b>Sample Size:</b>	14000	<b>Resp N:</b>	136	<b>Response:</b>	0.9 %
<b>Description of Sample:</b>	Random: APTA and AOTA membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	60.00	300.00	4000.00
<b>Survey RVW:</b>	0.05	0.48	0.55	0.75	2.00
<b>Pre-Service Evaluation Time:</b>			6.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	15.00	30.00	41.00	90.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97533	<b>Recommended Physician Work RVU: 0.48</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	0.00	3.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95992	XXX	0.75	RUC Time

CPT Descriptor Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96152	XXX	0.46	RUC Time	133,653
<u>CPT Descriptor 1</u> Health and behavior intervention, each 15 minutes, face-to-face; individual				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76882	XXX	0.49	RUC Time	242,285

CPT Descriptor 2 Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 54      % of respondents: 39.7 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 24      % of respondents: 17.6 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>97533</u></b>	<b>Top Key Reference CPT Code: <u>99212</u></b>	<b>2nd Key Reference CPT Code: <u>95992</u></b>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	0.00	10.00	20.00
Median Immediate Post-service Time	0.00	4.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>0.00</b>	<b>16.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality

Outcome depends on the skill and judgment of physician

Estimated risk of malpractice suit with poor outcome

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

97533 is currently valued at 0.44 WRVUs, with 1 min pre-service, 20 min intra-service and 2 min immediate post-service time.

The primary selected reference service was 99212 which has 0.48 WRVUs with 10 min of intra-service work and the secondary selected reference service was 95992 which has 0.75 WRVUs with 20 min of intra-service work. Both reference services have intra-service times that are lower than the median of 30 min for the surveyed 97533.

The recommended WRVU is 0.48 which corresponds to the median WRVU of the top reference code and the 25<sup>th</sup> percentile of the surveyed code.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97533

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Rarely

Specialty occupational therapy                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,270

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 3594	Percentage 38.77 %
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Specialty occupational therapy	Frequency 4168	Percentage 44.96 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97533

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 97535      Tracking Number

Original Specialty Recommended RVU: **0.48**  
Presented Recommended RVU: **0.48**  
RUC Recommended RVU: **0.45**

Global Period: XXX

CPT Descriptor: Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with right hemiparesis and visual/perceptual deficits that resulted from a CVA. Direct one-on-one services are provided for self-care management of activities of daily living.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's health status and functional level including functional cognition.

Using direct contact (one on one) techniques, provide training to enable completion of daily life activities which may include safety instruction; identification and implementation of compensatory techniques for proper sequencing, following directions, and safe activity completion; graded interventions focusing on motor, process and other skills that affect activity performance; problem solving approaches to adapt to unusual tasks; environmental adaptation training. Ongoing use of visual or verbal cueing, memory devices (e.g., picture lists), sequenced directions or other approaches to enable completion of activities; selection of and training in use of equipment or assistive devices for self-care/home management. Return demonstration by the patient of activity or task performance required to ensure safety and efficient completion.

Instruct patient in performance of select training techniques to be continued at home and requires return demonstration to ensure patient safety.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP; Richard Rausch, PT, MBA				
<b>Specialty(s):</b>	American Occupational Therapy (AOTA); American Physical Therapy (APTA)				
<b>CPT Code:</b>	97535				
<b>Sample Size:</b>	14000	<b>Resp N:</b>	242	<b>Response:</b> 1.7 %	
<b>Description of Sample:</b>	Random: APTA and AOTA membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	50.00	175.00	750.00	20000.00
<b>Survey RVW:</b>	0.15	0.48	0.55	0.75	4.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	15.00	25.00	45.00	90.00
<b>Immediate Post Service-Time:</b>	<b>8.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97535	<b>Recommended Physician Work RVU: 0.45</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	2.50	0.00	2.50	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	4.00	0.00	4.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97150	XXX	0.29	RUC Time

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96152	XXX	0.46	RUC Time	133,653
<u>CPT Descriptor 1</u> Health and behavior intervention, each 15 minutes, face-to-face; individual				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76882	XXX	0.49	RUC Time	242,285

CPT Descriptor 2 Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 118      **% of respondents:** 48.7 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 32      **% of respondents:** 13.2 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>97535</u>	<b>Top Key Reference CPT Code:</b> <u>99212</u>	<b>2nd Key Reference CPT Code:</b> <u>97150</u>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	0.00	10.00	10.00
Median Immediate Post-service Time	0.00	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>0.00</b>	<b>16.00</b>	<b>10.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.75	0.63
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CPT code 97535 is currently valued at 0.45 WRVUs, with 1 min pre-service, 15 min intra-service and 2 min immediate post-service time.

The primary selected reference service was 99212 which has 0.48 WRVUs with 10 min of intra-service work and the secondary selected reference service was 97150 which has 0.29 WRVUs with 10 min of intra-service work. Both reference services have intra-service times that are lower than the median of 25 min for the surveyed code.

The recommended WRVU is 0.48 which corresponds to the median WRVU of the top reference code and the 25<sup>th</sup> percentile of the surveyed code

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97535

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Commonly

Specialty occupational therapy                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
1,144,163 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 482036	Percentage 42.13 %
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Specialty occupational therapy	Frequency 614759	Percentage 53.73 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97535

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 97537      Tracking Number

Original Specialty Recommended RVU: **0.48**Presented Recommended RVU: **0.48**

Global Period: XXX

RUC Recommended RVU: **0.48**

CPT Descriptor: Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/ modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents post traumatic brain injury that resulted in decreased coordination, weakness, limited endurance, and visual coordination problems. Direct one-on-one services are provided to facilitate community and work activities.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of patient's health status, and functional level including functional cognition.

Using direct contact (one on one) techniques provide training to perform key components of community or work demands relevant to patient current ability; identify, demonstrate and train in modified or compensatory techniques to accomplish functional tasks safely and effectively (eg, modifications for completion of shopping, community mobility training, driving adaptive techniques or equipment); provide cueing or other devices to enable successful completion of activities.

Instruct patient in performance of select techniques to be continued at home and in community and requires return demonstration to ensure patient safety.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP; Richard Rausch, PT, MBA				
<b>Specialty(s):</b>	American Occupational Therapy (AOTA); American Physical Therapy (APTA)				
<b>CPT Code:</b>	97537				
<b>Sample Size:</b>	14000	<b>Resp N:</b>	127	<b>Response:</b> 0.9 %	
<b>Description of Sample:</b>	Random: APTA and AOTA membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	<b>44.00</b>	184.00	3500.00
<b>Survey RVW:</b>	0.10	0.48	<b>0.55</b>	0.72	6.00
<b>Pre-Service Evaluation Time:</b>			<b>10.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	7.00	15.00	<b>30.00</b>	45.00	120.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97537	<b>Recommended Physician Work RVU: 0.48</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>15.00</b>			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97150	XXX	0.29	RUC Time

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96152	XXX	0.46	RUC Time	133,653
<u>CPT Descriptor 1</u> Health and behavior intervention, each 15 minutes, face-to-face; individual				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76882	XXX	0.49	RUC Time	242,285

CPT Descriptor 2 Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 70      **% of respondents:** 55.1 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 18      **% of respondents:** 14.1 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>97537</u>	<b>Top Key Reference CPT Code:</b> <u>99212</u>	<b>2nd Key Reference CPT Code:</b> <u>97150</u>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	0.00	10.00	10.00
Median Immediate Post-service Time	0.00	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>0.00</b>	<b>16.00</b>	<b>10.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		



**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.96	0.83
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CPT code 97537 is currently valued at 0.45 WRVUs, with 1 min pre-service, 15 min intra-service and 2 min immediate post-service time.

The primary selected reference service was 99212 which has 0.48 WRVUs with 10 min of intra-service work and the secondary selected reference service was 97150 which has 0.29 WRVUs with 10 min of intra-service work. Both reference services have intra-service times that are lower than the median of 30 min for the surveyed code.

The recommended WRVU is 0.48 which corresponds to the median WRVU of the top reference code and the 25<sup>th</sup> percentile of the surveyed code

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97537

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Rarely

Specialty occupational therapy                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,398

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 762	Percentage 17.32 %
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Specialty occupational therapy	Frequency 3615	Percentage 82.19 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97537

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97542      Tracking Number

Original Specialty Recommended RVU: **0.48**

Global Period: XXX

Presented Recommended RVU: **0.48**RUC Recommended RVU: **0.48**

CPT Descriptor: Wheelchair management (eg, assessment, fitting, training), each 15 minutes

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with continuing effects from a CVA. Direct one-on-one services are provided to train the patient in the safe operation and management of a new wheelchair.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of current areas of pressure and fit of current chair/equipment as well as ability to safely complete activities and tasks while in the wheelchair.

Using direct contact (one on one) techniques, analysis of and training in appropriate safe operating techniques to achieve independent mobility including maneuverability skills; assessing patient propulsion patterns to limit UE risk and prevent UE injury; adjustments to assure appropriate fit for seating and other components (eg, armrests, steering device) to prevent injury or other problems; training in self-adjustment of seating or operation of other components of the wheelchair; training in maintaining balance and compensating for challenges; training in problem solving real-life situations for work, home, and/or recreation areas.

Instruct patient in performance of select techniques to be continued at home and requires return demonstration to ensure patient safety.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP; Richard Rausch, PT, MBA				
<b>Specialty(s):</b>	American Occupational Therapy (AOTA); American Physical Therapy (APTA)				
<b>CPT Code:</b>	97542				
<b>Sample Size:</b>	14000	<b>Resp N:</b>	149	<b>Response:</b> 1.0 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty) and AOTA membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	20.00	100.00	4050.00
<b>Survey RVW:</b>	0.10	0.48	0.60	0.75	4.00
<b>Pre-Service Evaluation Time:</b>			6.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	15.00	20.00	40.00	120.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97542	<b>Recommended Physician Work RVU: 0.48</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	0.00	3.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
95992	XXX	0.75	RUC Time

CPT Descriptor Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96152	XXX	0.46	RUC Time	133,653
<u>CPT Descriptor 1</u> Health and behavior intervention, each 15 minutes, face-to-face; individual				
MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76882	XXX	0.49	RUC Time	242,285

CPT Descriptor 2 Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 65      % of respondents: 43.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 20      % of respondents: 13.4 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>97542</u>	Top Key Reference CPT Code: <u>99212</u>	2nd Key Reference CPT Code: <u>95992</u>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	0.00	10.00	20.00
Median Immediate Post-service Time	0.00	4.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>0.00</b>	<b>16.00</b>	<b>30.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.71	0.90
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

97542 is currently valued at 0.44 WRVUs, with 1 min pre-service, 15 min intra-service and 2 min immediate post-service time.

The primary selected reference service was 99212 which has 0.48 WRVUs with 10 min of intra-service work and the secondary selected reference service was 95992 which has 0.75 WRVUs with 20 min of intra-service work. 99212 has an intra-service time that is lower than the median of 20 min for the surveyed 97542. 95992 has an intra-service time equal to the 20 minutes of the surveyed code.

The recommended WRVU is 0.48 which corresponds to the median WRVU of the top reference code and the 25<sup>th</sup> percentile of the surveyed code.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and



accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97542

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Sometimes

Specialty occupational therapy                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

32,538 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 18752	Percentage 57.63 %
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Specialty occupational therapy	Frequency 13458	Percentage 41.36 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

## Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97542

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**  
**SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

<b>Survey Code:</b>	97012	<b># of Respondents:</b>	95
<b>Survey Code Descriptor:</b>	Application of a modality to 1 or more areas; traction, mechanical		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	39	<b>% of Respondents:</b>	41%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	5%	13%	28%	46%	8%

<b>Survey Code:</b>	97014	<b># of Respondents:</b>	102
<b>Survey Code Descriptor:</b>	Application of a modality to 1 or more areas; electrical stimulation (unattended)		

<b>Top Ref Code:</b>	99211	<b># of Respondents:</b>	33	<b>% of Respondents:</b>	32%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	9%	15%	42%	30%	3%

<b>Survey Code:</b>	97016	<b># of Respondents:</b>	50
<b>Survey Code Descriptor:</b>	Application of a modality to 1 or more areas; vasopneumatic devices		

<b>Top Ref Code:</b>	99211	<b># of Respondents:</b>	15	<b>% of Respondents:</b>	30%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.				

Survey Code <b>Compared to</b> Top Ref Code					
Overall Intensity and Complexity:	Survey Code is:				
	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	7%	27%	40%	27%	0%

<b>Survey Code:</b>	97018	<b># of Respondents:</b>	108
<b>Survey Code Descriptor:</b>	Application of a modality to 1 or more areas; paraffin bath		

<b>Top Ref Code:</b>	97610	<b># of Respondents:</b>	39	<b>% of Respondents:</b>	36%
<b>Top Ref Code Descriptor:</b>	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day				

Survey Code <b>Compared to</b> Top Ref Code					
Overall Intensity and Complexity:	Survey Code is:				
	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	18%	41%	26%	10%	5%

<b>Survey Code:</b>	97022	<b># of Respondents:</b>	62
<b>Survey Code Descriptor:</b>	Application of a modality to 1 or more areas; whirlpool		

<b>Top Ref Code:</b>	97610	<b># of Respondents:</b>	19	<b>% of Respondents:</b>	31%
<b>Top Ref Code Descriptor:</b>	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day				

Survey Code <b>Compared to</b> Top Ref Code					
Overall Intensity and Complexity:	Survey Code is:				
	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	5%	42%	47%	5%	0%

<b>Survey Code:</b>	97032	<b># of Respondents:</b>	77
<b>Survey Code Descriptor:</b>	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	27	<b>% of Respondents:</b>	35%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
Overall Intensity and Complexity:	Survey Code is:				
	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	7%	15%	41%	22%	15%

<b>Survey Code:</b>	97033	<b># of Respondents:</b>	87
<b>Survey Code Descriptor:</b>	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	27	<b>% of Respondents:</b>	31%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	8%	12%	50%	27%	4%

<b>Survey Code:</b>	97034	<b># of Respondents:</b>	64
<b>Survey Code Descriptor:</b>	Application of a modality to 1 or more areas; contrast baths, each 15 minutes		

<b>Top Ref Code:</b>	97610	<b># of Respondents:</b>	29	<b>% of Respondents:</b>	45
<b>Top Ref Code Descriptor:</b>	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	10%	59%	24%	7%	0%

<b>Survey Code:</b>	97035	<b># of Respondents:</b>	105
<b>Survey Code Descriptor:</b>	Application of a modality to 1 or more areas; ultrasound, each 15 minutes		

<b>Top Ref Code:</b>	97610	<b># of Respondents:</b>	54	<b>% of Respondents:</b>	51
<b>Top Ref Code Descriptor:</b>	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	19%	61%	19%	2%

<b>Survey Code:</b>	97110	<b># of Respondents:</b>	352
<b>Survey Code Descriptor:</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	145	<b>% of Respondents:</b>	41%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	2%	10%	36%	41%	11%

<b>Survey Code:</b>	97112	<b># of Respondents:</b>	330
<b>Survey Code Descriptor:</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	117	<b>% of Respondents:</b>	35%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	9%	26%	38%	26%

<b>Survey Code:</b>	97113	<b># of Respondents:</b>	76
<b>Survey Code Descriptor:</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	31	<b>% of Respondents:</b>	41%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	10%	16%	58%	16%



<b>Survey Code:</b>	97116	<b># of Respondents:</b>	168
<b>Survey Code Descriptor:</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	77	<b>% of Respondents:</b>	46%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	3%	17%	32%	35%	13%

<b>Survey Code:</b>	97140	<b># of Respondents:</b>	284
<b>Survey Code Descriptor:</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes		

<b>Top Ref Code:</b>	95992	<b># of Respondents:</b>	86	<b>% of Respondents:</b>	30%
<b>Top Ref Code Descriptor:</b>	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	7%	20%	35%	38%

<b>Survey Code:</b>	97530	<b># of Respondents:</b>	347
<b>Survey Code Descriptor:</b>	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	144	<b>% of Respondents:</b>	41%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	1%	10%	24%	43%	22%

<b>Survey Code:</b>	97533	<b># of Respondents:</b>	136
<b>Survey Code Descriptor:</b>	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	54	<b>% of Respondents:</b>	40%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
Survey Code is:					
Overall Intensity and Complexity:	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	4%	2%	11%	35%	48%

<b>Survey Code:</b>	97535	<b># of Respondents:</b>	242
<b>Survey Code Descriptor:</b>	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	118	<b>% of Respondents:</b>	49%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	3%	8%	19%	47%	22%

<b>Survey Code:</b>	97537	<b># of Respondents:</b>	127
<b>Survey Code Descriptor:</b>	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one cont		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	70	<b>% of Respondents:</b>	55%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	3%	1%	24%	40%	31%

<b>Survey Code:</b>	97542	<b># of Respondents:</b>	149
<b>Survey Code Descriptor:</b>	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	65	<b>% of Respondents:</b>	44%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	3%	12%	26%	28%	31%

<b>Survey Code:</b>	97660	<b># of Respondents:</b>	107
<b>Survey Code Descriptor:</b>	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes		

<b>Top Ref Code:</b>	29125	<b># of Respondents:</b>	41	<b>% of Respondents:</b>	38%
<b>Top Ref Code Descriptor:</b>	Application of short leg splint (calf to foot)				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	5%	12%	37%	27%	20%

<b>Survey Code:</b>	97661	<b># of Respondents:</b>	52
<b>Survey Code Descriptor:</b>	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	18	<b>% of Respondents:</b>	35%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
Overall Intensity and Complexity:	Survey Code is:				
	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	0%	0%	22%	39%	39%

<b>Survey Code:</b>	977X1	<b># of Respondents:</b>	88
<b>Survey Code Descriptor:</b>	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes		

<b>Top Ref Code:</b>	29125	<b># of Respondents:</b>	30	<b>% of Respondents:</b>	34%
<b>Top Ref Code Descriptor:</b>	Application of short leg splint (calf to foot)				

Survey Code <b>Compared to</b> Top Ref Code					
Overall Intensity and Complexity:	Survey Code is:				
	Much Less	Somewhat Less	Identical	Somewhat More	Much More
	3%	27%	27%	37%	7%

ISSUE: PM&R Services - MODALITY - Supervised

TAB: 29

REVISED 1-13-17

SOURCE	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE	INTRA					POST	SURVEY EXPERIENCE					TYP?
					MIN	25th	MED	75th	MAX		pre	MIN	25th	MED	75th	MAX	post	MIN	25th	MED	75th	MAX	
REF1	99212	Office or other outpatient visit for the	39	0.035			0.48			16	2			10			4						
REF2	97150	Therapeutic procedure(s), group (2 d	9	0.029			0.29			10	0			10			0						
current	97012	Application of a modality to 1 or more		0.016			0.25			15	1			13			1						
SVY	97012	Traction, mechanical	95	0.017	0.10	0.39	0.48	0.51	1.00	25	5	1	10	15	20	45	5	0	5	15	50	600	85%
REC	97012	APTA (Maintain Current RVW)		0.021			0.25			12	1			10			1						
REF1	99211	Office or other outpatient visit for the	33	0.027			0.18			7	0			5			2						
REF2	97610	Low frequency, non-contact, non-the	23	0.018			0.35			18	4			12			2						
current	97014	Application of a modality to 1 or more		0.012			0.18			13	1			11			1						
SVY	97014	Electrical stimulation unattend	102	0.005	0.05	0.23	0.30	0.39	0.90	25	5	1	7	15	15	45	5	0	16	51	250	2,600	72%
REC		APTA (Maintain Current RVW)		0.019			0.18			9	1			7			1						
REF1	99211	Office or other outpatient visit for the	15	0.027			0.18			7	0			5			2						
REF2	99212	Office or other outpatient visit for the	8	0.035			0.48			16	2			10			4						
current	97016	Application of a modality to 1 or more		0.006			0.18			18	2			14			2						
SVY	97016	Vasopneumatic device	50	0.005	0.14	0.25	0.30	0.45	0.75	24	5	2	8	14	15	45	5	0	0	12	188	1,500	52%
REC		APTA (Maintain Current RVW)		0.017			0.18			10	1			8			1						
REF1	97610	Low frequency, non-contact, non-the	39	0.018			0.35			18	4			12			2						
REF2	99211	Office or other outpatient visit for the	28	0.027			0.18			7				5			2						
current	97018	Application of a modality to 1 or more		0.001			0.06			13	1			11			1						
SVY	97018	Paraffin	108	0.006	0.10	0.20	0.30	0.38	1.00	22	5	1	8	12	15	45	5	0	0	5	20	1,200	62%
REC	97018	Maintain Current RVW		0.002			0.06			10	1			8			1						
	APTA	REF1 = 99211	50	0.008	0.10	0.20	0.30	0.40	1.00	20	5	1	5	10	15	45	5	0	0	1	10	300	68%
	AOTA	REF1 = 97610	58	0.003	0.15	0.20	0.27	0.37	1.00	25	5	1	10	15	15	45	5	0	1	10	50	1,200	57%
REF1	97610	Low frequency, non-contact, non-the	19	0.018			0.35			18	4			12			2						
REF2	97597	Debridement (eg, high pressure wat	15	0.020			0.51			24	5			14			5						
current	97022	Application of a modality to 1 or more		0.010			0.17			15	1			13			1						
SVY	97022	Whirlpool	62	0.008	0.15	0.29	0.35	0.48	1.00	25	5	1	12	15	20	45	5	0	0	1	44	2,080	69%
REC	97022	Maintain Current RVW		0.010			0.17			14	1			12			1						
	APTA	REF1 = 97610	29	0.008	0.15	0.30	0.36	0.48	0.75	26	6	2	8	10	15	30	5	0	0	0	5	500	62%
	AOTA	REF1 = 97610	33	0.005	0.15	0.25	0.30	0.45	1.00	25	5	1	15	15	20	45	5	0	0	15	100	2,080	76%

SOURCE	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE	INTRA					POST	SURVEY EXPERIENCE					TYP?
					MIN	25th	MED	75th	MAX		pre	MIN	25th	MED	75th	MAX	post	MIN	25th	MED	75th	MAX	
REF1	99212	Office or other outpatient visit for the	27	0.035			0.48			16	2			10			4						
REF2	97610	Low frequency, non-contact, non-the	9	0.018			0.35			18	4			12			2						
current	97032	Application of a modality to 1 or mor		0.017			0.25			14	1			11			2						
SVY	97032	Electrical stim manual	77	0.017	0.15	0.40	0.48	0.54	1.00	25	5	5	12	15	20	45	5	0	2	10	50	750	75%
REC	97032	APTA (Maintain Current RVW)		0.012			0.25			18	1			15			2						
REF1	99212	Office or other outpatient visit for the	27	0.035			0.48			16	2			10			4						
REF2	97610	Low frequency, non-contact, non-the	17	0.018			0.35			18	4			12			2						
current	97033	Application of a modality to 1 or mor		0.015			0.26			16	1			13			2						
SVY	97033	Iontophoresis	87	0.012	0.10	0.27	0.37	0.50	1.80	22	5	1	5	12	15	45	5	0	1	10	25	350	89%
REC	97033	APTA (Maintain Current RVW)		0.016			0.26			15	1			12			2						
REF1	97610	Low frequency, non-contact, non-the	29	0.018			0.35			18	4			12			2						
REF2	97150	Therapeutic procedure(s), group (2 c	13	0.029			0.29			10	0			10			0						
current	97034	Application of a modality to 1 or mor		0.016			0.21			12	1			9			2						
SVY	97034	Contrast bath	64	0.007	0.15	0.25	0.33	0.40	1.00	25	5	3	10	15	18	45	5	0	0	1	5	675	56%
REC	97034	Maintain Current RVW		0.010			0.21			18	1			15			2						
	APTA	REF1 = 97150	32	0.005	0.15	0.20	0.30	0.41	0.73	25	5	3	10	15	15	45	5	0	0	0	4	300	47%
	AOTA	REF1 = 97610	32	0.008	0.18	0.25	0.35	0.40	1.00	25	5	3	10	15	20	35	5	0	0	1	5	675	66%
REF1	97610	Low frequency, non-contact, non-the	54	0.018			0.35			18	4			12			2						
REF2	99212	Office or other outpatient visit for the	25	0.035			0.48			16	2			10			4						
current	97035	Application of a modality to 1 or mor		0.012			0.21			15	1			12			2						
SVY	97035	Ultrasound	105	0.013	0.05	0.30	0.35	0.48	1.44	20	5	2	8	10	15	45	5	0	8	30	200	2,000	71%
REC	97035	APTA (Maintain Current RVW)		0.014			0.21			13	1			10			2						

ISSUE: PM&R Services - THERAPY  
TAB: 29

SOURCE	CPT	DESC	Resp	IWP	RVW					Total Time	PRE pre	INTRA					POST post	SURVEY EXPERIENCE					TYP?
					MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX	
REF1	99212	Office or other outpatient visit for the	146	0.035			0.48			16	2			10			4						
REF2	97150	Therapeutic procedure(s), group (2 or	80	0.029			0.29			10	0			10			0						
current	97110	Therapeutic procedure, 1 or more ar		0.026			0.45			18	1			15			2						
SVY	97110	Therapeutic exercise	352	0.018	0.10	0.45	0.50	0.68	3.00	25	5	2	15	15	30	90	5	0	194	1,000	2,000	40,000	86%
REC	97110	25th percentile		0.024			0.45			19	2			15			2						
	APTA	REF1 = 99212	192	0.021	0.10	0.48	0.53	0.70	2.00	25	5	2	12	15	25	60	5	0	580	1,500	3,000	20,000	94%
	AOTA	REF1 = 99212	160	0.013	0.10	0.34	0.48	0.60	3.00	30	5	5	15	20	30	90	5	0	68	400	1,005	40,000	77%
REF1	99212	Office or other outpatient visit for the	117	0.035			0.48			16	2			10			4						
REF2	95992	Canalith repositioning procedure(s) (	88	0.026			0.75			30	0			20			10						
current	97112	Therapeutic procedure, 1 or more ar		0.026			0.45			18	1			15			2						
SVY	97112	Neuro reeducation	330	0.025	0.10	0.50	0.60	0.75	4.00	25	5	4	15	15	30	90	5	0	100	438	1,000	25,000	71%
REC	97112	25th percentile		0.027			0.50			19	2			15			2						
	APTA	REF1 = 95992	174	0.032	0.15	0.50	0.70	0.75	2.00	25	5	4	14	15	20	60	5	0	185	750	1,932	25,000	59%
	AOTA	REF1 = 99212	156	0.006	0.10	0.48	0.52	0.75	4.00	45	5	5	15	30	40	90	10	0	50	168	694	4,000	84%
REF1	99212	Office or other outpatient visit for the	31	0.035			0.48			16	2			10			4						
REF2	97150	Therapeutic procedure(s), group (2 or	16	0.029			0.29			10	0			10			0						
current	97113	Therapeutic procedure, 1 or more ar		0.025			0.44			18	1			15			2						
SVY	97113	Aquatic therapy	76	0.019	0.18	0.48	0.52	0.73	2.00	25	5	5	15	15	30	60	5	0	0	20	200	3,760	89%
REC	97113	25th percentile		0.026			0.48			19	2			15			2						
REF1	99212	Office or other outpatient visit for the	77	0.035			0.48			16	2			10			4						
REF2	95992	Canalith repositioning procedure(s) (	24	0.026			0.75			30	0			20			10						
current	97116	Therapeutic procedure, 1 or more ar		0.028			0.40			15	1			12			2						
SVY	97116	Gait training	168	0.019	0.18	0.48	0.52	0.74	2.00	25	5	2	12	15	15	60	5	0	34	100	705	30,000	86%
REC	97116	25th percentile		0.024			0.45			19	2			15			2						
93016 0.45																							
REF1	95992	Canalith repositioning procedure(s) (	86	0.026			0.75			30	0			20			10						
REF2	99212	Office or other outpatient visit for the	86	0.035			0.48			16	2			10			4						
current	97140	Manual therapy techniques (eg, mob		0.024			0.43			18	2			14			2						
SVY	97140	Manual therapy	284	0.030	0.15	0.50	0.67	0.76	2.00	25	5	1	15	15	21	90	5	0	100	535	1,818	40,000	88%
REC	97140	25th percentile		0.023			0.43			19	2			15			2						
	APTA	REF1 = 95992	177	0.034	0.15	0.55	0.74	0.80	1.50	25	5	1	12	15	15	60	5	0	300	1,000	2,400	30,000	93%
	AOTA	REF1 = 99212	107	0.019	0.20	0.49	0.51	0.75	2.00	25	5	7	15	15	30	90	5	0	25	200	596	40,000	79%



ISSUE: PM&R Services - ADL  
TAB: 29

SOURCE	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE	INTRA					POST	SURVEY EXPERIENCE					TYP?
					MIN	25th	MED	75th	MAX		pre	MIN	25th	MED	75th	MAX	post	MIN	25th	MED	75th	MAX	
REF1	99212	Office or other outpatient visit for the	144	0.035			0.48			16	2			10			4						
REF2	97150	Therapeutic procedure(s), group (2 o	52	0.029			0.29			10	0			10			0						
current	97530	Therapeutic activities, direct (one-on		0.025			0.44			18	1			15			2						
SVY	97530	Therapeutic activities	347	0.022	0.10	0.48	0.55	0.74	4.00	25	5	5	15	15	30	90	5	0	100	500	1,000	15,360	77%
REC	97530	25th percentile		0.023			0.44			19	2			15			2						
	APTA	REF1 = 99212	168	0.025	0.10	0.50	0.60	0.75	2.00	25	5	5	12	15	15	60	5	0	87	455	####	#####	82%
	AOTA	REF1 = 99212	179	0.005	0.10	0.45	0.50	0.68	4.00	45	5	5	15	30	45	90	10	0	100	500	####	#####	72%

REF1	99212	Office or other outpatient visit for the	54	0.035			0.48			16	2			10			4						
REF2	95992	Canalith repositioning procedure(s) o	24	0.026			0.75			30	0			20			10						
current	97533	Sensory integrative techniques to en		0.019			0.44			23	1			20			2						
SVY	97533	Sensory integration	136	0.006	0.05	0.48	0.55	0.75	2.00	46	6	5	15	30	41	90	10	0	5	60	300	4,000	86%
REC	97533	25th percentile		0.020			0.48			23	3			15			5						
	APTA	REF1 = 99212	25	0.030	0.29	0.48	0.68	0.75	1.00	25	5	5	15	15	20	45	5	0	0	8	100	600	76%
	AOTA	REF1 = 99212	111	0.002	0.05	0.48	0.52	0.75	2.00	50	10	5	15	30	45	90	10	0	15	100	375	4,000	88%

REF1	99212	Office or other outpatient visit for the	118	0.035			0.48			16	2			10			4						
REF2	97150	Therapeutic procedure(s), group (2 o	32	0.029			0.29			10	0			10			0						
current	97535	Self-care/home management training		0.026			0.45			18	1			15			2						
SVY	97535	Self-care management	242	0.010	0.15	0.48	0.55	0.75	4.00	38	5	5	15	25	45	90	8	0	50	175	750	20,000	76%
REC	97535	25th percentile		0.020			0.45			21.5	2.5			15			4						
	APTA	REF1 = 99212	69	0.025	0.18	0.48	0.60	0.75	1.40	25	5	5	10	15	15	60	5	0	10	50	300	2,500	67%
	AOTA	REF1 = 99212	173	0.005	0.15	0.48	0.55	0.75	4.00	48	8	5	15	30	45	90	10	0	60	250	900	#####	80%

REF1	99212	Office or other outpatient visit for the	70	0.035			0.48			16	2			10			4						
REF2	97150	Therapeutic procedure(s), group (2 o	18	0.029			0.29			10	0			10			0						
current	97537	Community/work reintegration trainin		0.026			0.45			18	1			15			2						
SVY	97537	Community/ work Reintegration	127	0.003	0.10	0.48	0.55	0.72	6.00	50	10	7	15	30	45	120	10	0	4	44	184	3,500	84%
REC	97537	25th percentile		0.017			0.48			25	5			15			5						
	APTA	REF1 = 99212	27	0.025	0.10	0.48	0.60	0.71	1.00	25	5	7	15	15	28	60	5	0	0	5	75	1,500	89%
	AOTA	REF1 = 99212	100	0.003	0.15	0.48	0.55	0.72	6.00	50	10	9	15	30	46	120	10	0	5	51	200	3,500	83%

ISSUE: O&P - Orthotic/ Prosthetic Management/ Training

TAB: 29

SOURCE	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE	INTRA					POST	SURVEY EXPERIENCE					TYP?
					MIN	25th	MED	75th	MAX		pre	MIN	25th	MED	75th	MAX	post	MIN	25th	MED	75th	MAX	
REF1	29125	Application of short arm splint (forea	41	0.021			0.50			23	5			15			3						
REF2	29126	Application of short arm splint (forea	23	0.017			0.68			38	5			30			3						
current	97760	Orthotic(s) management and training		0.026			0.45			18	2			14			2						
SVY	97760	Orthotic mgmt/train, initial	107	0.008	0.25	0.50	0.68	0.75	1.75	50	10	10	20	30	40	60	10	0	5	20	60	1,040	68%
REC	97760	25th percentile		0.018			0.50			25	5			15			5						
	APTA	REF1 = 99212	36	0.005	0.29	0.51	0.70	0.79	1.50	55	10	10	15	30	45	60	15	0	6	11	43	260	72%
	AOTA	REF1 = 29125	71	0.008	0.25	0.50	0.68	0.75	1.75	50	10	10	20	30	40	60	10	0	5	20	79	1,040	66%

REF1	99212	Office or other outpatient visit for the	18	0.035			0.48			16	2			10			4						
REF2	29515	Application of short leg splint (calf to	10	0.037			0.73			23	5			15			3						
current	97761	Prosthetic(s) training, upper and/or l		0.026			0.45			18	2			14			2						
SVY	97761	Prosthetic training, initial	52	0.007	0.25	0.50	0.65	0.75	1.50	50	10	10	15	30	45	60	10	0	0	3	7	300	81%
REC	97761	25th percentile		0.018			0.50			25	5			15			5						
	APTA	REF1 = 99212	22	0.005	0.48	0.51	0.67	0.75	1.50	57.5	10	10	19	35	45	60	12.5	0	0	2	6	75	95%
	AOTA	REF1 = 99212	30	0.003	0.25	0.49	0.54	0.75	1.10	50	10	10	15	30	38	60	10	0	0	4	14	300	70%

REF1	29125	Application of short arm splint (forea	30	0.021			0.50			23	5			15			3						
REF2	99212	Office or other outpatient visit for the	24	0.035			0.48			16	2			10			4						
current	97762/X1	Orthotic(s)/prosthetic(s) managemen		0.011			0.25			18	2			14			2						
SVY	977X1	Orthotic/ prosthetic, mgmt/trai	88	0.008	0.18	0.48	0.50	0.69	1.75	35	5	5	15	20	30	60	10	0	5	20	76	500	80%
REC	977X1	25th percentile		0.021			0.48			22.5	2.5			15			5						
	APTA	REF1 = 99212	25	0.008	0.18	0.45	0.50	0.60	1.50	35	5	5	15	20	30	60	10	0	6	20	50	150	76%
	AOTA	REF1 = 29125	63	0.010	0.18	0.50	0.50	0.69	1.75	33	5	5	15	20	30	60	8	0	5	15	78	500	81%

**Tab Number: 29**


**Issue:** Physical Medicine and Rehabilitation Services

**Code(s): 97012-977X1**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Richard Rausch, PT, MBA
<b>Specialty Society:</b>	APTA
<b>Date:</b>	December 13, 2016

**Tab Number: 29**


**Issue:** Physical Medicine and Rehabilitation Services

**Code(s): 97012-977X1**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Jeremy Furniss, OTD OTR/L BCG
<b>Specialty Society:</b>	AOTA
<b>Date:</b>	December 13, 2016

**Tab Number: 29**


**Issue:** Physical Medicine and Rehabilitation Services

**Code(s): 97012-977X1**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Katie Jordan
<b>Specialty Society:</b>	AOTA
<b>Date:</b>	December 13, 2016

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

**97032 Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

**97033 iontophoresis, each 15 minutes**

**97034 contrast baths, each 15 minutes**

**97035 ultrasound, each 15 minutes**

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**In preparation for the January 2017 RUC meeting, the expert panel consisting of physical and occupational therapists, were consulted through a series of conference calls and face-to-face meetings. The expert panel reviewed the existing PE direct input values and compared them to current practice environments. The recommendations reflect decreases in clinical labor, equipment and supply requirements. These inputs were further refined by the individuals who perform these services.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

**These codes are existing codes, therefore the expert panel used the current PE direct inputs as reference.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**No recommendations greater than PE Subcommittee standards.**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**No increases in current inputs in clinical staff time, supplies, or equipment. The inputs reflect decreases in clinical staff time.**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**No clinical labor activities**

Intra-Service Clinical Labor Activities:

**PT Aide:**

- **The PT Aide greets patient and provides either a gown or shorts/shirt, as the patient may be wearing a dress or skirt which would impede the PT's ability to perform therapeutic procedures. The Aide will ensure that all records are available to the PT for this visit**
- **PT Aide will be required to prepare and position patients.**

**PT Assistant:**

**No clinical labor activities**

Post-Service Clinical Labor Activities:

**The PT Aide will clean all equipment surfaces and tools**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

**97012** Application of a modality to 1 or more areas; traction, mechanical

**97014** electrical stimulation (unattended)

**97016** vasopneumatic devices

**97018** paraffin bath

**97022** whirlpool

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**In preparation for the January 2017 RUC meeting, the expert panel consisting of physical and occupational therapists, were consulted through a series of conference calls and face-to-face meetings. The expert panel reviewed the existing PE direct input values and compared them to current practice environments. The recommendations reflect decreases in clinical labor, equipment and supply requirements. These inputs were further refined by the individuals who perform these services.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

**These codes are existing codes, therefore the expert panel used the current PE direct inputs as reference.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**No recommendations greater than PE Subcommittee standards.**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**No increases in current inputs in clinical staff time, supplies, or equipment. The inputs reflect decreases in clinical staff time.**

5. Please describe in detail the clinical activities of your staff:



Pre-Service Clinical Labor Activities:

**No clinical labor activities**

Intra-Service Clinical Labor Activities:

**PT Aide:**

- **The PT Aide greets patient and provides either a gown or shorts/shirt, as the patient may be wearing a dress or skirt which would impede the PT's ability to perform therapeutic procedures. The Aide will ensure that all records are available to the PT for this visit**
- **PT Aide will be required to prepare and position patients.**

**PT Assistant:**

**No clinical labor activities**

Post-Service Clinical Labor Activities:

**The PT Aide will clean all equipment surfaces and tools**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

**97110** Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

**97112** neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

**97113** aquatic therapy with therapeutic exercises

**97116** gait training (includes stair climbing)

**97140** Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

Global Period: XXX Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**In preparation for the January 2017 RUC meeting, the expert panel consisting of physical and occupational therapists, were consulted through a series of conference calls and face-to-face meetings. The expert panel reviewed the existing PE direct input values and compared them to current practice environments. The recommendations reflect changes in clinical labor, equipment and supply requirements. These inputs were further refined by the individuals who perform these services.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

**These codes are existing codes, therefore the expert panel used the current PE direct inputs as reference.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**No recommendations greater than PE Subcommittee standards.**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**There is an increase in clinical staff time to reflect the work performed by the PT Aide. The PT Aide assist with patients of greater complexity who are unstable and limited mobility.**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**No clinical labor activities**

Intra-Service Clinical Labor Activities:

**PT Aide:**

- The PT Aide greets patient and provides either a gown or shorts/shirt, as the patient may be wearing a dress or skirt which would impede the PT's ability to perform therapeutic procedures. The Aide will ensure that all records are available to the PT for this visit.
- Based on instructions from the PT and/or PT Assistant, the PT Aide will ensure necessary supplies, such as goniometer, belts, k-bands, weights, and evaluation/testing forms are available. PT Aide will also ensure availability of equipment such as, hi lo table, rehab and testing system, stairs, and treadmill.
- PT Aide will be required to prepare and position patients for therapeutic intervention.

**PT Assistant:**

- The PT Assistant will take vital signs including blood pressure, height, and weight.
- PT Assistant helps position the patient, for the procedures by the PT and assists with taking and recording the patient's range of motion and strength. PT Assistant also assists with various transfers in and out of chairs, up and down on treatment table and in the safe assessment of use of stairs, and other functional activities.

Post-Service Clinical Labor Activities:

**PT Aide:**

- The PT Aide will clean all equipment surfaces and tools, including the hi-lo table, rehab and testing system, stairs, and treadmill.

**PT Assistant:**

- Patient leaves PT office with home instructions and exercises. It is very common for a patient/family member/caregiver to contact the PT office with questions about these instructions and questions about medications for post-evaluation pain/soreness.

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

**97530:** Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

**97533:** Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

**97535:** Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes

**97537:** Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes

**97760:** Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes

**97761:** Prosthetic training, upper and/or lower extremity(s), each 15 minutes

**977X1:** Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

Global Period: XXX

Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

In preparation for the January 2017 RUC meeting, the expert panel consisting of physical and occupational therapists, were consulted through a series of conference calls and face-to-face meetings. The expert panel reviewed the existing PE direct input values and compared them to current practice environments. The recommendations reflect changes in clinical labor, equipment and supply requirements. These inputs were further refined by the individuals who perform these services.

A selection of occupational therapists and physical therapists reviewed the current direct inputs for 97530, 97533, 97535, 97537, 97760, 97761, and 97762, and used their clinical experience and those inputs to guide development of recommendations for direct inputs for 97530, 97533, 97535, 97537, 97760, 97761, and 977X1.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
**Specialty Society('s): AOTA, APTA**

- Current code 97530 is used to develop 97530 recommendations.
- Current code 97533 is used to develop 97533 recommendations.
- Current code 97535 is used to develop 97535 recommendations.
- Current code 97537 is used to develop 97537 recommendations.
- Current code 97760 is used to develop 97760 recommendations.
- Current code 97761 is used to develop 97761 recommendations.
- Current code 97762 is used to develop 977X1 recommendations.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**No recommendations greater than PE Subcommittee standards.**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The increased times proposed directly reflect times identified in standardized packages set forth by the PE Subcommittee, which did not exist when these codes were first valued. AOTA and APTA believe that our respective therapies meet the standards prescribe by the PE subcommittee in these packages

In addition, AOTA and APTA believe there is compelling evidence that the clinical staff time for occupational and physical therapy services have changed since previous reviews. Specifically, there is an increase in clinical staff time to reflect the use of aides and assistants in contemporary occupational and physical therapy practice. Physical and occupational therapy practice now make use of ancillary staff based on the patients' needs, making use of aides and assistants. Also, patients often have greater complexities which require the use of aides and assistants. For instance, increasing prevalence of older adults with severe cognitive deficits impacts the complexity of our intervention directly. When engaging in ADL retraining (meal prep, dressing, grooming, bathing, toileting) patients may need more intense and/or variable strategies of communication and cuing (verbal, non-verbal, tactile, proprioceptive) in order to participate appropriately. Patients may experience poor attention, lack of task initiation, challenges in sequencing, issues with task completion that require more complex and intense intervention from both the therapist and aide to not only complete the intervention and create a strategy in which the patient can improve their functional independence through-out the plan of care, but also to protect themselves and the patient in unsafe situations.

Also, there is an increase in clinical staff time to reflect the work performed by the OT & PT Aide. The OT& PT Aide assists with patients of greater complexity.

## **ADL Tab**

### Clinical Staff Time

Columns E, G, I, K, M, Row 25: We recommend the standard amount of time of 3 minutes to greet patient, provide gowning, and ensure appropriate medical records are available.

Columns E, G, I, K, M, Row 26: We recommend the standard amount of time of 3 minutes to obtain 3 vital signs.

**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
**Specialty Society('s): AOTA, APTA**

Columns E, G, I, K, M, Row 29: We recommend the standard amount of time of 2 minutes to prepare the room, equipment, supplies.

Columns E, G, I, K, M, Row 30: We recommend the standard amount of time of 2 minutes to prepare and position patient.

In each description of work, the method in which the patient approaches the environment is essential to a successful intervention. The patient is positioned in the environment to provide additional challenges and to work to generalize the intervention techniques. For example, a patient with inattention or homonymous hemianopsia who is working to generalize visual scanning in the environment may be setup specifically so that key needed items are outside of visual field to promote the generalization of scanning. A patient with cognitive deficits may be setup to determine if they are able to predict a potential safety hazard and utilize compensatory strategies to safely navigate the hazards throughout intervention.

Columns E, G, I, K, M, Row 36: We recommend the standard amount of time of 3 minutes to clean the room/equipment by physician staff.

Columns E, G, I, K, M, Row 37: We recommend the standard 3 minutes to check dressings & wound/ home care instructions /coordinate visits/ medications.

#### Supplies

Columns E, G, I, Row 54: We recommend adding 1 pair of SB022 glove, non-sterile to account for supplies needed for clinical staff to clean equipment.

Columns E, G, I, Row 55: We recommend adding 5ml of SM012 disinfectant spray (Transeptic) to account for supplies needed for clinical staff to clean equipment.

Columns E, G, I, Row 56: We recommend adding 4 units of SK082 towel, paper (Bounty) (per sheet) to account for supplies needed for clinical staff to clean equipment.

Column K and M Row 54: We recommend adding 1 pair of SB022 glove, non-sterile to account for supplies needed for clinical staff to clean equipment.

Column K and M Row 55: We recommend adding 2 ml of SM012 disinfectant spray (Transeptic) to account for supplies needed for clinical staff to clean equipment.

Column K and M Row 56: We recommend adding 2 units of SK082 towel, paper (Bounty) (per sheet) to account for supplies needed for clinical staff to clean equipment.

#### Equipment

The equipment listed on the PE spreadsheet directly relates to the typical patient vignette and therefore includes only some items in a much larger range of standard equipment that would be found in an occupational or physical therapy setting.

Column E, Row 62: We recommend reducing EQ219 rehab and testing system (BTE primus) to 3 minutes to align with our recommended intraservice time of 15 minutes.

**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
**Specialty Society('s): AOTA, APTA**

Column I, Row 68: We recommend 15 minutes for the use of EQ143 kit, ADL (currently at 16 minutes) to align with our recommended intraservice time of 15 minutes.

Column K, Rows 69 and 70: We recommend 7.5 minutes for the use of EQ147 kit, ergonomic (office) and EL001 environmental module – car, for CPT code 97537 to align with our recommended intraservice time of 15 minutes for 97537.

**O&P Tab**

Clinical Labor Time

Columns E, G, I, Row 25: We recommend the standard amount of time of 3 minutes to greet patient, provide gowning, and ensure appropriate medical records are available.

Columns E, G, I, Row 26: We recommend the standard amount of time of 3 minutes to obtain 3 vital signs.

Columns E, G, I, Row 29: We recommend the standard amount of time of 2 minutes to prepare the room, equipment, supplies.

Columns E, G, I, Row 30: We recommend the standard amount of time of 2 minutes to prepare and position patient.

Positioning is key in the initial and subsequent visits related to orthotics and prosthetics. The clinician must consider both the anatomical and functional alignment to assess, modify, and train the patient with the orthotic or prosthetic. For example, the clinician must be able to stabilize joints following surgical intervention to promote sustained functional use of the joints as well as promote soft tissue healing.

Columns E and I, Row 33: We recommend 5 minutes for the Aide.

The current code includes 7.5 minutes of assistant time. In current practice, the majority of this time (5 minutes) could be completed by an aide in conjunction with the therapist.

Column G, Row 33: We recommend 10 minutes for the Aide.

When training a patient on the use of a prosthetic, an aide is required to keep hands on the patient for safety while the therapist adjusts and challenges the patient with the lower extremity prosthetic.

Columns E, G, I, Row 36: We recommend the standard amount of time of 3 minutes to clean the room/equipment by physician staff.

Columns E, G, I, Row 37: We recommend 5 minutes to check dressings & wound/ home care instructions /coordinate visits/ medications.

Clinical expertise consistent with the training of the PT/OT assistant is needed to check dressings & wound, home care instructions, and coordinate visits. Typical patients must be able to complete wound care, monitor skin integrity, and maintain consistent visits with an orthotic or prosthetic.

Columns E, G, I, Row 42: We recommend 3 minutes to conduct phone calls/call in prescriptions.

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Phone calls following the visit are used for coordination and consultation with other health care providers (e.g., surgeon, primary care physician)

Supplies

Columns G and I, Row 54: We recommend adding 1 unit of SB026 gown, patient. Fitting and reviewing use of a lower extremity prosthetic will require the patient to wear a gown due to the positioning of the prosthetic.

Columns E, G, I, Row 66: We recommend adding 1 pair of SB022 glove, non-sterile to account for supplies needed for clinical staff to clean equipment.

Columns E, G, I, Row 67: We recommend adding 5ml of SM012 disinfectant spray (Transeptic) to account for supplies needed for clinical staff to clean equipment.

Columns E, G, I, Row 68: We recommend adding 4 units of SK082 towel, paper (Bounty) (per sheet) to account for supplies needed for clinical staff to clean equipment.

Equipment

The equipment listed on the PE spreadsheet directly relates to the typical patient vignette and therefore includes only some items in a much larger range of standard equipment that would be found in an occupational or physical therapy setting.

Column I, Row 74: We recommend 15 minutes for the use of EF033 table, treatment, hi-lo (currently at 16 minutes) to align with our recommended intraservice time of 15 minutes.

5. Please describe in detail the clinical activities of your staff:

**Occupational Therapy Assistant:** An OTA must graduate with an associate degree (two years, usually five semesters) from an accredited OTA program at a technical or community college, college, or university. Graduates must pass the national examination for licensing/certification/regulation in all states to be eligible to work. OTAs work under the direction of an occupational therapist (OT). Licensure or certification is required in each state in which an OTA works and must be renewed on a regular basis, with a majority of states requiring continuing education as a requirement for renewal. The OTA scope of work and supervision requirements are defined by the occupational therapy practice act in each state as well as by payer policy.

**Occupational Therapy Aide:** Training for this position is often gained on the job or through technical education programs.

Activity	Staff Type	Notes
<b>SERVICE PERIOD</b>		
<b>Start: When patient enters office/facility for surgery/procedure:</b>		
Greet patient, provide gowning, ensure appropriate medical records are available	PT/OT Aide (L023A)	The PT/OT Aide will greet the patient and family and collect items provided or gather items needed for an evaluation. The Aide may also need to assist the patient with preparing materials, initiating or completing paperwork, and locating the area with the evaluation will start. The Aide will ensure that all records are available for



**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
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		this visit.
Obtain vital signs	PT/OT Assistant (L039B)	The Assistant will take vital signs including BP, height, weight, pulse, respiration rate, and measurements related to underlying impairments and reason for intervention.
Prepare room, equipment, supplies	PT/OT Aide (L023A)	Based on instructions from the clinician the Aide will ensure necessary supplies, such as sensory integration equipment, modules, and/or kits. The Aid will prep the kitchen and bathroom modules to ensure that all equipment needed for the individualized evaluation is available and setup. Standard 2 minutes is recommended.
Prepare and position patient/ monitor patient/ set up IV	PT/OT Aide (L023A)	The Aide will assist with positioning the patient in the module, on the hi-low table, or at the equipment such as BTEas indicated by the clinician.
<b>Intra-service</b>		
Assist physician in performing procedure (15%)	PT/OT Assistant (L039B)	<p>The OT Assistant will assist the clinician with the exam / evaluation which includes obtaining and recording measures. The standardized 67% of intra-time is higher than clinically appropriate. The recommended times are 50% of the intra-service time for 97533, 97535, 97537, 97542. The recommended times are 25% for Assistant and 25% for Aide for 97530 and 97542. The recommended times for 97660 and 977X1 are 16% for Assistant and 33% for Aide. For 97761, the times are 33% for Assistant and 75% for Aide.</p> <p>The Assistant will provide assistance and support for the evaluation. This may include recording performance data, physical facilitation with the patient, grading challenges in environment , and other clinical assistance throughout the portion of the intervention. An assistant provides clinical expertise consistent with training to grade tasks and the environment for the patient and provides the clinically appropriate assistance for the patient as the therapist facilitates the performance in self-care, community re-integration, and sensory.</p> <p>For 97530 and 97542, the assistant provides clinically appropriate assistance for 3.75 minutes while the hands on assistance for the remaining 3.75 minutes can be appropriately provided by the training consistent of the Aide.</p> <p>For 97760 and 977X1, the clinical expertise consistent with an Assistant are only required for 2.5 minutes to assist with orthotic (and/or prosthetic for 977X1) adjustment and training in functional use of orthotic and/or prosthetic. Training consistant with an Aide is required for 5 minutes for stabilization at the direction of the clinician.</p> <p>For 97761, the initial prosthetic training requires additional clinical expertise consistent with an Assistant and additional hands</p>

**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
**Specialty Society('s): AOTA, APTA**

		on assistance under the direction of the clinician consistent with training of an Aide. During initial prosthetic training, the patient's balance is typically severely impaired and there are safety concerns with shifting balance and weight bearing using the prosthetic.
<b>Post-Service</b>		
Clean room/equipment by physician staff	PT/OT Aide (L023A)	The Aide will clean all equipment surfaces and tools. Standard 3 minutes is recommended.
Check dressings & wound/home care instructions /coordinate office visits /prescriptions	PT/OT Assistant (L039B)	Before patients leave the office, the clinician will have updated home and community activity programs to facilitate self-management skill development. The Assistant will review the instructions and answer questions with the patients prior to the patient leaving the office.
<b>POST-SERVICE Period- Patient leaves office</b>		
Conduct phone calls/call in prescriptions	PT/OT Assistant (L039B)	When patients leave the office, they will have home and community activity programs to facilitate self-management skill development. It is very common for patients/family/caregivers to contact the office with questions after leaving the office. To account for at least one phone call, we recommend standard time.

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G	H	I	J	K	L
1	<b>REVISED 1-11-2017</b>			<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>
2	Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy			97012 Traction, mechanical	<b>97012</b> Traction, mechanical	97014 Electrical Stimulation Unattended	<b>97014</b> Electrical Stimulation Unattended	97016 Vasopneumati c device	<b>97016</b> Vasopneumati c device	97018 Paraffin	<b>97018</b> Paraffin	97022 Whirlpool
3		<b>CMS Code</b>	<b>Staff Type</b>	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>6</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>6</b>
7	<b>TOTAL CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>3</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>9</b>	<b>5</b>	<b>18</b>
8	<b>PRE-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
9	<b>PRE-SERV CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
10	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>6</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>6</b>
11	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>3</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>9</b>	<b>5</b>	<b>18</b>
12	<b>POST-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
13	<b>PRE-SERVICE</b>											
14	<b>Start: Following visit when decision for surgery or procedure made</b>											
15	Complete pre-service diagnostic & referral forms											
16	Coordinate pre-surgery services											
17	Schedule space and equipment in facility											
18	Provide pre-service education/obtain consent											
19	Follow-up phone calls & prescriptions											
20	Other Clinical Activity - <i>specify: Review/read documentation, plan of care, treatment goals</i>	L039B	PT ASST									
21	Other Clinical Activity - <i>specify: Verify/Coordinate availability of resources/equipment</i>	L023A	PT AIDE									
22	<b>End: When patient enters office/facility for surgery/procedure</b>											
23	<b>SERVICE PERIOD</b>											
24	<b>Start: When patient enters office/facility for surgery/procedure:</b>											
29	Prepare room, equipment, supplies	L023A	PT AIDE		<b>1</b>		<b>1</b>		<b>1</b>	<b>3</b>	<b>1</b>	<b>4</b>
30	Prepare and position patient	L023A	PT AIDE		<b>1</b>		<b>1</b>		<b>1</b>	<b>3</b>	<b>1</b>	<b>3</b>
31	<b>Intra-service</b>											
32	Assist Therapist	L039B	PT ASST	<b>5</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>5</b>
33	Assist Therapist	L023A	PT AIDE		<b>2</b>		<b>2</b>		<b>2</b>		<b>2</b>	
34	<b>Post-Service</b>											
35	Other Clinical Activity - <i>specify: Post-treatment assistance</i>	L023A	PT AIDE	<b>1</b>		<b>1</b>		<b>2</b>		<b>1</b>		<b>3</b>
36	Clean room/equipment by physician staff	L023A	PT AIDE	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>8</b>
37	Check dressings & wound/ home care instructions /coordinate visits/ medications	L039B	PT ASST	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
39	<b>End: Patient leaves office</b>											
40	<b>POST-SERVICE Period</b>											
41	<b>Start: Patient leaves office/facility</b>											
51	<b>End: with last office visit before end of global</b>											

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G	H	I	J	K	L
1	<b>REVISED 1-11-2017</b>			<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>
2	<b>Meeting Date: January 2017</b> <b>Tab: 29</b> <b>Specialty: physical therapy, occupational therapy</b>			97012 Traction, mechanical	<b>97012</b> Traction, mechanical	97014 Electrical Stimulation Unattended	<b>97014</b> Electrical Stimulation Unattended	97016 Vasopneumati c device	<b>97016</b> Vasopneumati c device	97018 Paraffin	<b>97018</b> Paraffin	97022 Whirlpool
3		<b>CMS Code</b>	<b>Staff Type</b>	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
52	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>									
53	gown, patient	SB026	item		<b>1</b>		<b>1</b>		<b>1</b>			<b>1</b>
54	swab-pad, alcohol	SJ053	item			<b>1</b>	<b>1</b>					
55	electrode, electrical stimulation	SD055	item			<b>2</b>	<b>2</b>					
56	gauze, sterile 4in x 4in	SG055	item									<b>5</b>
57	tape, surgical paper 1in (Micropore)	SG079	inch			<b>6</b>	<b>6</b>					<b>12</b>
58	cast, stockinette 4in	SG027	yd					<b>1</b>	<b>1</b>			<b>1</b>
59	paraffin for therapy bath	SK061	lb							<b>0.25</b>	<b>0.25</b>	
60	plastic wrap	SK066	foot							<b>1.5</b>	<b>1.5</b>	
61	<b>Equipment / Room Cleaning supplies</b>											
62	gloves, non-sterile	SB022	pair		<b>1</b>	<b>1</b>	<b>1</b>					
63	disinfectant spray (Transeptic)	SM012	ml		<b>2</b>		<b>1</b>					
64	towel, paper (Bounty) (per sheet)	SK082	item		<b>2</b>		<b>1</b>					
65	whirlpool antiseptic (80gm pack) (Chlorazene)	SM026	item									<b>1</b>
66	<b>Deleted items</b>											
67	pack, minimum multi-specialty visit	SA048	pack							<b>0.5</b>	<b>0</b>	
68	electrolyte coupling gel	SJ024	ml			<b>1</b>	<b>0</b>					
69	dressing, 5in x 9in (ABD-Combine)	SG039	item	<b>1</b>	<b>0</b>							
70	razor	SK068	item			<b>1</b>	<b>0</b>					
71	gloves, sterile	SB024	pair									<b>1</b>
72	mask, surgical	SB033	item									<b>1</b>
73	bandage, Kling, non-sterile 2in	SG017	item									<b>1</b>
74	silver nitrate applicator	SJ046	item									<b>1</b>
75	<b>EQUIPMENT</b>	<b>CODE</b>										
76	traction system (hi-low table, digital unit, accessories)	EQ241		<b>15</b>	<b>13</b>							
77	table, mat, hi-lo, 6 x 8 platform	EF028				<b>15</b>	<b>10</b>	<b>20</b>	<b>11</b>			
78	electrotherapy stimulator, high volt, 2 channel	EQ116				<b>15</b>	<b>10</b>					
79	vasopneumatic compression system	EQ263						<b>20</b>	<b>11</b>			
80	paraffin bath, hand-foot (institutional)	EQ200								<b>15</b>	<b>11</b>	
81	lift, hydraulic, chair	EF012										<b>4</b>
82	whirlpool, lo-boy tank (whole body)	EF036										<b>24</b>
83												
84	<b>Work intra-service time</b>				<b>10</b>		<b>7</b>		<b>8</b>		<b>8</b>	

	A	B	C	M
1	<b>REVISED 1-11-2017</b>			REC
2	Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy			97022 Whirlpool
3		CMS Code	Staff Type	Application of a modality to 1
4	LOCATION			Non Fac
5	GLOBAL PERIOD			XXX
6	TOTAL CLINICAL LABOR TIME	L039B	PT ASST	0
7	TOTAL CLINICAL LABOR TIME	L023A	PT AIDE	16
8	PRE-SERV CLINICAL LABOR TIME	L039B	PT ASST	0
9	PRE-SERV CLINICAL LABOR TIME	L023A	PT AIDE	0
10	SERVICE PERIOD CLINICAL LABOR TIME	L039B	PT ASST	0
11	SERVICE PERIOD CLINICAL LABOR TIME	L023A	PT AIDE	16
12	POST-SERV CLINICAL LABOR TIME	L039B	PT ASST	0
13	PRE-SERVICE			
14	Start: Following visit when decision for surgery or procedure made			
15	Complete pre-service diagnostic & referral forms			
16	Coordinate pre-surgery services			
17	Schedule space and equipment in facility			
18	Provide pre-service education/obtain consent			
19	Follow-up phone calls & prescriptions			
20	Other Clinical Activity - specify: Review/read documentation, plan of care, treatment goals	L039B	PT ASST	
21	Other Clinical Activity - specify: Verify/Coordinate availability of resources/equipment	L023A	PT AIDE	
22	End: When patient enters office/facility for surgery/procedure			
23	SERVICE PERIOD			
24	Start: When patient enters office/facility for surgery/procedure:			
29	Prepare room, equipment, supplies	L023A	PT AIDE	4
30	Prepare and position patient	L023A	PT AIDE	2
31	Intra-service			
32	Assist Therapist	L039B	PT ASST	0
33	Assist Therapist	L023A	PT AIDE	2
34	Post-Service			
35	Other Clinical Activity - specify: Post-treatment assistance	L023A	PT AIDE	
36	Clean room/equipment by physician staff	L023A	PT AIDE	8
37	Check dressings & wound/ home care instructions /coordinate visits/ medications	L039B	PT ASST	0
39	End: Patient leaves office			
40	POST-SERVICE Period			
41	Start: Patient leaves office/facility			
51	End: with last office visit before end of global			

	A	B	C	M
1	<b>REVISED 1-11-2017</b>			REC
2	Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy			97022 Whirlpool
3		CMS Code	Staff Type	Application of a modality to 1
4	LOCATION			Non Fac
5	GLOBAL PERIOD			XXX
52	MEDICAL SUPPLIES*	CODE	UNIT	
53	gown, patient	SB026	item	1
54	swab-pad, alcohol	SJ053	item	
55	electrode, electrical stimulation	SD055	item	
56	gauze, sterile 4in x 4in	SG055	item	0
57	tape, surgical paper 1in (Micropore)	SG079	inch	0
58	cast, stockinette 4in	SG027	yd	0
59	paraffin for therapy bath	SK061	lb	
60	plastic wrap	SK066	foot	
61	Equipment / Room Cleaning supplies			
62	gloves, non-sterile	SB022	pair	1
63	disinfectant spray (Transeptic)	SM012	ml	
64	towel, paper (Bounty) (per sheet)	SK082	item	
65	whirlpool antiseptic (80gm pack) (Chlorazene)	SM026	item	1
66	Deleted items			
67	pack, minimum multi-specialty visit	SA048	pack	
68	electrolyte coupling gel	SJ024	ml	
69	dressing, 5in x 9in (ABD-Combine)	SG039	item	
70	razor	SK068	item	
71	gloves, sterile	SB024	pair	0
72	mask, surgical	SB033	item	0
73	bandage, Kling, non-sterile 2in	SG017	item	0
74	silver nitrate applicator	SJ046	item	0
75	EQUIPMENT	CODE		
76	traction system (hi-low table, digital unit, accessories)	EQ241		
77	table, mat, hi-lo, 6 x 8 platform	EF028		
78	electrotherapy stimulator, high volt, 2 channel	EQ116		
79	vasopneumatic compression system	EQ263		
80	paraffin bath, hand-foot (institutional)	EQ200		
81	lift, hydraulic, chair	EF012		26
82	whirlpool, lo-boy tank (whole body)	EF036		26
83				
84	Work intra-service time			12

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	A	B	C	D	E	F	G	H	I	J	K
1	<b>REVISED 1-11-2017</b>			<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>
2	<b>Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy</b>			97032 Electrical Stim Manual	97032 Electrical Stim Manual	97035 Ultrasound	97035 Ultrasound	97033 Iontophoresis	97033 Iontophoresis	97034 Contrast Bath	97034 Contrast Bath
3		<b>CMS Code</b>	<b>Staff Type</b>	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>4</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>0</b>
7	<b>TOTAL CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>8</b>	<b>4</b>	<b>10</b>	<b>5</b>
8	<b>PRE-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
9	<b>PRE-SERV CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
10	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>4</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>0</b>
11	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>8</b>	<b>4</b>	<b>10</b>	<b>5</b>
12	<b>POST-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
13	<b>PRE-SERVICE</b>										
14	<b>Start: Following visit when decision for surgery or procedure made</b>										
15	Complete pre-service diagnostic & referral forms										
16	Coordinate pre-surgery services										
17	Schedule space and equipment in facility										
18	Provide pre-service education/obtain consent										
19	Follow-up phone calls & prescriptions										
20	Other Clinical Activity - specify: Review/read documentation, plan of care, treatment goals	L039B	PT ASST								
21	Other Clinical Activity - specify: Verify/Coordinate availability of resources/equipment	L023A	PT AIDE								
22	<b>End: When patient enters office/facility for surgery/procedure</b>										
23	<b>SERVICE PERIOD</b>										
24	<b>Start: When patient enters office/facility for surgery/procedure:</b>										
25	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	PT AIDE								
26	Obtain vital signs	L039B	PT ASST								
27	Other Clinical Activity - specify: Obtain measurements	L039B	PT ASST					<b>1</b>	<b>0</b>		
28	Provide pre-service education/obtain consent										
29	Prepare room, equipment, supplies	L023A	PT AIDE		<b>1</b>		<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>2</b>
30	Prepare and position patient	L023A	PT AIDE		<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>
31	<b>Intra-service</b>										
32	Assist Therapist	L039B	PT ASST	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>		<b>0</b>	<b>3</b>	<b>0</b>
33	Assist Therapist	L023A	PT AIDE		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>
34	<b>Post-Service</b>										
35	Other Clinical Activity - specify: Post-treatment assistance	L023A	PT AIDE	<b>1</b>		<b>1</b>		<b>1</b>			
36	Clean room/equipment by physician staff	L023A	PT AIDE	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>2</b>
37	Check dressings & wound/ home care instructions /coordinate visits/ medications	L039B	PT ASST	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>
39	<b>End: Patient leaves office</b>										
40	<b>POST-SERVICE Period</b>										
41	<b>Start: Patient leaves office/facility</b>										

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	A	B	C	D	E	F	G	H	I	J	K
1	<b>REVISED 1-11-2017</b>			<b>REF</b>	REC	<b>REF</b>	REC	<b>REF</b>	REC	<b>REF</b>	REC
2	Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy			97032 Electrical Stim Manual	<b>97032</b> Electrical Stim Manual	97035 Ultrasound	<b>97035</b> Ultrasound	97033 Iontophoresis	<b>97033</b> Iontophoresis	97034 Contrast Bath	<b>97034</b> Contrast Bath
3		<b>CMS Code</b>	<b>Staff Type</b>	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
51	<b>End: with last office visit before end of global</b>										



AMA Specialty Society Recommendation

	A	B	C	D	E	F	G	H	I	J	K
1	<b>REVISED 1-11-2017</b>			<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>
2	<b>Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy</b>			97032 Electrical Stim Manual	<b>97032</b> Electrical Stim Manual	97035 Ultrasound	<b>97035</b> Ultrasound	97033 Iontophoresis	<b>97033</b> Iontophoresis	97034 Contrast Bath	<b>97034</b> Contrast Bath
3		<b>CMS Code</b>	<b>Staff Type</b>	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1	Application of a modality to 1
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
52	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>								
53	gown, patient	SB026	item		<b>1</b>		<b>1</b>				<b>1</b>
54	ultrasound transmission gel	SJ062	ml				<b>30</b>				
55	swab-pad, alcohol	SJ053	item	<b>2</b>	<b>1</b>			<b>1</b>	<b>1</b>		
56	electrode, electrical stimulation	SD055	item	<b>2</b>	<b>0</b>						
57	gauze, sterile 4in x 4in	SG055	item	<b>1</b>	<b>1</b>			<b>1</b>	<b>0</b>		
58	tape, surgical paper 1in (Micropore)	SG079	inch	<b>6</b>	<b>0</b>			<b>6</b>	<b>6</b>		
59	kit, electrode, iontophoresis	SA014	kit					<b>1</b>	<b>1</b>		
60	syringe 1ml	SC052	item					<b>1</b>	<b>1</b>		
61	<b>Equipment / Room Cleaning supplies</b>										
62	gloves, non-sterile	SB022	pair		<b>1</b>		<b>1</b>				<b>1</b>
63	disinfectant spray (Transeptic)	SM012	ml		<b>1</b>		<b>1</b>				
64	towel, paper (Bounty) (per sheet)	SK082	item		<b>1</b>		<b>1</b>				
65	whirlpool antiseptic (80gm pack) (Chlorazene)	SM026	item							<b>1</b>	<b>1</b>
66	<b>Deleted items</b>										
67	pack, minimum multi-specialty visit	SA048	pack								
68	electrode conductive gel	SJ020	ml	<b>5</b>	<b>0</b>						
69	electrolyte coupling gel	SJ024	ml			<b>1</b>	<b>0</b>				
70	razor	SK068	item	<b>1</b>	<b>0</b>			<b>1</b>	<b>0</b>		
71	<b>EQUIPMENT</b>	<b>CODE</b>									
72	table, mat, hi-lo, 6 x 8 platform	EF028		<b>15</b>	<b>18</b>	<b>15</b>	<b>16</b>	<b>15</b>	<b>20</b>		
73	electrotherapy stimulator, high volt, 2 channel	EQ116		<b>15</b>	<b>18</b>						
74	iontophoresis machine	EQ141						<b>15</b>	<b>20</b>		
75	ultrasound unit, therapeutic	EQ251				<b>8</b>	<b>16</b>				
76											
77	<b>Work intra-service time</b>				<b>15</b>		<b>12</b>		<b>15</b>		<b>10</b>

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>REVISED 1-11-2017</b>			<b>REF</b>	REC	<b>REF</b>	REC	<b>REF</b>	REC	<b>REF</b>	REC	<b>REF</b>	REC
2	Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy			97110 Therapeutic Exercise	<b>97110</b> Therapeutic Exercise	97112 Neuro reeducation	<b>97112</b> Neuro reeducation	97116 Gait Training	<b>97116</b> Gait Training	97140 Manual Therapy	<b>97140</b> Manual Therapy	97113 Aquatic therapy	<b>97113</b> Aquatic therapy
3		<b>CMS Code</b>	<b>Staff Type</b>	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Manual therapy techniques	Manual therapy techniques	Therapeutic procedure, 1	Therapeutic procedure, 1
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>15.0</b>	<b>5.0</b>	<b>15.0</b>	<b>5.0</b>	<b>15.0</b>	<b>5.0</b>	<b>15.0</b>	<b>5.0</b>	<b>15.0</b>	<b>6.0</b>
7	<b>TOTAL CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>5.0</b>	<b>9.5</b>	<b>5.0</b>	<b>9.5</b>	<b>5.0</b>	<b>9.5</b>	<b>5.0</b>	<b>9.5</b>	<b>8.5</b>	<b>26.0</b>
8	<b>PRE-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>
9	<b>PRE-SERV CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>
10	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>12.5</b>	<b>5.0</b>	<b>12.5</b>	<b>5.0</b>	<b>12.5</b>	<b>5.0</b>	<b>12.5</b>	<b>5.0</b>	<b>12.5</b>	<b>6.0</b>
11	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>3.5</b>	<b>9.5</b>	<b>3.5</b>	<b>9.5</b>	<b>3.5</b>	<b>9.5</b>	<b>3.5</b>	<b>9.5</b>	<b>7.0</b>	<b>26.0</b>
12	<b>POST-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
13	<b>PRE-SERVICE</b>												
14	<b>Start: Following visit when decision for surgery or procedure made</b>												
15	Complete pre-service diagnostic & referral forms												
16	Coordinate pre-surgery services												
17	Schedule space and equipment in facility												
18	Provide pre-service education/obtain consent												
19	Follow-up phone calls & prescriptions												
20	Other Clinical Activity - <i>specify: Review/read documentation, plan of care, treatment goals</i>	L039B	PT ASST	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>
21	Other Clinical Activity - <i>specify: Verify/Coordinate availability of resources/equipment</i>	L023A	PT AIDE	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>
22	<b>End: When patient enters office/facility for surgery/procedure</b>												
23	<b>SERVICE PERIOD</b>												
24	<b>Start: When patient enters office/facility for surgery/procedure:</b>												
25	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	PT AIDE	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>2</b>
26	Obtain vital signs	L039B	PT ASST	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>
27	Other Clinical Activity - <i>specify: Obtain measurements</i>	L039B	PT ASST	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>
28	Provide pre-service education/obtain consent												
29	Prepare room, equipment, supplies	L023A	PT AIDE		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>2</b>
30	Prepare and position patient	L023A	PT AIDE		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>	<b>1.5</b>	<b>3</b>
31	<b>Intra-service</b>												
32	Assist Therapist	L039B	PT ASST	<b>7.5</b>	<b>2.5</b>	<b>7.5</b>	<b>2.5</b>	<b>7.5</b>	<b>2.5</b>	<b>7.5</b>	<b>2.5</b>	<b>7.5</b>	<b>2</b>
33	Assist Therapist	L023A	PT AIDE		<b>5</b>		<b>5</b>		<b>5</b>		<b>5</b>		<b>15</b>
34	<b>Post-Service</b>												
35	Other Clinical Activity - <i>specify: Post-treatment assistance</i>	L023A	PT AIDE	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>
36	Clean room/equipment by physician staff	L023A	PT AIDE	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>
37	Check dressings & wound/ home care instructions /coordinate visits/ medications	L039B	PT ASST	<b>2.5</b>	<b>1.5</b>	<b>2.5</b>	<b>1.5</b>	<b>2.5</b>	<b>1.5</b>	<b>2.5</b>	<b>1.5</b>	<b>2.5</b>	<b>2</b>
38	Other Clinical Activity - <i>specify: Conduct phone calls/call in prescriptions</i>	L039B	PT ASST	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
39	<b>End: Patient leaves office</b>												
40	<b>POST-SERVICE Period</b>												
41	<b>Start: Patient leaves office/facility</b>												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	REVISED 1-11-2017			REF	REC	REF	REC	REF	REC	REF	REC	REF	REC
2	Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy			97110 Therapeutic Exercise	97110 Therapeutic Exercise	97112 Neuro reeducation	97112 Neuro reeducation	97116 Gait Training	97116 Gait Training	97140 Manual Therapy	97140 Manual Therapy	97113 Aquatic therapy	97113 Aquatic therapy
3		CMS Code	Staff Type	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Manual therapy techniques	Manual therapy techniques	Therapeutic procedure, 1	Therapeutic procedure, 1
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
51	End: with last office visit before end of global period												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>REVISED 1-11-2017</b>			<b>REF</b>	REC	<b>REF</b>	REC	<b>REF</b>	REC	<b>REF</b>	REC	<b>REF</b>	REC
2	Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy			97110 Therapeutic Exercise	<b>97110</b> Therapeutic Exercise	97112 Neuro reeducation	<b>97112</b> Neuro reeducation	97116 Gait Training	<b>97116</b> Gait Training	97140 Manual Therapy	<b>97140</b> Manual Therapy	97113 Aquatic therapy	<b>97113</b> Aquatic therapy
3		<b>CMS Code</b>	<b>Staff Type</b>	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Therapeutic procedure, 1	Manual therapy techniques	Manual therapy techniques	Therapeutic procedure, 1	Therapeutic procedure, 1
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
52	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>										
53	pack, minimum multi-specialty visit	SA048	pack	<b>0.5</b>		<b>0.5</b>		<b>0.5</b>		<b>0.5</b>		<b>0.5</b>	
54	swimsuit, female for hydrotherapy	SB041	item									<b>1</b>	
55	Thera-bands (6in width)	SJ056	foot	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>		<b>1.5</b>				
56	lotion, massage, unscented	SK046	oz							<b>0.5</b>	<b>2</b>		
57	culture media	SL032	ml									<b>10</b>	<b>0</b>
58	culture swab system (Culturette)	SL033	item									<b>1</b>	<b>0</b>
59	sanitizing cloth-wipe (patient)	SM021	item					<b>1</b>					
60	gloves, non-sterile	SB022	pair		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
61	disinfectant spray (Transeptic)	SM012	ml		<b>5</b>		<b>5</b>		<b>5</b>		<b>5</b>		<b>5</b>
62	towel, paper (Bounty) (per sheet)	SK082	item		<b>4</b>		<b>4</b>		<b>4</b>		<b>4</b>		<b>4</b>
63	disinfectant, surface (Envirocide, Sanizide)	SM013	oz										<b>0</b>
64	<b>EQUIPMENT</b>	<b>CODE</b>											
65	exercise equipment (treadmill, bike, stepper, UBE, pulleys, balance board)	EQ118		<b>8</b>	<b>22</b>	<b>15</b>	<b>22</b>						
66	table, mat, hi-lo, 6 x 8 platform	EF028		<b>10</b>	<b>22</b>	<b>10</b>	<b>22</b>		<b>22</b>				
67	hydrocollator, cold	EQ129		<b>4</b>									
68	hydrocollator, hot	EQ130		<b>4</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		
69	balance assessment-retraining system (Balance Master)	EQ068				<b>15</b>	<b>22</b>						
70	kit, ambulation	EQ144						<b>15</b>	<b>0</b>				
71	parallel bars, platform mounted	EQ201				<b>5</b>	<b>22</b>	<b>10</b>	<b>22</b>				
72	pool cleaner	EQ207										<b>15</b>	<b>0</b>
73	kit, aquatic exercise	EQ145										<b>10</b>	<b>30</b>
74	lift, hydraulic, chair	EF012										<b>4</b>	<b>0</b>
75	aquatic therapy pool	EQ050										<b>15</b>	<b>30</b>
76	stairs, ambulation training	EQ231						<b>5</b>	<b>22</b>				
77	treadmill	EQ243							<b>22</b>				
78	table, mobilization-manipulation (Lloyd's)	EF029								<b>15</b>	<b>22</b>		

	A	B	C	D	E	F	G	H	I	J	K
1	<b>REVISED 1-11-2017</b>			<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>
2	Meeting Date: January 2017 Tab: 29 Specialty: physical therapy, occupational therapy			97530 Therapeutic activities	<b>97530</b> Therapeutic activities	97533 Sensory Integration	<b>97533</b> Sensory Integration	97535 Self-Care Management	<b>97535</b> Self-Care Management	97537 Community/work Reintegration	<b>97537</b> Community/work Reintegration
3		<b>CMS Code</b>	<b>Staff Type</b>	Therapeutic activities, direct / one-on-one	Therapeutic activities, direct / one-on-one	Sensory integrative techniques	Sensory integrative techniques	Self-care/home management	Self-care/home management	Community/work reintegration training / on	Community/work reintegration training / on
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>12.5</b>	<b>6.3</b>	<b>12.5</b>	<b>10.0</b>	<b>12.5</b>	<b>10.0</b>	<b>12.5</b>	<b>10.0</b>
7	<b>TOTAL CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>6.5</b>	<b>8.3</b>	<b>6.5</b>	<b>4.5</b>	<b>6.5</b>	<b>4.5</b>	<b>6.5</b>	<b>4.5</b>
8	<b>PRE-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>
9	<b>PRE-SERV CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>
10	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>11.0</b>	<b>6.3</b>	<b>11.0</b>	<b>10.0</b>	<b>11.0</b>	<b>10.0</b>	<b>11.0</b>	<b>10.0</b>
11	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>5.0</b>	<b>8.3</b>	<b>5.0</b>	<b>4.5</b>	<b>5.0</b>	<b>4.5</b>	<b>5.0</b>	<b>4.5</b>
12	<b>POST-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
13	<b>PRE-SERVICE</b>										
14	<b>Start: Following visit when decision for surgery or procedure made</b>										
15	Complete pre-service diagnostic & referral forms										
16	Coordinate pre-surgery services										
17	Schedule space and equipment in facility										
18	Provide pre-service education/obtain consent										
19	Follow-up phone calls & prescriptions										
20	Other Clinical Activity - specify: Review/read documentation, plan of care, treatment goals	L039B	PT ASST	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>
21	Other Clinical Activity - specify: Verify/Coordinate availability of resources/equipment	L023A	PT AIDE	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>
22	<b>End: When patient enters office/facility for surgery/procedure</b>										
23	<b>SERVICE PERIOD</b>										
24	<b>Start: When patient enters office/facility for surgery/procedure:</b>										
25	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	PT AIDE	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>	<b>1.5</b>
26	Obtain vital signs	L039B	PT ASST	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
27	Other Clinical Activity - specify: Obtain measurements	L039B	PT ASST								
28	Provide pre-service education/obtain consent										
29	Prepare room, equipment, supplies	L023A	PT AIDE	<b>1.5</b>	<b>1</b>	<b>1.5</b>	<b>1</b>	<b>1.5</b>	<b>1</b>	<b>1.5</b>	<b>1</b>
30	Prepare and position patient	L023A	PT AIDE		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>
31	<b>Intra-service</b>										
32	Assist Therapist	L039B	PT ASST	<b>7.5</b>	<b>3.75</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>
33	Assist Therapist	L023A	PT AIDE		<b>3.75</b>						
34	<b>Post-Service</b>										
35	Other Clinical Activity - specify: Post-treatment assistance	L023A	PT AIDE	<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>	
36	Clean room/equipment by physician staff	L023A	PT AIDE	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
37	Check dressings & wound/ home care instructions /coordinate visits/ medications	L039B	PT ASST	<b>2.5</b>	<b>1.5</b>	<b>2.5</b>	<b>1.5</b>	<b>2.5</b>	<b>1.5</b>	<b>2.5</b>	<b>1.5</b>
38	<b>End: Patient leaves office</b>										
39	<b>POST-SERVICE Period</b>										
40	<b>Start: Patient leaves office/facility</b>										
50	<b>End: with last office visit before end of global period</b>										

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1	<b>REVISED 1-11-2017</b>			<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>
2	<b>Meeting Date: January 2017</b> <b>Tab: 29</b> <b>Specialty: physical therapy, occupational therapy</b>			97530 Therapeutic activities	<b>97530</b> Therapeutic activities	97533 Sensory Integration	<b>97533</b> Sensory Integration	97535 Self-Care Management	<b>97535</b> Self-Care Management	97537 Community/work Reintegration	<b>97537</b> Community/work Reintegration
3		<b>CMS Code</b>	<b>Staff Type</b>	Therapeutic activities, direct / one-on-one	Therapeutic activities, direct / one-on-one	Sensory integrative techniques	Sensory integrative techniques	Self-care/home management	Self-care/home management	Community/work reintegration training / on	Community/work reintegration training / on
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
51	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>								
52	kit, cooking activity ingredients (mac-cheese)	SA007	kit					<b>1</b>	<b>1</b>		
53	kit, sensory integration	SA028	kit			<b>1</b>	<b>1</b>				
54	gloves, non-sterile	SB022	pair		<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>		<b>1</b>
55	disinfectant spray (Transeptic)	SM012	ml		<b>5</b>		<b>5</b>		<b>5</b>		<b>5</b>
56	towel, paper (Bounty) (per sheet)	SK082	item		<b>4</b>		<b>4</b>		<b>4</b>		<b>4</b>
57	toothbrush	SK080	item					<b>1</b>	<b>0</b>		
58	toothpaste	SK081	oz					<b>0.25</b>	<b>0</b>		
59	disinfectant, surface (Envirocide, Sanizide)	SM013	oz					<b>2</b>	<b>0</b>		
60	kit, woodworking	SA040	kit	<b>0.25</b>	<b>0.25</b>						
61	<b>EQUIPMENT</b>	<b>CODE</b>									
62	rehab and testing system (BTE primus)	EQ219		<b>4</b>	<b>22</b>						
63	work samples, small tools (Valpar 1)	EQ267		<b>12</b>	<b>22</b>						
64	environmental module - the workshop	EL003		<b>12</b>	<b>22</b>						
65	sensory integration equip (eg, ball pit, glider, trampoline, ramp)	EQ224				<b>15</b>	<b>22</b>				
66	sensory integration equipment, suspension system	EQ225				<b>15</b>	<b>22</b>				
67	environmental module - kitchen	EL002						<b>12</b>	<b>22</b>		
68	kit, ADL	EQ143						<b>16</b>	<b>22</b>		
69	kit, ergonomic (office)	EQ147								<b>8</b>	<b>22</b>
70	environmental module - car	EL001								<b>8</b>	<b>22</b>



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2	<b>Meeting Date: January 2017</b> <b>Tab: 29</b> <b>Specialty: physical therapy, occupational therapy</b>			97760 Orthotic management (97504)	<b>97760</b> Orthotic management - <b>initial</b>	97761 Prosthetic training (97520)	<b>97761</b> Prosthetic training - <b>initial</b>	97762 Orthotic/prosthetic checkout (97703)	<b>977X1</b> Orthotic/prosthetic checkout <b>subsequent</b>
3		<b>CMS Code</b>	<b>Staff Type</b>		Orthotic(s) management and training		Prosthetic(s) training, upper and/or lower		Orthotic(s)/prosthetic(s) management
4				<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>LOCATION</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
7	<b>TOTAL CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>12.5</b>	<b>8.5</b>	<b>15.0</b>	<b>11.0</b>	<b>12.5</b>	<b>6.5</b>
8	<b>TOTAL CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>6.5</b>	<b>8.0</b>	<b>5.0</b>	<b>8.0</b>	<b>6.5</b>	<b>8.0</b>
9	<b>PRE-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>
10	<b>PRE-SERV CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>
11	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>11.0</b>	<b>6.5</b>	<b>12.5</b>	<b>9.0</b>	<b>11.0</b>	<b>6.5</b>
12	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>5.0</b>	<b>8.0</b>	<b>3.5</b>	<b>8.0</b>	<b>5.0</b>	<b>8.0</b>
13	<b>POST-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>0.0</b>	<b>2.0</b>	<b>0.0</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>
14	<b>PRE-SERVICE</b>								
15	<b>Start: Following visit when decision for surgery or procedure made</b>								
16	Complete pre-service diagnostic & referral forms								
17	Coordinate pre-surgery services								
18	Schedule space and equipment in facility								
19	Provide pre-service education/obtain consent								
20	Follow-up phone calls & prescriptions								
21	Other Clinical Activity - specify: Review/read documentation, plan of care, treatment goals			L039B	PT ASST	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>
22	Other Clinical Activity - specify: Verify/Coordinate availability of resources/equipment			L023A	PT AIDE	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>
23	<b>End: When patient enters office/facility for surgery/procedure</b>								
24	<b>SERVICE PERIOD</b>								
25	<b>Start: When patient enters office/facility for surgery/procedure:</b>								
26	Greet patient, provide gowning, ensure appropriate medical records are available			L023A	PT AIDE	<b>1.5</b>	<b>2</b>	<b>1.5</b>	<b>2</b>
27	Obtain vital signs			L039B	PT ASST	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>
28	Other Clinical Activity - specify: Obtain measurements			L039B	PT ASST			<b>1.5</b>	
29	Provide pre-service education/obtain consent								
30	Prepare room, equipment, supplies			L023A	PT AIDE	<b>1.5</b>	<b>2</b>	<b>1.5</b>	<b>2</b>
31	Prepare and position patient			L023A	PT AIDE		<b>2</b>		<b>2</b>
32	<b>Intra-service</b>								
33	Assist Therapist			L039B	PT ASST	<b>7.5</b>	<b>2.5</b>	<b>7.5</b>	<b>2.5</b>
34	Assist Therapist			L023A	PT AIDE		<b>5</b>	<b>10</b>	<b>5</b>
35	<b>Post-Service</b>								
36	Other Clinical Activity - specify: Post-treatment assistance			L023A	PT AIDE	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
37	Clean room/equipment by physician staff			L023A	PT AIDE	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>
38	Check dressings & wound/ home care instructions /coordinate visits/ medications			L039B	PT ASST	<b>2.5</b>	<b>2</b>	<b>2.5</b>	<b>2</b>
39	Other Clinical Activity - specify: Conduct phone calls/call in prescriptions			L039B	PT ASST		<b>1</b>	<b>0</b>	
40	<b>End: Patient leaves office</b>								

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2	<b>Meeting Date: January 2017</b> <b>Tab: 29</b> <b>Specialty: physical therapy, occupational therapy</b>			97760 Orthotic management (97504)	<b>97760</b> Orthotic management - <b>initial</b>	97761 Prosthetic training (97520)	<b>97761</b> Prosthetic training - <b>initial</b>	97762 Orthotic/prosthetic checkout (97703)	<b>977X1</b> Orthotic/prosthetic checkout <b>subsequent</b>
3		<b>CMS Code</b>	<b>Staff Type</b>		Orthotic(s) management and training		Prosthetic(s) training, upper and/or lower		Orthotic(s)/prosthetic(s) management
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
40	<b>POST-SERVICE Period</b>								
41	<b>Start: Patient leaves office/facility</b>								
42	Conduct phone calls/call in prescriptions				<b>2</b>		<b>2</b>		
51	<b>End: with last office visit before end of global period</b>								



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2	<b>Meeting Date: January 2017</b> <b>Tab: 29</b> <b>Specialty: physical therapy, occupational therapy</b>			97760 Orthotic management (97504)	<b>97760</b> Orthotic management - <b>initial</b>	97761 Prosthetic training (97520)	<b>97761</b> Prosthetic training - <b>initial</b>	97762 Orthotic/prosthetic checkout (97703)	<b>977X1</b> Orthotic/prosthetic checkout <b>subsequent</b>
3		<b>CMS Code</b>	<b>Staff Type</b>		Orthotic(s) management and training		Prosthetic(s) training, upper and/or lower		Orthotic(s)/prosthetic(s) management
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
52	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>						
53	pack, minimum multi-specialty visit	SA048	pack	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	<b>1</b>	<b>0.5</b>
54	gown, patient	SB026	item				<b>0.75</b>		
55	drape, non-sterile, sheet 40in x 60in	SB006	item	<b>1</b>	<b>1</b>				
56	adhesive bonder, orthotic	SG002	oz	<b>0.5</b>	<b>0.5</b>			<b>0.5</b>	<b>0.5</b>
57	cast, stockinette 4in	SG027	yd			<b>1</b>	<b>0.3</b>	<b>0.5</b>	<b>0.4</b>
58	moleskin 9in width	SG058	foot			<b>0.33</b>	<b>0.2</b>	<b>1</b>	<b>0.7</b>
59	outrigger line	SG060	yd					<b>50</b>	<b>7</b>
60	outrigger post	SG061	item					<b>4</b>	<b>3</b>
61	fluori-methane (cold spray)	SH035	ml	<b>7.5</b>	<b>5</b>			<b>7.5</b>	<b>5</b>
62	splint straps 1in	SJ047	item					<b>1</b>	<b>0.7</b>
63	splint straps 2in	SJ048	item					<b>2</b>	<b>1.3</b>
64	rubber bands, non-sterile	SK071	item					<b>6</b>	<b>4</b>
65	water, distilled	SK087	oz	<b>128</b>	<b>85</b>			<b>128</b>	<b>85</b>
66	disinfectant spray (Transeptic)	SM012	ml		<b>5</b>		<b>5</b>		<b>5</b>
67	towel, paper (Bounty) (per sheet)	SK082	item		<b>4</b>		<b>4</b>		<b>4</b>
68	<b>EQUIPMENT</b>	<b>CODE</b>							
69	rehab and testing system (BTE primus)	EQ219		<b>5</b>	<b>27</b>				
70	cart-workbench, orthotic, mobile	EF005		<b>10</b>	<b>27</b>			<b>10</b>	<b>27</b>
71	water bath, thermoplastic softener (20in x 12in)	ER064		<b>10</b>	<b>27</b>			<b>10</b>	<b>27</b>
72	table, treatment, hi-lo	EF033		<b>10</b>	<b>27</b>			<b>16</b>	<b>27</b>
73	stairs, ambulation training	EQ231				<b>3</b>	<b>27</b>		
74	treadmill	EQ243				<b>3</b>	<b>27</b>		
75	balance board	EQ069				<b>4</b>	<b>27</b>		
76	parallel bars, platform mounted	EQ201				<b>4</b>	<b>27</b>		
77	table, mat, hi-lo, 6 x 8 platform	EF028				<b>5</b>	<b>27</b>		

RUC HCPAC Review Board Summary of Recommendations  
*\*Physical Medicine and Rehabilitation Services – Identified by Numerous Screens\**

January 2017

**Orthotic Management and Prosthetic Training**

CPT Codes 97760-97761, describing orthotic and prosthetic management and training, were identified as part of the larger family of physical medicine and rehabilitation services to be reviewed as potentially misvalued services due to high expenditure and high volume growth screens. The physical and occupational therapists requested coding revisions to these codes to differentiate more properly between the initial and subsequent encounters and to better describe the ongoing management and/or training that is involved with subsequent encounters.

***97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes***

The HCPAC reviewed the survey results from more than 100 respondents and recommends the survey 25<sup>th</sup> percentile work RVU of 0.50 for CPT code 97760. The respondents, however, appeared to respond to the time questions by considering the entirety of the visit (10 minutes pre-time, 30 minutes intra-service time and 10 minutes immediate post-service time) for two units of service. The HCPAC agreed that the appropriate time for the code should be divided by two and reflect 5 minutes pre-time, 15 minutes intra-service time and 5 minutes immediate post-service time, for each unit of service. The HCPAC approved compelling evidence to increase the current value of CPT code 97760 from 0.45 to the 25<sup>th</sup> percentile of 0.50, as the orthotics have become more dynamic and customized (new technology) since the previous evaluation. The HCPAC determined that CPT code 97760 is equivalent in work to CPT Code 29125 *Application of short arm splint (forearm to hand); static* (work RVU = 0.50 and 5 minutes pre-time, 15 minutes intra-service time and 3 minutes immediate post-service time). **The RUC HCPAC Review Board recommends a work RVU of 0.50 and time (5/15/5) for CPT code 97760.**

***97761 Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes***

The HCPAC reviewed the survey results from more than 50 respondents and recommends the survey 25<sup>th</sup> percentile work RVU of 0.50 for CPT code 97761. The respondents, however, appeared to respond to the time questions by considering the entirety of the visit (10 minutes pre-time, 30 minutes intra-service time and 10 minutes immediate post-service time), for two units of service. The HCPAC agreed that the appropriate time for the code should be divided by two and reflect 5 minutes pre-time, 15 minutes intra-service time and 5 minutes immediate post-service time, for each unit of service. The HCPAC approved compelling evidence to increase the current value of CPT code 97761 from 0.45 to the 25<sup>th</sup> percentile of 0.50, as the orthotics have become more dynamic and customized (new technology) since the previous evaluation. Patient expectation has also greatly increased over the past decade. The HCPAC determined that CPT code 97761 is equivalent in work to CPT Code 29125 *Application of short arm splint (forearm to hand); static* (work RVU = 0.50 and 5 minutes pre-time, 15 minutes intra-service time and 3 minutes immediate post-service time). **The RUC HCPAC Review Board recommends a work RVU and time (5/15/5) of 0.50 for CPT code 97761.**

**97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes**

The HCPAC reviewed the survey results from nearly 90 respondents and recommends the 25<sup>th</sup> percentile work RVU of 0.48 for CPT code 97763. The respondents, however, appeared to respond to the time questions by considering the entirety of the visit (5 minutes pre-time, 20 minutes intra-service time and 10 minutes immediate post-service time), for two units of service. The HCPAC agreed that the appropriate time for the code should be divided by two for pre/post and reflect 15 minutes for intra-service time, which aligns with the code descriptor. The HCPAC recommends 2.5 minutes pre-service time, 15 minutes intra-service time and 5 minutes immediate post-service time, for each unit of service. The HCPAC approved compelling evidence to increase the current value of the deleted code 97762 from 0.25 to the 25<sup>th</sup> percentile of 0.48, as the orthotics and prosthetics have become more dynamic and customized (new technology) since the previous evaluation. Additionally, patients are treated much earlier and are more acute. The HCPAC noted that CPT code 97763 is similar in work to CPT code 29125 *Application of short arm splint (forearm to hand); static* (work RVU = 0.50, 5 minutes pre-time, 15 minutes intra-service time and 3 minutes immediate post-service time). The HCPAC agreed that the subsequent visit is very similar in work to the initial visit as the orthotics and prosthetics are now customized. The previous code 97762 described a simple re-check of a static orthotic/prosthetic. **The RUC HCPAC Review Board recommends a work RVU and time (2.5/15/5) of 0.48 for CPT code 97763.**

**Practice Expense**

The practice expense inputs were reviewed with the understanding that the multiple procedure payment reduction of 50% is in place for the practice expense component for the second and subsequent reporting of a physical medicine and rehabilitation service on the same date of service. The specialty society confirmed that it is typical to bill for two units of these services. The clinical staff time for 97760, 97761 and 97763 have all been reduced from the current inputs. The supplies were reviewed in great detail to ensure accuracy and were adjusted to account for the typical units billed. The equipment time has been updated to conform to the proper formula and standards.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Physical Medicine and Rehabilitation Orthotic Management and Training and Prosthetic Management-Training</b>				
▲97760	CC1	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, <u>initial orthotic(s) encounter</u> , each 15 minutes  (Code 97760 should not be reported with 97116 for the same extremity[ies])	XXX	0.50

▲97761	CC2	Prosthetic(s) training, upper and/or lower extremity(ies), <u>initial prosthetic(s) encounter</u> , each 15 minutes	XXX	0.50
D 97762	-	<del>Checkout for orthotic/prosthetic use, established patient, each 15 minutes</del>	-	
●97763	CC3	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes  <u>(Do not report 97763 in conjunction with 97760, 97761)</u>	XXX	0.48

**Date:** January 9, 2017

**To:** Michael D. Bishop, MD, HCPAC Chair

**From:** Richard Rausch, PT, MBA, RUC HCPAC Advisor, APTA  
Randy Boldt, PT, RUC HCPAC Alternate Advisor, APTA  
Katie Jordan, OTD, OTR/L, RUC HCPAC Advisor, AOTA,  
Jeremy Furniss, OTD, OTR/L, BCG, CDP, RUC HCPAC Subject Matter  
Expert, AOTA

**Subject:** Updated Compelling Evidence for Work RVW - Tab 29

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### **Compelling Evidence**

The American Occupational Therapy Association (AOTA) and American Physical Therapy Association (APTA) submit the following **updated** compelling evidence to support the increase in work values for the following Physical Medicine and Rehabilitation codes. These codes were valued in 1994 (97110, 97112, 97113, 97530), 1995 (97116, 97535, 97537, 97542), 1996 (97760, 97761), or 1998 (97140) and have not been revalued. Since then there has been significant advances in research related to practice, as exemplified by evidence-based Practice Guidelines, increased use of electronic tools, and increased public health awareness of the effects of cognitive and psychosocial problems on individual daily functioning. As multidisciplinary research and evidence evolved, the educational requirements for occupational and physical therapists have increased. All of these factors have resulted in amplified intensity and complexity of the therapeutic services provided by occupational and physical therapists, resulting in increased work RVUs.

**We present the following arguments for compelling evidence for increases in the work value of codes 97110, 97112, 97113, 97116, 97140, 97530, 97535 and 97537 based on:**

- **Advances in educational and professional standards**
- **Advances in technology**
- **Increased complexity of patient population**
- **Physician (provider) time**
- **Advances in research and practice**

Since the last valuation of these codes, the healthcare landscape has evolved. The change in educational requirements for physical and occupational therapists and the movement to electronic health records are two significant factors impacting the work valuation of these codes. Physical therapists and occupational therapists are more highly trained, educated, and skilled providers based on educational requirements and the profile of the patient's being served. For example, effective January 1, 2016, all physical therapy programs are now at the clinical

doctorate level. The distinct difference in competency is primarily in the area of imaging and pharmacology. Therapists are better able to analyze the impact of the findings noted in radiology studies, incorporating this information into their clinical assessment and utilizing it when developing a plan of care. Health professionals are dealing with many patients presenting with issues of polypharmacy representing more complex clinical assessment, decision making, and factoring in a greater risk for complications associated with the interactions of multiple medications and therapeutic interventions. New OT practitioners are now educated in occupational science and are held to higher educational and practice standards than when these codes were developed.

The second influencing factor is the movement to electronic health records. Although PTs and OTs are not yet required or incentivized to adopt EHR systems for such initiatives as Medicare's Meaningful Use Program, or for MIPS moving forward, physicians and facilities included in these programs expect the therapists with whom they share patients to use compatible ER systems. The rapid movement in the US healthcare system toward effective coordination of care based on access to longitudinal information that follows health care consumers requires adoption of electronic medical records by occupational therapists and physical therapists. The amount of relevant clinical content that EHRs make available to therapists to read, interpret and make clinical decisions on for patient care has increased the work associated with therapy services.

The combined increased level of knowledge of the therapist and the access to, and utilization of, more real time information in the clinical decision making process increases the demand on the therapist while providing a higher level of clinical care to the patient's being served. The enhanced expectations for clinical documentation associated with a number of Medicare regulatory requirements contribute to this increased demand.

Over the years, changes in both systems and practice, as well as changes in patient profiles and characteristics, have had a distinct impact on therapy practice.

Since these codes were first approved, there have been great strides in fields including occupational science, psychology, vision, cognition, neuropsychology and others. Evidence has come from such areas as brain imaging, neurobiological sciences, and interdisciplinary research in critical areas such as cognition, performance, function and participation. These scientific developments, such as the evidence produced by the Well Elderly Study,<sup>1</sup> have resulted in a

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<sup>1</sup> Clark, F., Jackson, J., Carlson, M., Chou, C., Cherry, B.J., Jordan-Marsh, M., Knight, B.G., Lai, M., White, B., Hay, J., Lam, Claudia, Marterella, A. & Azen, S.P. (2011). Effectiveness of a lifestyle intervention in promoting the well-being of independently living older people: results of the Well Elderly 2 Randomised Controlled Trial. *Journal of Epidemiology and Community Health*, doi:10.1136/jech.2009.099754; Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D. & Lipson, L. (1997). Occupational therapy for independent-living older adults: A randomized controlled trial. *JAMA*, 278(16), 1321-1326.

broader scope of inquiry in occupational therapy interventions. The broad clinical input and multidisciplinary physiological data must be analyzed and considered in the course of providing therapy services to a patient. As a result, more work is required to deliver therapy services.

Therapy practitioners are now working with a patient population that is increasingly medically and culturally diverse, living with more chronic comorbidities, living to an older age, and choosing to remain in the home as long as possible and “age in place”, accessing outpatient services with higher levels of need because of the effects of reduced inpatient acute and rehabilitation stays.<sup>2</sup> Although an aging population and increased lifespan has had a widespread effect on all practitioners, therapy practice has been significantly more complex due to increases of clients with cognitive impairments, psychosocial impairments and multiple chronic conditions.

### *Patients with Cognitive Impairments*

According to the Centers for Disease Control and Prevention, the number of persons living with Alzheimer’s disease, the most well-known form of cognitive impairment may rise to over 13 million by 2050.<sup>3</sup> Therapists consider and treat clients for many of the common symptoms of functional cognitive impairment cited by this article (e.g., memory loss, trouble exercising judgment, changes in mood or behavior, difficult planning and carry out tasks, such as following a recipe or keeping track of monthly bills). These conditions and comorbidities require more time and therapist effort during therapy treatment.

Working with a patient with cognitive deficits of any kind presents inherent challenges. The increasing prevalence of older adults with mild to severe cognitive deficits directly impacts the complexity of OT and PT interventions. For instance, when engaging in ADL retraining (meal prep, dressing, grooming, bathing, toileting), patients may need more intense and/or variable strategies of communication and cuing (verbal, non-verbal, tactile, proprioceptive) in order to participate appropriately in the clinical session. Further, patients may have poor impulse control resulting in inter-personal and social deficits and critical deficits in safety awareness (leaning on a hot burner, leaving an electrical device near a full tub of water). Patients may experience poor attention, lack of task initiation, challenges in sequencing, issues with task completion that require more complex and intense intervention from the therapist to not only complete the intervention and create a strategy in which the patient can improve their functional independence through-out the plan of care, but also to protect themselves and the patient in

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<sup>2</sup> MedPAC Hospital Short Stay Policy Issues June 2015 Report. Accessed at: [http://www.medpac.gov/documents/reports/chapter-7-hospital-short-stay-policy-issues-\(june-2015-report\).pdf?sfvrsn=0](http://www.medpac.gov/documents/reports/chapter-7-hospital-short-stay-policy-issues-(june-2015-report).pdf?sfvrsn=0)

<sup>3</sup> Centers for Disease Control. Cognitive Impairment: A Call to Action, Now! Feb. 2011, retrieved Sept. 2015); Herbert LE, Scherr PA, Bienias JL, Bennett DA, Evans DA. Alzheimer’s disease in the U.S. population: Prevalence estimates using the 2000 census. Archives of Neurology 2003;60:1119–1122.

unsafe situations.

For instance, a patient with cognitive deficits can disconnect themselves from their portable oxygen source to use the bathroom could have had serious complications from de-saturation and fall risk. Another example could be where a patient who did not have an identified pre-morbid cognitive impairment suffers a hip fracture. Upon assessment, the therapist noted a decline in functional cognition, especially in safety and judgement during the performance of any dynamic ADL's in standing. While the therapist worked to integrate dressing equipment and toileting adaptations for the home environment, the client's decreased insight into potential risks, more intense services are required to ensure that the client was able to build upon prior routines to incorporate the equipment and maximize ability to participate in self-care.

#### *Patients with Psychosocial and Mental Impairments*

According to a survey from the Substance Abuse and Mental Health Services Administration, 45.6 million adults in the US had a diagnosable mental illness in 2011<sup>4</sup>. The most common of these conditions are depressive and anxiety disorders. When a mental health condition exists, it must be addressed in addition to the other conditions that may need therapy intervention, adding to the clinician work involved in the interventions.

#### *Patients with Multiple Chronic Conditions*

Studies demonstrate that the presence of multiple chronic conditions (MCC), relating to both physical and mental health, adds a layer of complexity to disease management and careprovision; recently the U.S. Department of Health and Human Services established a strategic framework for improving the health of this population.<sup>5</sup> Between 1999–2000 and 2009–2010, the percentage of adults aged 45–64 and 65 and over with two or more of nine selected chronic conditions increased for both men and women, all racial and ethnic groups examined, and most income groups.<sup>6</sup> During the intervening 10-year period, the percentage of adults aged 65 and over with both hypertension and diabetes increased from 9% to 15%; prevalence of hypertension and heart disease increased from 18% to 21%; and prevalence of hypertension and cancer increased from 8% to 11%.

Occupational and physical therapy practice has become more work and time intensive as a result of the impact of these changes in MCCs. Further because these patients are more complex there

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<sup>4</sup> SAMHSA. Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings (Oct. 2012). [http://archive.samhsa.gov/data/NSDUH/2k11MH\\_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm](http://archive.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm).

<sup>5</sup> HHS Initiative on Multiple Chronic Conditions. See: <http://www.hhs.gov/ash/initiatives/mcc/>

<sup>6</sup> Centers for Disease Control. Data from the National Health Interview Survey, 1999–2000 and 2009–2010. See: <http://www.cdc.gov/nchs/data/databriefs/db100.htm>.



are many more performance factors to address in MCC patients. For instance, therapists spend more time with MCC patients because fatigue – both mental and physical--is a frequent limiting factor. Therapists must spend time incorporating energy conservation strategies into treatment plans. Additionally, more intensive monitoring of response to care is required with this patient population.

### *Administrative Changes*

Over the past decades, therapists have been subject to increased documentation requirements, partially due to changes in legislation and regulation as well as to reflect an emphasis on quality of care, outcomes-focused management, and accountability. This has increased the work for both the therapist and the therapy clinical staff.

### **Sensory Integrative Techniques (97533)**

In addition to the changes reviewed above, outcome measures are more complex requiring increased costs for purchase of tests and training needed to evaluate outcomes. The diagnostic criteria for autism changed in 2013, contributing to increase in prevalence. Due to this change, more children are diagnosed earlier, adding complexity in early interventions for ages 0-3. Additionally, opening the diagnostic criteria led to an increased emphasis on spectrum. Therefore, therapists are treating a wide range of children, from those who are severely impaired in performance skills all the way to those who are less impaired, but have severe interpersonal and communication deficits. The intervention must be more targeted.

A measure of Fidelity for the provision of sensory integration in OT has been established which states the need for a large space and specialized equipment. Additional costs associated with increases in rent and materials are reflected. In addition, the training component requires additional education. Occupational therapists delivering sensory integration intervention require a Master's degree and post-professional training in occupational therapy and certification in sensory integration. Finally, there is an increased prevalence of children with ASD (1 in 68) and sensory needs are now recognized as being a core feature of autism (DSM-5), making this a population that requires the expertise of occupational therapy. Moreover, children with autism often have complex physical, communication and psychosocial needs. As a result of the enhanced educational requirements, the application of sophisticated, evidenced based, outcomes and more complex patients, the work required to provide therapy services has increased

### **Wheelchair Management Training (CPT 97542)**

This intervention is used when training the patient with continued assessment is used when training and continued assessment for components of a wheelchair, the most appropriate seating system, the most appropriate maneuvering system.

In addition to the changes reviewed above, there is compelling evidence for increases to work values for the wheelchair management and training code. CPT code 97542 was last in 2001. Since then many advances have been made related to a wheelchair assessment. According to CPT Changes 2006 – An Insider’s View, a wheelchair assessment may include but is not limited to the patient’s strength, endurance, living situation, and ability to transfer in and out of the chair, level of independence, weight, skin integrity, muscle tone, and sitting balance. Following verification of the patient’s need, measurements are taken prior to ordering the equipment. This measurement occasionally involves testing the patient’s abilities with various chair functions including propulsion, transferring from the chair to other surfaces (bed, toilet, car), and use of the chair’s locking mechanism on various types of equipment for optimal determination of the appropriate equipment by the patient and caregiver. Over a decade ago, Medicare program documentation of medical necessity requirements increased substantially, requiring that mobility related activities of daily living (MRADLs) be assessed to identify how the equipment will impact the client’s life. Medicare requires that documentation be specific, with justification for every component of a complex wheelchair recorded. Medicare documentation for a skilled wheelchair assessment often includes the following:

*\*What recent event prompted the need for a skilled wheelchair assessment;*

*\*What previous wheelchair assessments have been completed, such as during a Part A SNF stay;*

*\*Most recent prior functional level;*

*\*What intervention was tried by nursing staff, caregivers or the patient themselves;*

*\*Functional deficit due to poor seating or positioning;*

*\*Objective assessments of applicable impairments such as range of motion (ROM), strength, sitting balance, skin integrity, sensation and tone.*

*\*Documentation must relate the training to expected functional goals that are attainable by the patient and/or caregiver.*

*\*The response of the patient to the instruction or fitting*

*\*The cognitive ability of the client to use a complex chair.*

The work involved in the wheelchair training component has only increased as the diversity and complexity of wheelchair technology, both manual and motorized, has evolved substantially. Technology now necessitates that therapists consider the use of augmentative communication and environmental control systems that clients will be using in order to select a complex wheelchair that will be compatible with those devices. From the selection of wheelchair

cushions to augmentative communication devices, environmental control systems and tie-down systems for safety in driving and community mobility; all these factors must be considered when selecting the appropriate mobility device. In addition, patients present with multiple chronic conditions, cognitive and psychosocial impairments; the Medicare population is living longer. Patients whose only means of independent mobility is a wheelchair need to learn how to manipulate the wheelchair parts, including adapting to new technology, propel and maneuver a wheelchair on different types of surfaces including ramps and uneven terrain, curbs and stairs. The training in wheelchair management is often extensive. Technological advances have greatly increased the demands on therapists who address wheelchair evaluation and management.

In May 2005, through the National Coverage Determination (NCD) process, CMS issued function-based criteria for Mobility Assistive Equipment (MAE), including wheelchairs, an algorithmic process called the Clinical Criteria for MAE Coverage. This work intensive and complex assessment process increased the work of 97542 because it expanded the types of health professionals who may order certain types of PMDs and required a face-to-face examination by occupational therapists and physical therapists. Clinician must demonstrate that MAE is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home.

The Clinical Criteria for MAE Coverage NCD has a complex flow chart that requires the following questions be asked to make the above determination:

*\*Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs in the home? A mobility limitation is on that:*

*\*Are there other conditions that limit the beneficiary's ability to participate in MRADLs at home?*

*\*If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the beneficiary's ability to perform or obtain assistance to participate in MRADLs in the home?*

*\*Does the beneficiary or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?*

*\*Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker?*

*\*Does the beneficiary's typical environment support the use of wheelchairs including scooters/power-operated vehicles (POVs)?*

*\*Does the beneficiary have sufficient upper extremity function to propel a manual wheelchair in the home to participate in MRADLs during a typical day? The manual wheelchair should be optimally configured (seating options, wheelbase, device weight, and other appropriate accessories) for this determination.*

*\*Does the beneficiary have sufficient strength and postural stability to operate a POV/scooter?<sup>78</sup>*

### **Orthotics Management and Training and Prosthetic Training Codes (97760, 97761, 9776X1)**

In addition to the changes reviewed above, there is compelling evidence for increases to work values for the orthotic management and training and prosthetic training codes. First, many orthotics and prosthetics require increasingly complex and critical adjustments based on changes in the status of a post-operative client. For example, a client who underwent a joint replacement procedure of their hand will require an orthotic re-fitting as swelling is reduced, and re-adjustment of angles of pull from external outrigger structures. This could require a great deal of time and expertise on the part of the therapist. In addition, pre-fabricated orthotic devices that are dynamic in nature (versus static) and used for enhancing proper movement of a weakened hand after a stroke or other nerve injury will need regular adjustments to ensure that fit and angles are correct. Orthotics and prosthetics management and training technology has grown since these codes were last valued, adding to the complexity of the required specialized training of the therapist. For instance, some devices now have embedded electrical components that facilitate muscle contractions of limbs weakened by stroke. These devices require expert knowledge of the clinician and time to ensure that the electrodes are in the proper place to work effectively.

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<sup>7</sup> [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PMDFactSheet07\\_Quark19.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PMDFactSheet07_Quark19.pdf)

<sup>8</sup> [http://www.cms.hhs.gov/CoverageGenInfo/06\\_wheelchair.asp](http://www.cms.hhs.gov/CoverageGenInfo/06_wheelchair.asp)

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

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CPT Code: 97760      Tracking Number    CC1

Original Specialty Recommended RVU: **0.50**  
Presented Recommended RVU: **0.50**

Global Period: XXX

RUC Recommended RVU: **0.50**

CPT Descriptor: Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes

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### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with a median nerve injury. Direct one-on-one services are provided to design, fit, and instruct in the use of an orthosis.

Percentage of Survey Respondents who found Vignette to be Typical: 68%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of skin integrity, sensation, fit of orthotic, observation of movement

Using direct contact (one on one) techniques, e assess client for proper orthotic including proper fit and function (optimal components/position); complete necessary modifications to orthotic; train patient in proper use of orthotic, wearing schedule, care and precautions; assess how the patient is tolerating orthotic and making necessary modifications; instruct the patient in adaptive functional activities while wearing orthotic to assure safety and competence.

Instruct patient in performance of skin checking for pressure points at regular intervals, wearing schedule, exercises to be performed at home.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP; Richard Rausch, PT, MBA				
<b>Specialty(s):</b>	American Occupational Therapy (AOTA); American Physical Therapy (APTA)				
<b>CPT Code:</b>	97760				
<b>Sample Size:</b>	8000	<b>Resp N:</b>	107	<b>Response:</b> 1.3 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty), AOTA, ASHT membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	<b>20.00</b>	60.00	1040.00
<b>Survey RVW:</b>	0.25	0.50	<b>0.68</b>	0.75	1.75
<b>Pre-Service Evaluation Time:</b>			<b>10.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	10.00	20.00	<b>30.00</b>	40.00	60.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97760	<b>Recommended Physician Work RVU: 0.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>15.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29125	000	0.50	<b>RUC Time</b>

CPT Descriptor Application of short arm splint (forearm to hand); static**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29126	000	0.68	<b>RUC Time</b>

CPT Descriptor Application of short arm splint (forearm to hand); dynamic**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76882	XXX	0.49	<b>RUC Time</b>	242,285
<u>CPT Descriptor 1</u> Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
97597	000	0.51	<b>RUC Time</b>	1,037,269

CPT Descriptor 2 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 41      **% of respondents:** 23.0 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 0      **% of respondents:** 0.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>97760</u>	Top Key Reference CPT Code: <u>29125</u>	2nd Key Reference CPT Code: <u>29126</u>
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	0.00	15.00	30.00
Median Immediate Post-service Time	0.00	3.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>0.00</b>	<b>23.00</b>	<b>38.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key**  
**Ref Code**

**2<sup>nd</sup> Key**  
**Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered



The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed



Urgency of medical decision making		
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**Technical Skill/Physical Effort (Mean)**

Technical skill required		
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Physical effort required		
--------------------------	--	--

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
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Outcome depends on the skill and judgment of physician		
--	--	--

Estimated risk of malpractice suit with poor outcome		
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.44	0.83
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

97760 is currently valued at 0.45 WRVUs, with 2 min pre-service, 14 min intra-service and 2 min immediate post-service time.

The primary selected reference service was 29125 which has 0.50 WRVUs with 15 min of intra-service work and the secondary selected reference service was 29126 which has 0.68 WRVUs with 30 min of intra-service work. Both reference services have intra-service times that equal to or lower than the median of 30 min for the surveyed 97760.

The recommended WRVU is 0.50 which corresponds to the median WRVU of the top reference code and the 25<sup>th</sup> percentile of the surveyed code.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97660

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Sometimes

Specialty occupational therapy                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?  
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 57,165 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 15126	Percentage 26.46 %
Specialty occupational therapy	Frequency 29503	Percentage 51.61 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97760

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 97761      Tracking Number    CC2

Original Specialty Recommended RVU: **0.50**  
Presented Recommended RVU: **0.50**

Global Period: XXX

RUC Recommended RVU: **0.50**CPT Descriptor: Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents for prosthetic training following a below knee amputation for use and care of a below knee prosthesis with molded socket and solid ankle cushion heel (SACH) foot

Percentage of Survey Respondents who found Vignette to be Typical: 81%

**Site of Service (Complete for 010 and 090 Globals Only)**

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Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of skin integrity, wound changes or abnormalities of incision, sensation, fit of prosthetic, observation of movement. The clinician may focus the intervention on instruction in the use and purpose of the components of the prosthetic and checking prosthetic fit; instructing patient in care of prosthetic characteristics, precautions and durations of wear; assessing level of function, posture, and gait while wearing prosthetic; instructing in home program based on education and functional task training techniques learned in clinic. Instruct patient in performance of skin checks and skin care; residual limb shrinkage causing pistoning, wearing schedule, care for prosthetic components, exercises for muscle strengthening and flexibility.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Richard Rausch, PT, MBA; Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP				
<b>Specialty(s):</b>	physical therapy, occupational therapy				
<b>CPT Code:</b>	97761				
<b>Sample Size:</b>	8000	<b>Resp N:</b>	52	<b>Response:</b> 0.6 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty), AOTA, ASHT membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	3.00	7.00	300.00
<b>Survey RVW:</b>	0.25	0.50	0.65	0.75	1.50
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	15.00	30.00	45.00	60.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97761	<b>Recommended Physician Work RVU: 0.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	<b>RUC Time</b>

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29515	000	0.73	<b>RUC Time</b>

CPT Descriptor Application of short leg splint (calf to foot)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76882	XXX	0.49	<b>RUC Time</b>	242,285
<u>CPT Descriptor 1</u> Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
97597	000	0.51	<b>RUC Time</b>	1,037,269

CPT Descriptor 2 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with

scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

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<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

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**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 18      **% of respondents:** 34.6 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 10      **% of respondents:** 19.2 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>97761</u>	Top Key Reference CPT Code: <u>99212</u>	2nd Key Reference CPT Code: <u>29515</u>
Median Pre-Service Time	5.00	2.00	5.00
Median Intra-Service Time	15.00	10.00	15.00
Median Immediate Post-service Time	5.00	4.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>25.00</b>	<b>16.00</b>	<b>23.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES***(of those that selected Key Reference codes)**Survey respondents are rating the survey code relative to the key reference code.***Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required		
Physical effort required		
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

**INTENSITY/COMPLEXITY MEASURES**

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Time Segment (Mean)</u></b>		
Overall intensity/complexity	1.17	0.90

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*



The 25<sup>th</sup> percentile survey data support selection of the recommended 0.50 RVW, which is an increase of current RVW, 0.45. The median intra-service time, based on survey results, reflects a slight increase from 14 minutes to 15 minutes. We are requesting 5 minutes for pre- and post-service time which is an increase in current time which is pre-service 2 minutes and post-service, 2 minutes. The survey median for pre- and post-service time is 10 minutes, however, we recommend 5 minutes as appropriate. The survey median supports an intra-service time of 15 minutes.

**The compelling evidence to increase the value of this code reflects changes in technology and provider work (see separate compelling evidence document). The specialty society recommends the RVU value of 0.50. The calculated IWP/UT for 97761 is 0.018.**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97761

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Rarely

Specialty occupational therapy How often? Rarely

Specialty	How often?
-----------	------------

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,154 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty physical therapy	Frequency 5764	Percentage 93.66 %
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Specialty occupational therapy	Frequency 258	Percentage 4.19 %
--------------------------------	---------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97761

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

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CPT Code: 97763      Tracking Number    CC3

Original Specialty Recommended RVU: **0.48**  
Presented Recommended RVU: **0.48**

Global Period: XXX

RUC Recommended RVU: **0.48**

CPT Descriptor: Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

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### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents following a metacarpal phalangeal (MP) flexible implant arthroplasty with increased edema. The postop orthosis causes pressure on the ulnar styloid. Direct one-on-one services are provided to make adjustments to the previously fitted orthosis.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

### Site of Service (Complete for 010 and 090 Globals Only)

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Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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Description of Pre-Service Work: Review medical record, including any communications from referring physician or other qualified health care provider(s). Prepare to see patient.

Description of Intra-Service Work: Perform status check of skin integrity, wound changes or abnormalities of incision, sensation, fit of prosthetic/orthotic, observation of movement, edema observation.

The clinician may focus the intervention on assessing upper and/or lower quadrant for any potential problems; integumentary concerns, assistive range of motion; sensation; pain; assessing orthotic for alignment and fit; modifying/adjusting/repairing components of orthotic/prosthetic; adding/deleting/padding; reinstruct patient regarding wearing schedule, application, and care of orthotic/prosthetic; and ensuring patient practices proper technique.

Instruct patient in performance of skin checks and skin care; proper care of orthotic, exercises to perform at home throughout the day.

Description of Post-Service Work: Document treatment in the medical record. Communicate with referring physician, other health care provider(s), and patient/caregiver, as required.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2017				
<b>Presenter(s):</b>	Katie Jordan, OTD, OTR/L; Jeremy Furniss, OTD, OTR/L, BCG, CDP; Richard Rausch, PT, MBA				
<b>Specialty(s):</b>	American Occupational Therapy (AOTA); American Physical Therapy (APTA)				
<b>CPT Code:</b>	97763				
<b>Sample Size:</b>	8000	<b>Resp N:</b>	88	<b>Response:</b> 1.1 %	
<b>Description of Sample:</b>	Random: APTA (including self-designated hand and/or aquatic specialty), AOTA, ASHT membership				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	<b>20.00</b>	76.00	500.00
<b>Survey RVW:</b>	0.18	0.48	<b>0.50</b>	0.69	1.75
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	15.00	<b>20.00</b>	30.00	60.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97763	<b>Recommended Physician Work RVU: 0.48</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>2.50</b>	<b>0.00</b>	<b>2.50</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>15.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29125	000	0.50	RUC Time

CPT Descriptor Application of short arm splint (forearm to hand); static**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99212	XXX	0.46	RUC Time	133,653

CPT Descriptor 1 Health and behavior intervention, each 15 minutes, face-to-face; individual

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76882	XXX	0.49	RUC Time	242,285

CPT Descriptor 2 Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 30      **% of respondents:** 34.0 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 24      **% of respondents:** 27.2 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>97763</u>	Top Key Reference CPT Code: <u>29125</u>	2nd Key Reference CPT Code: <u>99212</u>
Median Pre-Service Time	0.00	5.00	2.00
Median Intra-Service Time	0.00	15.00	10.00
Median Immediate Post-service Time	0.00	3.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>0.00</b>	<b>23.00</b>	<b>16.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

**Top Key**  
**Ref Code**

**2<sup>nd</sup> Key**  
**Ref Code**

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered



The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed

Urgency of medical decision making		
------------------------------------	--	--

**Technical Skill/Physical Effort (Mean)**

Technical skill required		
--------------------------	--	--

Physical effort required		
--------------------------	--	--

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality		
---	--	--

Outcome depends on the skill and judgment of physician		
--	--	--

Estimated risk of malpractice suit with poor outcome		
--	--	--

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.17	0.63
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

97763 is a new code, revised from the previous CPT code 97762 which was valued at 0.25 WRVUs, with 2 min pre-service, 14 min intra-service and 2 min immediate post-service time.

The primary selected reference service was 29125 which has 0.50 WRVUs with 15 min of intra-service work and the secondary selected reference service was 99212 which has 0.48 WRVUs with 10 min of intra-service work. Both reference services have intra-service times lower than the median of 20 min for the surveyed 97763.

The recommended WRVU is 0.48 which corresponds to the median WRVU of the top reference code and the 25<sup>th</sup> percentile of the surveyed code.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A modality may be performed before or after a therapeutic or manual therapy.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97762

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy                      How often? Rarely

Specialty occupational therapy                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?  
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not known

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,278 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database for 97762

Specialty physical therapy	Frequency 3535	Percentage 24.75 %
Specialty occupational therapy	Frequency 7128	Percentage 49.92 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.



Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97762

<b>Survey Code:</b>	97542	<b># of Respondents:</b>	149
<b>Survey Code Descriptor:</b>	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	65	<b>% of Respondents:</b>	44%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>			
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>
		3%	12%	26%	28%
					<b>Much More</b>
					31%

<b>Survey Code:</b>	97660	<b># of Respondents:</b>	107
<b>Survey Code Descriptor:</b>	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes		

<b>Top Ref Code:</b>	29125	<b># of Respondents:</b>	41	<b>% of Respondents:</b>	38%
<b>Top Ref Code Descriptor:</b>	Application of short leg splint (calf to foot)				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>		<b>Survey Code is:</b>			
		<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>
		5%	12%	37%	27%
					<b>Much More</b>
					20%

<b>Survey Code:</b>	97661	<b># of Respondents:</b>	52
<b>Survey Code Descriptor:</b>	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes		

<b>Top Ref Code:</b>	99212	<b># of Respondents:</b>	18	<b>% of Respondents:</b>	35%
<b>Top Ref Code Descriptor:</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	0%	0%	22%	39%	39%

<b>Survey Code:</b>	977X1	<b># of Respondents:</b>	88
<b>Survey Code Descriptor:</b>	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes		

<b>Top Ref Code:</b>	29125	<b># of Respondents:</b>	30	<b>% of Respondents:</b>	34%
<b>Top Ref Code Descriptor:</b>	Application of short leg splint (calf to foot)				

Survey Code <b>Compared to</b> Top Ref Code					
<b>Overall Intensity and Complexity:</b>	<b>Survey Code is:</b>				
	<b>Much Less</b>	<b>Somewhat Less</b>	<b>Identical</b>	<b>Somewhat More</b>	<b>Much More</b>
	3%	27%	27%	37%	7%

ISSUE: O&P - Orthotic/ Prosthetic Management/ Training

TAB: 29

SOURCE	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE	INTRA					POST	SURVEY EXPERIENCE					TYP?
					MIN	25th	MED	75th	MAX		pre	MIN	25th	MED	75th	MAX	post	MIN	25th	MED	75th	MAX	
REF1	29125	Application of short arm splint (forea	41	0.021			0.50			23	5			15			3						
REF2	29126	Application of short arm splint (forea	23	0.017			0.68			38	5			30			3						
current	97760	Orthotic(s) management and training		0.026			0.45			18	2			14			2						
SVY	97760	Orthotic mgmt/train, initial	107	0.008	0.25	0.50	0.68	0.75	1.75	50	10	10	20	30	40	60	10	0	5	20	60	1,040	68%
REC	97760	25th percentile		0.018			0.50			25	5			15			5						
	APTA	REF1 = 99212	36	0.005	0.29	0.51	0.70	0.79	1.50	55	10	10	15	30	45	60	15	0	6	11	43	260	72%
	AOTA	REF1 = 29125	71	0.008	0.25	0.50	0.68	0.75	1.75	50	10	10	20	30	40	60	10	0	5	20	79	1,040	66%

REF1	99212	Office or other outpatient visit for the	18	0.035			0.48			16	2			10			4						
REF2	29515	Application of short leg splint (calf to	10	0.037			0.73			23	5			15			3						
current	97761	Prosthetic(s) training, upper and/or l		0.026			0.45			18	2			14			2						
SVY	97761	Prosthetic training, initial	52	0.007	0.25	0.50	0.65	0.75	1.50	50	10	10	15	30	45	60	10	0	0	3	7	300	81%
REC	97761	25th percentile		0.018			0.50			25	5			15			5						
	APTA	REF1 = 99212	22	0.005	0.48	0.51	0.67	0.75	1.50	57.5	10	10	19	35	45	60	12.5	0	0	2	6	75	95%
	AOTA	REF1 = 99212	30	0.003	0.25	0.49	0.54	0.75	1.10	50	10	10	15	30	38	60	10	0	0	4	14	300	70%

REF1	29125	Application of short arm splint (forea	30	0.021			0.50			23	5			15			3						
REF2	99212	Office or other outpatient visit for the	24	0.035			0.48			16	2			10			4						
current	97762/X1	Orthotic(s)/prosthetic(s) managemen		0.011			0.25			18	2			14			2						
SVY	97763	Orthotic/ prosthetic, mgmt/trai	88	0.008	0.18	0.48	0.50	0.69	1.75	35	5	5	15	20	30	60	10	0	5	20	76	500	80%
REC	97763	25th percentile		0.021			0.48			22.5	2.5			15			5						
	APTA	REF1 = 99212	25	0.008	0.18	0.45	0.50	0.60	1.50	35	5	5	15	20	30	60	10	0	6	20	50	150	76%
	AOTA	REF1 = 29125	63	0.010	0.18	0.50	0.50	0.69	1.75	33	5	5	15	20	30	60	8	0	5	15	78	500	81%

**Tab Number: 29**


**Issue:** Physical Medicine and Rehabilitation Services

**Code(s): 97012-977X1**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

<b>Signature:</b>	
<b>Print Name:</b>	Jeremy Furniss, OTD OTR/L BCG
<b>Specialty Society:</b>	AOTA
<b>Date:</b>	December 13, 2016

**Tab Number: 29**


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<b>Signature:</b>	
<b>Print Name:</b>	Katie Jordan
<b>Specialty Society:</b>	AOTA
<b>Date:</b>	December 13, 2016

**Tab Number: 29**


**Issue:** Physical Medicine and Rehabilitation Services

**Code(s): 97012-977X1**

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<b>Signature:</b>	
<b>Print Name:</b>	Richard Rausch, PT, MBA
<b>Specialty Society:</b>	APTA
<b>Date:</b>	December 13, 2016

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

- 97530:** Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
- 97533:** Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
- 97535:** Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
- 97537:** Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
- 97760:** Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
- 97761:** Prosthetic training, upper and/or lower extremity(s), each 15 minutes
- 977X1:** Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

Global Period: XXX

Meeting Date: January 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

In preparation for the January 2017 RUC meeting, the expert panel consisting of physical and occupational therapists, were consulted through a series of conference calls and face-to-face meetings. The expert panel reviewed the existing PE direct input values and compared them to current practice environments. The recommendations reflect changes in clinical labor, equipment and supply requirements. These inputs were further refined by the individuals who perform these services.

A selection of occupational therapists and physical therapists reviewed the current direct inputs for 97530, 97533, 97535, 97537, 97760, 97761, and 97762, and used their clinical experience and those inputs to guide development of recommendations for direct inputs for 97530, 97533, 97535, 97537, 97760, 97761, and 977X1.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:



**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
**Specialty Society('s): AOTA, APTA**

- Current code 97530 is used to develop 97530 recommendations.
- Current code 97533 is used to develop 97533 recommendations.
- Current code 97535 is used to develop 97535 recommendations.
- Current code 97537 is used to develop 97537 recommendations.
- Current code 97760 is used to develop 97760 recommendations.
- Current code 97761 is used to develop 97761 recommendations.
- Current code 97762 is used to develop 977X1 recommendations.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**No recommendations greater than PE Subcommittee standards.**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The increased times proposed directly reflect times identified in standardized packages set forth by the PE Subcommittee, which did not exist when these codes were first valued. AOTA and APTA believe that our respective therapies meet the standards prescribe by the PE subcommittee in these packages

In addition, AOTA and APTA believe there is compelling evidence that the clinical staff time for occupational and physical therapy services have changed since previous reviews. Specifically, there is an increase in clinical staff time to reflect the use of aides and assistants in contemporary occupational and physical therapy practice. Physical and occupational therapy practice now make use of ancillary staff based on the patients' needs, making use of aides and assistants. Also, patients often have greater complexities which require the use of aides and assistants. For instance, increasing prevalence of older adults with severe cognitive deficits impacts the complexity of our intervention directly. When engaging in ADL retraining (meal prep, dressing, grooming, bathing, toileting) patients may need more intense and/or variable strategies of communication and cuing (verbal, non-verbal, tactile, proprioceptive) in order to participate appropriately. Patients may experience poor attention, lack of task initiation, challenges in sequencing, issues with task completion that require more complex and intense intervention from both the therapist and aide to not only complete the intervention and create a strategy in which the patient can improve their functional independence through-out the plan of care, but also to protect themselves and the patient in unsafe situations.

Also, there is an increase in clinical staff time to reflect the work performed by the OT & PT Aide. The OT& PT Aide assists with patients of greater complexity.

## **ADL Tab**

### Clinical Staff Time

Columns E, G, I, K, M, Row 25: We recommend the standard amount of time of 3 minutes to greet patient, provide gowning, and ensure appropriate medical records are available.

Columns E, G, I, K, M, Row 26: We recommend the standard amount of time of 3 minutes to obtain 3 vital signs.

**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
**Specialty Society('s): AOTA, APTA**

Columns E, G, I, K, M, Row 29: We recommend the standard amount of time of 2 minutes to prepare the room, equipment, supplies.

Columns E, G, I, K, M, Row 30: We recommend the standard amount of time of 2 minutes to prepare and position patient.

In each description of work, the method in which the patient approaches the environment is essential to a successful intervention. The patient is positioned in the environment to provide additional challenges and to work to generalize the intervention techniques. For example, a patient with inattention or homonymous hemianopsia who is working to generalize visual scanning in the environment may be setup specifically so that key needed items are outside of visual field to promote the generalization of scanning. A patient with cognitive deficits may be setup to determine if they are able to predict a potential safety hazard and utilize compensatory strategies to safely navigate the hazards throughout intervention.

Columns E, G, I, K, M, Row 36: We recommend the standard amount of time of 3 minutes to clean the room/equipment by physician staff.

Columns E, G, I, K, M, Row 37: We recommend the standard 3 minutes to check dressings & wound/ home care instructions /coordinate visits/ medications.

Supplies

Columns E, G, I, Row 54: We recommend adding 1 pair of SB022 glove, non-sterile to account for supplies needed for clinical staff to clean equipment.

Columns E, G, I, Row 55: We recommend adding 5ml of SM012 disinfectant spray (Transeptic) to account for supplies needed for clinical staff to clean equipment.

Columns E, G, I, Row 56: We recommend adding 4 units of SK082 towel, paper (Bounty) (per sheet) to account for supplies needed for clinical staff to clean equipment.

Column K and M Row 54: We recommend adding 1 pair of SB022 glove, non-sterile to account for supplies needed for clinical staff to clean equipment.

Column K and M Row 55: We recommend adding 2 ml of SM012 disinfectant spray (Transeptic) to account for supplies needed for clinical staff to clean equipment.

Column K and M Row 56: We recommend adding 2 units of SK082 towel, paper (Bounty) (per sheet) to account for supplies needed for clinical staff to clean equipment.

Equipment

The equipment listed on the PE spreadsheet directly relates to the typical patient vignette and therefore includes only some items in a much larger range of standard equipment that would be found in an occupational or physical therapy setting.

Column E, Row 62: We recommend reducing EQ219 rehab and testing system (BTE primus) to 3 minutes to align with our recommended intraservice time of 15 minutes.

**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
**Specialty Society('s): AOTA, APTA**

Column I, Row 68: We recommend 15 minutes for the use of EQ143 kit, ADL (currently at 16 minutes) to align with our recommended intraservice time of 15 minutes.

Column K, Rows 69 and 70: We recommend 7.5 minutes for the use of EQ147 kit, ergonomic (office) and EL001 environmental module – car, for CPT code 97537 to align with our recommended intraservice time of 15 minutes for 97537.

**O&P Tab**

Clinical Labor Time

Columns E, G, I, Row 25: We recommend the standard amount of time of 3 minutes to greet patient, provide gowning, and ensure appropriate medical records are available.

Columns E, G, I, Row 26: We recommend the standard amount of time of 3 minutes to obtain 3 vital signs.

Columns E, G, I, Row 29: We recommend the standard amount of time of 2 minutes to prepare the room, equipment, supplies.

Columns E, G, I, Row 30: We recommend the standard amount of time of 2 minutes to prepare and position patient.

Positioning is key in the initial and subsequent visits related to orthotics and prosthetics. The clinician must consider both the anatomical and functional alignment to assess, modify, and train the patient with the orthotic or prosthetic. For example, the clinician must be able to stabilize joints following surgical intervention to promote sustained functional use of the joints as well as promote soft tissue healing.

Columns E and I, Row 33: We recommend 5 minutes for the Aide.

The current code includes 7.5 minutes of assistant time. In current practice, the majority of this time (5 minutes) could be completed by an aide in conjunction with the therapist.

Column G, Row 33: We recommend 10 minutes for the Aide.

When training a patient on the use of a prosthetic, an aide is required to keep hands on the patient for safety while the therapist adjusts and challenges the patient with the lower extremity prosthetic.

Columns E, G, I, Row 36: We recommend the standard amount of time of 3 minutes to clean the room/equipment by physician staff.

Columns E, G, I, Row 37: We recommend 5 minutes to check dressings & wound/ home care instructions /coordinate visits/ medications.

Clinical expertise consistent with the training of the PT/OT assistant is needed to check dressings & wound, home care instructions, and coordinate visits. Typical patients must be able to complete wound care, monitor skin integrity, and maintain consistent visits with an orthotic or prosthetic.

Columns E, G, I, Row 42: We recommend 3 minutes to conduct phone calls/call in prescriptions.

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Phone calls following the visit are used for coordination and consultation with other health care providers (e.g., surgeon, primary care physician)

Supplies

Columns G and I, Row 54: We recommend adding 1 unit of SB026 gown, patient. Fitting and reviewing use of a lower extremity prosthetic will require the patient to wear a gown due to the positioning of the prosthetic.

Columns E, G, I, Row 66: We recommend adding 1 pair of SB022 glove, non-sterile to account for supplies needed for clinical staff to clean equipment.

Columns E, G, I, Row 67: We recommend adding 5ml of SM012 disinfectant spray (Transeptic) to account for supplies needed for clinical staff to clean equipment.

Columns E, G, I, Row 68: We recommend adding 4 units of SK082 towel, paper (Bounty) (per sheet) to account for supplies needed for clinical staff to clean equipment.

Equipment

The equipment listed on the PE spreadsheet directly relates to the typical patient vignette and therefore includes only some items in a much larger range of standard equipment that would be found in an occupational or physical therapy setting.

Column I, Row 74: We recommend 15 minutes for the use of EF033 table, treatment, hi-lo (currently at 16 minutes) to align with our recommended intraservice time of 15 minutes.

5. Please describe in detail the clinical activities of your staff:

**Occupational Therapy Assistant:** An OTA must graduate with an associate degree (two years, usually five semesters) from an accredited OTA program at a technical or community college, college, or university. Graduates must pass the national examination for licensing/certification/regulation in all states to be eligible to work. OTAs work under the direction of an occupational therapist (OT). Licensure or certification is required in each state in which an OTA works and must be renewed on a regular basis, with a majority of states requiring continuing education as a requirement for renewal. The OTA scope of work and supervision requirements are defined by the occupational therapy practice act in each state as well as by payer policy.

**Occupational Therapy Aide:** Training for this position is often gained on the job or through technical education programs.

Activity	Staff Type	Notes
<b>SERVICE PERIOD</b>		
<b>Start: When patient enters office/facility for surgery/procedure:</b>		
Greet patient, provide gowning, ensure appropriate medical records are available	PT/OT Aide (L023A)	The PT/OT Aide will greet the patient and family and collect items provided or gather items needed for an evaluation. The Aide may also need to assist the patient with preparing materials, initiating or completing paperwork, and locating the area with the evaluation will start. The Aide will ensure that all records are available for

**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
**Specialty Society('s): AOTA, APTA**

		this visit.
Obtain vital signs	PT/OT Assistant (L039B)	The Assistant will take vital signs including BP, height, weight, pulse, respiration rate, and measurements related to underlying impairments and reason for intervention.
Prepare room, equipment, supplies	PT/OT Aide (L023A)	Based on instructions from the clinician the Aide will ensure necessary supplies, such as sensory integration equipment, modules, and/or kits. The Aid will prep the kitchen and bathroom modules to ensure that all equipment needed for the individualized evaluation is available and setup. Standard 2 minutes is recommended.
Prepare and position patient/ monitor patient/ set up IV	PT/OT Aide (L023A)	The Aide will assist with positioning the patient in the module, on the hi-low table, or at the equipment such as BTEas indicated by the clinician.
<b>Intra-service</b>		
Assist physician in performing procedure (15%)	PT/OT Assistant (L039B)	<p>The OT Assistant will assist the clinician with the exam / evaluation which includes obtaining and recording measures. The standardized 67% of intra-time is higher than clinically appropriate. The recommended times are 50% of the intra-service time for 97533, 97535, 97537, 97542. The recommended times are 25% for Assistant and 25% for Aide for 97530 and 97542. The recommended times for 97660 and 977X1 are 16% for Assistant and 33% for Aide. For 97761, the times are 33% for Assistant and 75% for Aide.</p> <p>The Assistant will provide assistance and support for the evaluation. This may include recording performance data, physical facilitation with the patient, grading challenges in environment , and other clinical assistance throughout the portion of the intervention. An assistant provides clinical expertise consistent with training to grade tasks and the environment for the patient and provides the clinically appropriate assistance for the patient as the therapist facilitates the performance in self-care, community re-integration, and sensory.</p> <p>For 97530 and 97542, the assistant provides clinically appropriate assistance for 3.75 minutes while the hands on assistance for the remaining 3.75 minutes can be appropriately provided by the training consistent of the Aide.</p> <p>For 97760 and 977X1, the clinical expertise consistent with an Assistant are only required for 2.5 minutes to assist with orthotic (and/or prosthetic for 977X1) adjustment and training in functional use of orthotic and/or prosthetic. Training consistant with an Aide is required for 5 minutes for stabilization at the direction of the clinician.</p> <p>For 97761, the initial prosthetic training requires additional clinical expertise consistent with an Assistant and additional hands</p>

**CPT Code: 97530, 97533, 97535, 97537, 97760, 97761, 977X1**  
**Specialty Society('s): AOTA, APTA**

		on assistance under the direction of the clinician consistent with training of an Aide. During initial prosthetic training, the patient's balance is typically severely impaired and there are safety concerns with shifting balance and weight bearing using the prosthetic.
<b>Post-Service</b>		
Clean room/equipment by physician staff	PT/OT Aide (L023A)	The Aide will clean all equipment surfaces and tools. Standard 3 minutes is recommended.
Check dressings & wound/home care instructions /coordinate office visits /prescriptions	PT/OT Assistant (L039B)	Before patients leave the office, the clinician will have updated home and community activity programs to facilitate self-management skill development. The Assistant will review the instructions and answer questions with the patients prior to the patient leaving the office.
<b>POST-SERVICE Period- Patient leaves office</b>		
Conduct phone calls/call in prescriptions	PT/OT Assistant (L039B)	When patients leave the office, they will have home and community activity programs to facilitate self-management skill development. It is very common for patients/family/caregivers to contact the office with questions after leaving the office. To account for at least one phone call, we recommend standard time.

AMA Specialty Society Recommendation

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1	<b>REVISED 1-11-2017</b>			<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>
2	<b>Meeting Date: January 2017</b> <b>Tab: 29</b> <b>Specialty: physical therapy, occupational therapy</b>			97760 Orthotic management (97504)	<b>97760</b> Orthotic management - <b>initial</b>	97761 Prosthetic training (97520)	<b>97761</b> Prosthetic training - <b>initial</b>	97762 Orthotic/prosthetic checkout (97703)	97763 Orthotic/prosthetic checkout subsequent
3		<b>CMS Code</b>	<b>Staff Type</b>		Orthotic(s) management and training		Prosthetic(s) training, upper and/or lower		Orthotic(s)/prosthetic(s) management
4				<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>LOCATION</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
7	<b>TOTAL CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>12.5</b>	<b>8.5</b>	<b>15.0</b>	<b>11.0</b>	<b>12.5</b>	<b>6.5</b>
8	<b>TOTAL CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>6.5</b>	<b>8.0</b>	<b>5.0</b>	<b>8.0</b>	<b>6.5</b>	<b>8.0</b>
9	<b>PRE-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>
10	<b>PRE-SERV CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>
11	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>11.0</b>	<b>6.5</b>	<b>12.5</b>	<b>9.0</b>	<b>11.0</b>	<b>6.5</b>
12	<b>SERVICE PERIOD CLINICAL LABOR TIME</b>	L023A	PT AIDE	<b>5.0</b>	<b>8.0</b>	<b>3.5</b>	<b>8.0</b>	<b>5.0</b>	<b>8.0</b>
13	<b>POST-SERV CLINICAL LABOR TIME</b>	L039B	PT ASST	<b>0.0</b>	<b>2.0</b>	<b>0.0</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>
14	<b>PRE-SERVICE</b>								
15	<b>Start: Following visit when decision for surgery or procedure made</b>								
16	Complete pre-service diagnostic & referral forms								
17	Coordinate pre-surgery services								
18	Schedule space and equipment in facility								
19	Provide pre-service education/obtain consent								
20	Follow-up phone calls & prescriptions								
21	Other Clinical Activity - specify: Review/read documentation, plan of care, treatment goals			L039B	PT ASST	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>
22	Other Clinical Activity - specify: Verify/Coordinate availability of resources/equipment			L023A	PT AIDE	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>
23	<b>End: When patient enters office/facility for surgery/procedure</b>								
24	<b>SERVICE PERIOD</b>								
25	<b>Start: When patient enters office/facility for surgery/procedure:</b>								
26	Greet patient, provide gowning, ensure appropriate medical records are available			L023A	PT AIDE	<b>1.5</b>	<b>2</b>	<b>1.5</b>	<b>2</b>
27	Obtain vital signs			L039B	PT ASST	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>
28	Other Clinical Activity - specify: Obtain measurements			L039B	PT ASST		<b>1.5</b>		
29	Provide pre-service education/obtain consent								
30	Prepare room, equipment, supplies			L023A	PT AIDE	<b>1.5</b>	<b>2</b>	<b>1.5</b>	<b>2</b>
31	Prepare and position patient			L023A	PT AIDE		<b>2</b>		<b>2</b>
32	<b>Intra-service</b>								
33	Assist Therapist			L039B	PT ASST	<b>7.5</b>	<b>2.5</b>	<b>7.5</b>	<b>2.5</b>
34	Assist Therapist			L023A	PT AIDE		<b>5</b>	<b>10</b>	<b>5</b>
35	<b>Post-Service</b>								
36	Other Clinical Activity - specify: Post-treatment assistance			L023A	PT AIDE	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
37	Clean room/equipment by physician staff			L023A	PT AIDE	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>
38	Check dressings & wound/ home care instructions /coordinate visits/ medications			L039B	PT ASST	<b>2.5</b>	<b>2</b>	<b>2.5</b>	<b>2</b>
39	Other Clinical Activity - specify: Conduct phone calls/call in prescriptions			L039B	PT ASST		<b>1</b>	<b>0</b>	
40	<b>End: Patient leaves office</b>								

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3		<b>CMS Code</b>	<b>Staff Type</b>		Orthotic(s) management and training		Prosthetic(s) training, upper and/or lower		Orthotic(s)/prosthetic(s) management
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
40	<b>POST-SERVICE Period</b>								
41	<b>Start: Patient leaves office/facility</b>								
42	Conduct phone calls/call in prescriptions				<b>2</b>		<b>2</b>		
51	<b>End: with last office visit before end of global period</b>								



AMA Specialty Society Recommendation

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1	<b>REVISED 1-11-2017</b>			<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>	<b>REF</b>	<b>REC</b>
2	<b>Meeting Date: January 2017</b> <b>Tab: 29</b> <b>Specialty: physical therapy, occupational therapy</b>			97760 Orthotic management (97504)	<b>97760</b> Orthotic management - <b>initial</b>	97761 Prosthetic training (97520)	<b>97761</b> Prosthetic training - <b>initial</b>	97762 Orthotic/prosthetic checkout (97703)	97763 Orthotic/prosthetic checkout subsequent
3		<b>CMS Code</b>	<b>Staff Type</b>		Orthotic(s) management and training		Prosthetic(s) training, upper and/or lower		Orthotic(s)/prosthetic(s) management
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
52	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>						
53	pack, minimum multi-specialty visit	SA048	pack	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	<b>1</b>	<b>0.5</b>
54	gown, patient	SB026	item				<b>0.75</b>		
55	drape, non-sterile, sheet 40in x 60in	SB006	item	<b>1</b>	<b>1</b>				
56	adhesive bonder, orthotic	SG002	oz	<b>0.5</b>	<b>0.5</b>			<b>0.5</b>	<b>0.5</b>
57	cast, stockinette 4in	SG027	yd			<b>1</b>	<b>0.3</b>	<b>0.5</b>	<b>0.4</b>
58	moleskin 9in width	SG058	foot			<b>0.33</b>	<b>0.2</b>	<b>1</b>	<b>0.7</b>
59	outrigger line	SG060	yd					<b>50</b>	<b>7</b>
60	outrigger post	SG061	item					<b>4</b>	<b>3</b>
61	fluori-methane (cold spray)	SH035	ml	<b>7.5</b>	<b>5</b>			<b>7.5</b>	<b>5</b>
62	splint straps 1in	SJ047	item					<b>1</b>	<b>0.7</b>
63	splint straps 2in	SJ048	item					<b>2</b>	<b>1.3</b>
64	rubber bands, non-sterile	SK071	item					<b>6</b>	<b>4</b>
65	water, distilled	SK087	oz	<b>128</b>	<b>85</b>			<b>128</b>	<b>85</b>
66	disinfectant spray (Transeptic)	SM012	ml		<b>5</b>		<b>5</b>		<b>5</b>
67	towel, paper (Bounty) (per sheet)	SK082	item		<b>4</b>		<b>4</b>		<b>4</b>
68	<b>EQUIPMENT</b>	<b>CODE</b>							
69	rehab and testing system (BTE primus)	EQ219		<b>5</b>	<b>27</b>				
70	cart-workbench, orthotic, mobile	EF005		<b>10</b>	<b>27</b>			<b>10</b>	<b>27</b>
71	water bath, thermoplastic softener (20in x 12in)	ER064		<b>10</b>	<b>27</b>			<b>10</b>	<b>27</b>
72	table, treatment, hi-lo	EF033		<b>10</b>	<b>27</b>			<b>16</b>	<b>27</b>
73	stairs, ambulation training	EQ231				<b>3</b>	<b>27</b>		
74	treadmill	EQ243				<b>3</b>	<b>27</b>		
75	balance board	EQ069				<b>4</b>	<b>27</b>		
76	parallel bars, platform mounted	EQ201				<b>4</b>	<b>27</b>		
77	table, mat, hi-lo, 6 x 8 platform	EF028				<b>5</b>	<b>27</b>		

RUC HCPAC Review Board Summary of Recommendations  
*Final Rule for 2015*

January 2017

**Application of Surface Neurostimulator**

In September 2016, the CPT Editorial Panel deleted code 64565 to report percutaneous placement of a neuromuscular neurostimulator electrode, and added parenthetical notes to direct users to report the appropriate codes for TENS, PENS, and PNT services throughout the family of codes. Transcutaneous electrical nerve stimulator (TENS) is an electronic device that applies electrical stimulation to the surface of the skin at the site of pain and has been used to relieve chronic intractable pain, post-surgical pain, and pain associated with active or post-trauma injury unresponsive to other standard pain therapies. TENS consist of an electrical pulse generator, usually battery operated, connected by wire to two or more electrodes, which are applied to the surface of the skin at the site of the pain. Occupational Therapy has been identified as the dominant provider of CPT code 64550, however occupational therapy practitioners indicated it is not the best practice for TENS to be used for occupational therapy interventions and as such do not have evidence base in the profession. Occasionally a trial of TENS is done in the clinic over 1-2 therapy visits and, if the patient has had a favorable response, the patient can usually be taught to use a TENS unit in the home for pain control (TENS units are available in drug stores for purchase). Consequently, it is unnecessary for a patient to continue treatment for pain with a TENS unit in the clinic setting. Use of this code would seldom fall under a therapy plan of treatment. The occupational therapy specialty believes that occupational therapists have reported CPT code 64550 in error. Two other codes exist that relate to electric stimulation and are more frequently reported by occupational therapy and are valued the same as 64550:

1. CPT 97014/G0283, supervised electric stimulation and
2. CPT 97032, attended manual electric stimulation.

CPT 97014/G0283 is appropriate for pad-based e-stimulation, which requires supervision only. CPT code 97014 Application of a modality to one or more areas; electrical stimulation (unattended) is an invalid code for Medicare which requires that G0283 be reported. CPT 97032 can only be used when stimulation is manually applied. The requirement for constant attendance is derived from the manual-application requirement and is based on different stimulation frequencies necessitating one-on-one supervision. Additionally, CPT codes 64550 and 97032 each have an identical work value of 0.18 RVU which indicates that both codes have been identified as requiring the same amount of therapist work.

**The AMA RUC Health Care Professionals Advisory Committee (HCPAC) refers CPT code 64550 to the CPT Editorial Panel and recommends that the code be deleted. Additionally, the HCPAC recommends that instructions following the deleted code 64550 should direct users to instead report 97032 for electrical stimulation requiring constant attendance or 97014 for electrical stimulation requiring supervision only.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><b>Category I</b>  <b>Surgery</b>  <b>Nervous System</b>  <b>Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System</b>  <b>Neurostimulators (Peripheral Nerve)</b></p> <p><i>Codes 64553-64595 apply to both simple and complex neurostimulators. For initial or subsequent electronic analysis and programming of neurostimulator pulse generators, see codes 95970-95975. An electrode array is a catheter or other device with more than one contact. The function of each contact may be capable of being adjusted during programming services.</i></p> <p><u>Codes 64553, 64555, and 64561 may be used to report both temporary and permanent placement of percutaneous electrode arrays. Code 64550 describes application of surface (transcutaneous) neurostimulator, (eg, TENS unit) at any anatomical site.</u></p> <p><i>(For implantation of trial or permanent electrode arrays or pulse generators for peripheral subcutaneous field stimulation, see 0282T-0284T)</i></p> <p><del>(64550 describes the application of a surface [transcutaneous] electrical neurostimulation [eg., TENS] unit)</del></p>				
▲64550	Z1	Application of surface (transcutaneous) neurostimulator, <u>(eg, TENS unit)</u>	000	Refer to CPT

## MEMORANDUM

**To:** American Medical Association (AMA) RUC/HCPAC

**From:** Katie Jordan, OTD, OTR/L – Alternate RUC/HCPAC Advisor, American Occupational Therapy Association (AOTA)

**Date:** December 13, 2016

**RE:** Transcutaneous Electrical Nerve Stimulator (CPT Code 64550)

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Transcutaneous electrical nerve stimulator (TENS) is an electronic device that applies electrical stimulation to the surface of the skin at the site of pain and has been used to relieve chronic intractable pain, post-surgical pain, and pain associated with active or post-trauma injury unresponsive to other standard pain therapies. TENS consist of an electrical pulse generator, usually battery operated, connected by wire to two or more electrodes, which are applied to the surface of the skin at the site of the pain.

Occupational Therapy has been identified as the primary user of CPT code 64550 in the AMA RUC database (occupational therapy 43.67%, physical therapy 22.67%, orthopedic surgery 4.81%, family practice 4.29%, nurse practitioners 3.99%). AOTA chose not to survey this code because TENS is not viewed as an appropriate occupational therapy intervention in the majority of cases and does not have a recognized evidence base in the profession. Occasionally a trial of TENS is done in the clinic over 1-2 therapy visits and, if the patient has had a favorable response, the patient can usually be taught to use a TENS unit in the home for pain control (TENS units are available in drug stores for purchase). Consequently, it is unnecessary for a patient to continue treatment for pain with a TENS unit in the clinic setting. Use of this code would seldom fall under a therapy plan of treatment.

Occupational therapy practitioners do not view use of TENS to be best practice for occupational therapy interventions. AOTA believes that occupational therapists have billed CPT code 64550 in error. Two other codes exist that relate to electric stimulation and are more frequently billed by occupational therapy and are valued the same as 64550:

1. **CPT 97014/G0283**, supervised electric stimulation and
2. **CPT 97032**, attended manual electric stimulation.

CPT 97014/G0283 is appropriate for pad-based e-stimulation, which requires supervision only. CPT code 97014 Application of a modality to one or more areas; electrical stimulation (unattended) is an invalid code for Medicare which requires that G0283 be reported.

CPT 97032 can only be used when stimulation is manually applied. The requirement for constant attendance is derived from the manual-application requirement and is based on different stimulation frequencies necessitating one-on-one supervision. Additionally, CPT codes 64550 and 97032 each have an identical work value of 0.18 RVU which indicates that both codes have been identified as requiring the same amount of therapist work.

Therefore, AOTA proposes that the AMA RUC HCPAC recommend that the CPT Editorial Panel delete CPT code 64550. Instructions following the old code 64550 should direct users to instead report 97032 for electrical stimulation requiring constant attendance or 97014 for electrical stimulation requiring supervision only.